

DISTRICT GRANT APPLICATION DISTRICT 5440

(TRF MISSION RELATED)
Effective July 1, 2013



GRANT APPLICATION INSTRUCTIONS

1. This is the name of the club applying for the grant.
2. **Do not** provide the extensive background of the need. Describe what you are going to do, where you are going to do it and the objectives of the project. Be sure to indicate the anticipated start and stop date of the project..
3. Show the community need and how the project meets this need. The project should be long-lasting and sustainable.
4. All grants require "hands on" involvement whether local or international. Describe the activities of both your club members and of Rotarians in any other club who may be involved. BE SPECIFIC.
5. Public relations efforts are required.
6. This person is required to submit all required reports, to monitor progress and insure completion of the project. All requirements for record keeping and money management must be met.
7. These sections pertain only to international projects. The "hands on" and Final Report by the Primary Contact requirements remain in effect
8. If the person managing the project is different from the person in item 6, please provide their contact information.
9. Only applicable if using a Cooperating Organization. Be sure to submit the letter of participation with the application.
10. Be as accurate as possible. Retain copies of any bids or preliminary invoices secured at this time.
11. Accurately show how the project will be funded. Totals in #10 and #11 **must be the same..**
12. Signatures on last page **must be from three different people in the club plus the district grants committee member assigned to the project.** All three of the people in the club should be involved, aware and willing to accept responsibility for supervision, record keeping and preparation of the Final Report if needed. The signature of the district grants committee member signifies that the application has been reviewed and meets all of the district grant guidelines.

A Final Report must be submitted within 30 days of the completion of the project, with an Interim Report due on the 12 month anniversary of the grant. Grant report forms are available on the District Website. **Reports must be accompanied with receipts and other documentation to verify proper expenditures.**

Submit the application to your district grants committee member who will then approve it and send it on to the district grants chair.

DISTRICT 5440
District GRANT APPLICATION

Our Mission:

. . . to enable Rotarians to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty.

(Endorsed by the Council on Legislation, April 2007)

Please print or type all information

1. ROTARY CLUB of LANDER

2. Briefly describe the project, its location, and its objectives.

Mission of Mercy – Honduras. Project provides medical and dental care for indigenous people of remote Honduras. Team travels by river in canoes to remote villages in the state of Gracias a Dios. Last year the team provided medical treatment to 1200 people and extracted 555 teeth. They provided humanitarian medical care by treating parasites, giving vitamins, relieving pain and infections, building friendships and showing compassion.

3/08/2014
Start Date (Cannot commence before grant is approved!)

3/31/2015
Estimated Completion Date

3. Describe how the project will benefit the community and/or improve the lives of the less fortunate.

Medical and dental care that is otherwise unavailable to the indigenous people living in impoverished remote locations of Honduras.

4. Describe the nonfinancial participation by sponsoring Club Rotarians in the project (i.e., How Rotarians will be involved).

Dr. Dale Peterson, DDS and his wife Jennifer Peterson and Dr. Hart Jacobson, MD are all members of the Lander Rotary Club and will be traveling with Mission of Mercy in 2014-2015 to Honduras. All three have been participating in the project for over 20 years.

Are other Rotarians, either local or international, going to be involved in the project? How?

Yes - Approximately 12 people travel with the group each year. The group is made up of both Rotarians and non-Rotarians.

5. How will the general public know this is a Rotary-sponsored project? Please provide details of the publicity plan.

The Lander Club will promote next year's trip on our website as well as with local new media. Lander Rotarian Ernie Over is the Chief Editor for a local on-line news service "County 10" and assists the club with media coverage and public relations. We will promote the event prior to March of 2014 and do a follow-up after our group returns.

6. Project Contact – Who in the club is the primary contact who will monitor progress, provide additional information if needed and submit the final report?

Jennifer Peterson Club Member landerjen@yahoo.com
Primary Contact Name *Rotary Title/Position* *E-mail*

75 Deer Valley Drive Lander WY 82520 (307) 349-2216
Address *City* *State* *Zip* *Phone*

7. **International Projects only** – How will the club assure that the project is completed as proposed, funds spent appropriately, recognition of Rotary visible, and reports completed in a timely manner? **Invoices, bank records and other documentation is required to verify expenditures.**

Presentation to Club membership as a weekly program after members return. Board oversight – review financial record of trip with invoices, receipts, etc. Complete project summary.

8. Provide project manager name and contact information if different from 6 above.

Same as in 6 above

Contact Name	Rotary Title/Position	E-mail
Address	City/State/Zip	or Country
		Phone

9. Cooperating Organization – If the project involves a cooperating organization, please provide the name of the organization below and attach a letter of participation from that organization that specifically states its responsibilities and how the organization will interact with Club Rotarians for the project. **By signing this application, the Rotarian sponsors endorse the organization as reputable, responsible, registered with the project community, and ensure grant activities, including the conversion of funds, are in accordance with local law.**

Name(s) of Cooperating Organization(s)

10. Budget – Provide an estimate of the total cost of the project. Information regarding the items to be purchased should be included, if known. **Retain copies of any preliminary invoices for your records.** Add lines if needed.

Item	Cost
Personal transportation and project fees (\$2500 per participant x 3 club members)	\$ 7,500.00
4 Portable Dental Chairs	\$ 2,000.00
Medicines and medical supplies	\$ 4,000.00
Dental Supplies	\$ 2,000.00
Personal equipment used in-country to accomplish mission while in Honduras (tents, water pumps/filters, cook stove(s), sleeping pads)	\$ 2,000.00
TOTAL COST OF PROJECT	\$ 17,500.00

11. Financing – Provide the sources and amount of financing for this project. The total financing must meet the total cost of project. Add lines if needed.

Amount requested from District: \$ 5,000.00

Source of Funds	Amount
Club	\$ 5,000.00
District	\$ 5,000.00
Other: Personal contribution from Rotarians participating in project	\$ 7,500.00
TOTAL AMOUNT OF FINANCING	\$ 17,500.00

Bryan,

I believe this project, as you've laid it out, should be qualified and I recommend it's acceptance by the District Grants Chairman. The travel money cannot be supported by district Grants but your estimate indicates this will be borne by the members themselves. Not as a condition of acceptance but only as a personal recommendation, I would encourage the group to identify a local person (or persons) that they can train and who will carry on in some capacity to implement the medical teams' treatment. This person may just be a contact for advanced hygiene education but may also serve as a liaison to communicate with the team once they're gone, to follow up on problems that were treated and arrange for treatment of new cases.

Mission of Mercy
75 Deer Valley Drive
Lander, WY 82520



MISSION
OF
MERCY

August 22, 2013

Rotary Club of Lander

P.O. Box 502

Lander, WY 82520

Mission of Mercy is a non-profit group that was approved for a 501(c)3 status in 1989. The group organizes yearly trips to small villages in the La Mosquita region of Honduras in order to provide dental and medical care to under-served remote people. While in the La Mosquita region our dental team provides the local population with dental treatment, oral education, oral hygiene aids and fluoride treatments. Our medical team provides medical care including vaccinations.

Our current organization consists of healthcare professionals and others that act as translators and helpers with various aspects of the program. Volunteers from the United States are responsible for their own transportation and for their food and lodging while in Honduras. The estimated personal cost per individual per year is \$3,500.00. Cost of medical supplies and equipment to carry out the mission is solicited in the form of donations each year. Donations generally do not cover all costs and the shortfall is made up from personal resources of our members.

Mission of Mercy fully supports and plans to participate in the efforts of Dr. Peterson and Dr. Jacobsen while in Honduras during the 2014 and 2015 missions. We appreciate any support that Rotary may provide.

Sincerely,

A handwritten signature in cursive script that reads "Carla Irish".

Carla Irish, President