



Rotary District 5400 [www.matchinggrants.org](http://www.matchinggrants.org)  
**District Grant Final/Progress Report 2014-2015**

Please do not handwrite, but if you must please print legibly. Please answer every question. Incomplete reports will not be accepted.

Club (Primary):	Blue Lakes-Twin Falls	Progress or Final Report?	<u>Final</u>
Other Rotary Clubs:			
Project Title:	Dental Clinic Equipment		
Report Date:	July 6, 2015	Project Completion Date:	June 4, 2015

1. Describe your project. What was done, when and where did the project activities take place. If this is a progress report, what remains to be done?

The Club gave \$20,000 to the Wellness Tree, a free medical clinic, in Twin Falls, toward the purchase of equipment and supplies for creating an emergency dental clinic within the facility. Members of the club helped to create community awareness to raise the remainder of the money (another \$20,000+), seeking volunteer labor and donated equipment to get the clinic up and running. Originally planned to be one operatory, the project grew into two.

2. Who were the beneficiaries, how were they impacted, how many were impacted by this project and what humanitarian needs were met?

The poor and uninsured in the community are the recipients. At this emergency clinic, they can receive extractions, relieving them of the pain that would otherwise send them to the hospital emergency room where they'd receive pain medication but no treatment. The volunteer-staffed clinic is open two days a week and has served many patients since it opened on June 4. It will serve the community for years to come.

3. How many Rotarians participated in the project and what did they do? Please give at least two examples, not including the financial support provided to the project.

Five club members assisted in the procurement of the grant and in reaching out to other community assets to help with the project. They helped to acquire a donation of unused dental equipment from another clinic, the determination of a "shopping list" to equip this emergency clinic, and the provision of meals for volunteers who work at the clinic. Two club member dentists have already volunteered their services since the clinic opened, and another is coordinating the volunteer services of a dental group she works for. A Rotarian electrical contractor performed work at a discounted rate.

4. If a cooperating organization is involved, what was its role?

Family Medical Services donated equipment it wasn't using.  
 Rasmussen Plumbing donated installation.  
 Twin Falls Health Initiative Trust gave money.  
 First Federal Bank Foundation gave money.

5. Provide an itemized **list of expenditures**:

ITEM	AMOUNT
Instruments & Supplies – Henry Schein	\$1,071.30
Equipment – Henry Schein	\$7,178.32
Instruments & Equipment – Henry Schein	\$16,274.90
<b>TOTAL</b>	<b>\$24,524.52</b>

6. Provide an itemized **list of revenue sources** (Total must equal expenditures above)

SOURCE	AMOUNT
ROTARY FOUNDATION GRANT (Amount you received from district)	\$5,000
Primary Rotary Club	\$15,000
All Other Sources (list all separately) Other community support	\$4,524.52
<b>TOTAL</b>	<b>\$24,524.52</b>

By signing this report, I confirm that to the best of my knowledge these District Grant Funds were spent only for eligible items in accordance with the guidelines approved by the Trustees of The Rotary Foundation and Rotary District 5400, and that all of the information contained herein is true and accurate. I have read and do abide by the Terms and Conditions for Rotary Foundation Grants .

**Name of Grant Manager:**

DONALD G. ACHESON

**Contact information:**

dotdon@cableone.net

**Signature of Grant Manager**

*Donald G. Acheson*

**Date:**

7/06/2015

**Submit this report by** uploading a .pdf version of it to [www.matchinggrants.org](http://www.matchinggrants.org). Form must be filled out completely and signed, including the name of the club and the printed name of the grant manager. Please provide complete documentation of your expenditures: 1. a copy of the front and back of cancelled checks to all vendors and third party organizations; 2. Invoices and/or receipts for purchases, whether items were purchased by the club or by a third party organization.

For questions or more information, contact:

**Cari Kaster,  
District Grants  
Committee Chair**

**208-539-1519 (C)  
208-543-5428 (H)**

**[ckaster@filertel.com](mailto:ckaster@filertel.com)**