



This Rotary year 2019-20 Agreement is entered into between Rotary District \_\_\_\_\_ (hereafter referred to as the "District") and the International Vision Facilitation Council (hereafter referred to as IVFC).

The purpose of this agreement is to establish an ongoing relationship that will allow the **Vision Facilitation Program** (referred to hereafter as the Program) to be conducted within the District using the techniques developed by the IVFC. Both organizations agree to the following:

1. District agrees to use the current Program as provided on the IVFC official website.
2. IVFC will provide secure access to the IVFC website [www.rivisionfacilitation.org](http://www.rivisionfacilitation.org) for your District's Vision Facilitation Chairperson or District Vision Facilitation Coordinator, where the most recent training curriculum and forms will be maintained. District agrees to use the current documents and neither distribute them nor make presentations to a non-participating District or any other organization. IVFC program materials are proprietary and will maintain the quality of the program through a process that ensures all training is completed by Trained Facilitators through Districts that have adopted the program. This access will be for the sole use of the Chair to download resources and tools consistently being updated to the web by our Vision Facilitation Teams worldwide.
3. Access to the tools, materials, and training materials is licensed and available only for the contracted subscription period. Use of the materials must cease upon the cancellation of the District's subscription.
4. Presentations and materials may be modified to allow inclusion of local examples; however, the process must be substantially followed as presented within the training materials to optimize success. Further Club Vision Facilitations must always be conducted by IVFC certified trainers for the lead facilitation assignments.
5. Rotary Club Vision Facilitations are implemented in a manner consistent with Facilitator Training provided by the IVFC, reporting completed Facilitations through the official website.
6. The District will pay by check made out to **International Vision Facilitation Council** or by credit card (see information below) a **\$100.00 USD initiation** fee if newly enrolling or a **\$100.00 USD** per year **renewal** fee for administrative services to participate in this program.
7. Send your renewal documents to IVFC Administrator at:  
IVFC – PO Box 477, The Dalles, OR 97058  
Phone: 541-980-6307 or email [sdufault.ivfc@gmail.com](mailto:sdufault.ivfc@gmail.com)

The undersigned District Governor, District Governor-Elect and District Vision Facilitation Chair (DVFC) acknowledge that they have reviewed the materials regarding the IVFC, its program and requirements to participate. The District affirms they are recognized by Rotary International and are in Good Standing with Rotary International. IVFC acknowledges it operates as a multi-district project and is not an official project of Rotary International or under its control.

By signing this agreement, you acknowledge that he/she is executing this agreement on behalf of their Districts in accordance with the Rotary International Code of Policies regulating multi-district projects/programs and your District's Policy Manual.

**PLEASE PRINT LEGIBLY OR TYPE:**

This agreement shall take effect on \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Rotary District:** \_\_\_\_\_

**DG 2019-20 Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

**DGE 2019-20 Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

**DVFC 2019-20 Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

District Vision Facilitation Chair (DVFC) Zone #: \_\_\_\_\_  
\_\_\_\_\_

**D-Treasurer 2019-20 Print Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address of D-Treasurer OR District Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit Card or Check:** We will be offering Renewal as well as initial payment for our Annual Fees through an e-Commerce System. To make payment to your credit card for this annual fee please fill out:

TOTAL SUBMITTED US \$ \_\_\_\_\_

IF YOU WOULD PREFER PAYMENT BY CREDIT CARD, FILL IN THE INFORMATION BELOW.

CREDIT CARD:  VISA  MASTER CARD

CARD #

EXPIRATION DATE:     3-4 DIGIT CARD SECURITY CODE:

NAME ON CARD: \_\_\_\_\_

CREDIT CARD BILLING STREET ADDRESS: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Send US\$ to: IVFC  
P.O. Box 477  
The Dalles, OR 97058

Telephone: (541) 980-6307  
Email: [sdefault.ivfc@gmail.com](mailto:sdefault.ivfc@gmail.com)