Rotary International Rotary District 5400

Rotary Foundation District Grant Final Report

Deadline for submission: May 15th (do not use this form for progress reports*, but follow the instructions at the end of this form)

Must be typed and filed electronically on: http://www.matchinggrants.org/district/

Grant Information (to be completed by Project Contact Person)

- 1. District Grant # (check website for #): 914 Name of Club: The Rotary Club of Twin Falls
- 2. Name of District Grant: Wellness Tree Surgery Clinic
- 3. Briefly describe your project (who did what, when and where did project activities take place?) in 100 words or less.
 - The Wellness Tree Clinic is a non-profit facility that provides basic medical care to the underserved medical needs of low income residents of the local community. There are currently 14 members of the Twin Falls Rotary Club who have and are volunteering in various capacities for the clinic. There was a need identified by the clinic to acquire a surgical table and surgical lighting to better serve the community. The club raised funds to procure a rebuilt surgical table, surgical lighting and a cabinet for storing of instruments and supplies. The project was completed in October of 2015.
- 4. In one brief sentence: who were the beneficiaries of the grant activities and how many of them were there? The grant will provide surgical facilities for the medically underserved and low income members of our community now and well into the future.
- 5. How many Rotarians participated in the project? There were 6 that participated in setting up the room and getting the table, lights and cabinet. Briefly tell what did.- The club (75 members participated) was involved in raising the funds to purchase a reconditioned table and the cabinet for storing the instruments and supplies. One of our members had access to the surgical lighting which he donated. There were six members that assisted in moving the table and cabinet into the surgical room and setting them up for use by the clinic.
- 6. If a cooperating organization(s) other than the beneficiary was involved, what was its role? There were no other organizations.
- 7. FINANCIAL SUMMARY (add rows as needed)

List all sources of revenue, including in-kind donations	
District Grant Funds	\$2500.00
Primary Club contribution	
Rotary Club of Twin Falls Contribution	\$2107.90
Donated Surgical Light Fixture – Donated by Member Eric Watte	\$500.00
TOTAL (unlikely to match exactly your grant application)	\$5,107.90

List all expenditures, including donated materials and supplies	
Light Fixture Bracket Fabrication – Boesinger Mobil Repair	\$350
Surgical Light Fixture Wiring – M & M Electric	\$82.90

Surgical Table – Seattle Surgical – Medical Division.	\$3725.00
Surgical Supply Cabinet (Paul Auth)	\$450.00
Surgical Lighting Fixture – Donated by Member Eric Watte	\$500.00
TOTAL (must match exactly the revenue amount above and correspond to the receipts you have uploaded)	\$5,107.90

Check the following:

xI have uploaded receipts for goods purchased equally what is itemized in the
expenditures above.
xI have uploaded a copy of the club check(s) to a third party if the uploaded receipts
and/or invoices are in its name.
xI will upload this report when I have completed it.
My hand-written or digital signature below certifies that the project was implemented as
proposed in my application for a grant. It attests that all funds were spent in compliance with
the guidelines of the Terms and Conditions for Rotary Foundation grants.
Name of person filing this report (typed): Bob Ohlensehlen Date:1/14/2015
0 04.
Signature: Bos Ohlensehlen

*Progress reports are to be entered in the history log. Be brief and answer only the following questions in this order: 1. Has the project started? If so, when? And if not, when do you anticipate it to start? 2. If it has started, what is the % of completion? 3. Do you anticipate a reduction in the overall budget in excess of 20%? If yes, please explain why. 4. When do you expect the project to be finished?