



Date:

Rotary Club of:

GRANT PREREQUISITES (All items must be current to proceed)	Current	Not Current
District and RI Dues Status: <i>(Your club must be current on both District and RI dues at the time of application to proceed. Your club must also be current on all dues at the time of funding.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous Grant Reporting Status: <i>(Your club must be current on reporting requirements for previous grants prior to funding any new grants.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grant Management Seminar Status: <i>(Two Rotarians from your club must have attended the latest seminar.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOU Status: <i>(Your club must have signed a District or TRF MOU for local projects and a TRF MOU for international projects.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project Name/Title:

Project Leader Name:

Project Leader Email:

Project Leader Phone:

Brief Project Description:

The purpose of the dental clinic for children is to provide dental health care services for elementary school age children residing in Placentia who do not have any form of dental insurance and who are unable to afford dental services. Services provided include x-rays, dental cleanings and basic procedures such as fillings. The goal is to provide dental service to the children of low income families, and to provide information concerning the importance of good dental hygiene.

1. Project Start and Ending Dates:

(Projects may not begin prior to the District receiving approval from TRF. Reimbursements for earlier expenses are not eligible. Projects must be completed by the end of each Rotary year.)

2. Project Location: Community International

(If the project is international, will there be a Rotary club from the other country involved? If so, explain how they will participate.)



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3. Project Budget:

(Attach a complete project budget. List all revenues and expenses. These amounts MUST balance.

If the goods and services are to be purchased from an international source, is the budget properly calculated in US dollars?)

see enclosed budget

4. Grant Funding:

(How much will clubs be contributing? Club contributions must be equal or greater than the amount requested from the District.)

Club(s) Contribution	District DDF	Total
\$ 2,735	\$ 2,735	\$ 5,470

5. Participating Clubs:

(If other clubs will be participating in this project, list each club and its contribution.)

	\$	
	\$	
	\$	

6. Other Support:

(What other in-kind contributions, discounts or financial support are you getting for the project?)

7. Other Involvement: *(What other groups or organizations will be involved and how will they be participating? Attach participation letters from any non-Rotarian organizations partnering in the project.)*

additional to the services provided by the two dentists in the Rotary Club of Placentia, AYUDA International, a nonprofit organization providing oral healthcare, will also be involved in order to accommodate the number of children requesting care.

8. Club Participation:

(Show active involvement of the Rotarians in your club. How many club members will participate and what will they do?)

Members of the Rotary Club of Placentia will be volunteering their time for the day of the dental clinic. Members will be assisting in shifts throughout the day with the registration process (at least three members in three hour shifts), other members will be passing out educational materials and entertaining the kids while they are waiting for treatment. Other members will be involved with marketing and promoting the project. And lastly we will have a team of Rotarians preparing food to feed all the volunteers

9. Who are the Beneficiaries:

(Who are you serving and how?)

We are serving the children of low income families residing in the City of Placentia by providing them with dental care and information about obtaining and maintaining good dental health.



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10. Lasting impacts on the community:

The goal is to educate and promote good dental care to the children of low income families residing in the City of Placentia. It is hoped that the dental care experience will have a lasting impact and help develop healthy dental habits.

11. Rotary Area of Focus: *(check all that apply)*

- Peace and Conflict Resolution
- Disease Prevention and Treatment
- Water and Sanitation
- Maternal and Child Health
- Basic Education and Literacy
- Economic and Community Development

12. Funds Stewardship:

(Describe how funds will be safeguarded and tracked. If funds are to be distributed to an international partner for purchase/use in another country, who will be responsible for the funds? How will transfers of funds to international partners be handled?)

Funds will be received and deposited directly into the Rotary Club of Placentia account designated for such projects. The treasurer as well as the members of the Board will be responsible. An accounting for all of the banking activity occurring during the month is provided to each board member for their review. Additionally, each accounting must approved by the board at monthly Board of Directors meetings.

13. Publicity: *(How do you plan to publicize your project? Check all that apply)*

- Press Releases
- Local Newspapers
- Community Newsletters
- Magazines
- Ads
- Cable TV
- Social Media
- Banners & Flyers
- Speakers
- Partner Organizations

14. Additional Comments: