



# DISTRICT 5320

ORANGE AND SOUTHERN LOS ANGELES COUNTY

## DISTRICT SIMPLIFIED GRANT APPLICATION

Please print or type all information and use additional sheets of paper if necessary. **Incomplete applications will be returned.**

### ROTARY CLUB OF FULLERTON - MAIN

#### AMOUNT REQUESTED FROM DISTRICT - \$1,500

Not to exceed \$1500 and/or the amount contributed by the Rotary club

#### PROJECT DESCRIPTION:

Please describe the project, its location, the objectives, and how they will be attained. Note: The project cannot be started until the District Simplified Grant Application is approved by the district grants subcommittee.

1. What is the purpose of this project?

The purpose of this project is to provide a dental clinic for children in grades 2-8 who do not have dental insurance. The Rotary Ayuda Dental Clinic will provide service to the children at two different clinics. The first one is in February at Richman School and the second one is at Valencia Park School in May.

2. How will it meet the needs of the community?

Children will be better physically prepared for learning and healthy living. School attendance will be improved. As well as receiving check ups, fillings, extractions, crowns, and fissure sealants, the children and parents will be counseled on proper dental care.

Estimated project start date - February, 2013. Estimated project completion date - May, 2013.

#### OTHER NON-ROTARY ORGANIZATIONS:

If this project involves a cooperating organization, provide the name of the organization below, attaching a letter of participation from that organization that specifically states its responsibilities and how Rotarians will interact with the organization in the project. By signing this application, the Rotarian sponsors endorse the organization as reputable and responsible.

Name of Organization Fullerton School District., Fullerton Collaborative and Ayuda Dental Clinic .

## **PROJECT BUDGET:**

Include a complete itemized budget for the entire project. Please use separate pages if necessary. Price quotes from the supplier and/or other cost documentation must be attached for each item.

Ayuda Dental Clinic for dental supplies	\$3,000
Food for volunteers	700

Detailed list of supplies and instruments used for Ayuda dental clinics and costs for 100 patients:

Site insurance	\$135
Paper and disposable goods	\$105
Repair and replacement of instruments	\$100
OSHA required supplies – gloves, masks	\$110
Digital x-ray supplies	\$130
Truck rental for trailer and supplies	\$ 75
Anesthetics, needles	\$100
Sterilization supplies and maintenance	\$145
Patient education supplies	\$ 50
Toothbrushes, floss, toothpaste	\$110
Promotion, printing	\$ 45
Burs, drills	\$120
Cleaning solutions, misc. supplies	\$110

<b>Total Dental Supply Costs for one clinic</b>	<b>\$1,500</b>
<b>Food for one clinic</b>	<b>\$ 350</b>

**Total Cost for two clinics \$3,700**

## **PURCHASE OF EQUIPMENT, MATERIALS OR SUPPLIES:**

1. Who will own equipment, materials, or supplies?

Ayuda Dental Clinic

2. Who will be responsible for maintenance, operating, and/or storage costs of the equipment/supplies?

Ayuda Dental Clinic and the Fullerton Collaborative

## **PUBLICITY:**

How will the general public know that this is a Rotary-sponsored project? Please provide details, e.g. publicity in a newspaper or display of the Rotary wheel (complying with RI guidelines).

The Rotary wheel will hang at each clinic. Schools will be sent notices. Newspaper, email and internet will be utilized.

**ROTARIAN INVOLVEMENT:**

Please list below the activities your club will undertake demonstrating the active involvement of Rotarians in this project.

Rotary will provide money for the clinic. Rotarians will do the grocery shopping and delivery. Rotarians will observe, run errands and assist during the event in case of additional needs.

**REPORT:**

A final report must be submitted to the District Grants Subcommittee. Please indicate below the individual who will take primary responsibility for submitting this report.

Name - Minard Duncan

Signature \_\_\_\_\_

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**PROJECT CONTACTS:**

Primary Contact

Secondary Contact

Name \_ Minard Duncan

Name – Maryalyce Jeremiah

Rotary Position – Rotary Dental Clinic Chair

Rotary position\_- Community Service General Director

E-mail – minard.duncan@gmail.com

E-mail – mjeremiah@fullerton.edu

Telephone - 714-992-1897  
home

Telephone - 714-524-5177  
home

Same  
office

Same  
office

**PROJECT AUTHORIZATION:**

All Rotary clubs and districts involved in this district are responsible to The District 5320 Foundation Grants Subcommittee and ultimately to The Rotary Foundation of Rotary International for the conduct of the project and for reporting on it. The signature at the bottom of this page confirms that the sponsors understand and accept responsibility for the project.

By signing below, I agree to the following:

- All information contained in this application is true and accurate, to the best of my knowledge.
- The club has agreed to undertake this project as an activity of the club.
- I understand and will comply with the required Rotarian activities and reporting requirements.
- I agree that, should the project take more than six months to complete, interim reports will be submitted every six months, and final reports will be provided no later than two months after the completion of the project.

Club - Rotary Club of Fullerton - Main

Club president (print name) – Allyn Lean

Signature\_\_\_\_\_

Date\_\_\_\_\_