

## District Grant Application

Date:

Rotary Club of:

**GRANT PREREQUISITES (All items must be current to proceed)**

	Current	Not Current
<b>District and RI Dues Status:</b> <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"/>
<b>Previous Grant Reporting Status:</b> <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"/>
<b>Grant Management Seminar Status:</b> <i>(Two Rotarians from your club must have attended the latest seminar.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>MOU Status:</b> <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:**

Children in school grades 2 through 8 who do not have dental insurance will receive dental care including check-ups, fillings, extractions, crowns, and fissure sealants. The children and parents will be counseled on proper dental care.

**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?)*

Dental supplies \$3,000	See Additional Comments for complete budget.
Food for Volunteers \$400	

### 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
\$ <input type="text" value="1,700"/>	\$ <input type="text" value="1,700"/>	\$ <input type="text" value="3,400"/>

### 5. Participating Clubs:

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

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

### 6. Other Support:

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

Volunteers only.

### 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.)*

Ayuda International (Dental Clinic) will provide dental care. Fullerton Collaborative will help organize the clinic. Fullerton School District will provide the facilities.

### 8. Club Participation:

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

Club members will assist in purchasing food for the volunteers, assist in serving food to volunteers, run errands and assist in cleaning up.

### 9. Who are the Beneficiaries:

*(Who are you serving and how?)*

All children in grades 2 through 8 and parents who participate in the dental clinic.

**10. Lasting impacts on the community:**

Children receiving dental care will be healthier and better able to perform well in school. Parent and children will be better informed about dental hygiene.

**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?)*

The Rotary Club of Fullerton Director of Community Service and the Treasurer along with the Project Leader will keep track of expenditures and receipts.

**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:**

Site and Liability Insurance - \$300. Dental Box Delivery and storage per month/clinic - \$440 . Digital x-ray supplies - \$120. Repair and replacements of instruments - \$200. OSHA required supplies - gloves, supplies - \$120. Sterilization Labor \$300. Anesthetics, needles - \$120. Cleaning solutions, miscellaneous supplies and costs - \$350. Supplies and Maintenance - \$290. Toothbrushes, floss and toothpaste - \$220. Patient education supplies - \$120. Promotion, printing - \$110. Burrs, drills \$260. Gas for compressor - \$25. Distilled water - \$25.  
Total supplies = \$3,000  
Total food for volunteers = \$400  
Grand Total - \$3,400