



Matching Grant Application

The Rotary Foundation (TRF)

Sent To
TRF on
26 Feb 2013

PROJECT DESCRIPTION

Explanation: Matching Grants support the humanitarian service projects of Rotary clubs and districts. In this section, describe in detail the humanitarian need your project will address, the intent of the project, how the project will be implemented, and how Rotarians will be directly involved in the project. Involvement is required of both the host and international partners.

Please provide the name of the project site, the city or village, state or province, and country. List multiple locations, if applicable.

Project site Santo Domingo, Dominican Republic / Mobile Dental Clinic (MDC)
San Felipe de Villa Mella, Villa Mella
City/Village Santo Domingo Norte, Santo Domingo
State/Province Dominican Republic
Country

Describe the project and the problem or need it will address, including the intended beneficiaries and how the project will benefit the community in need. Provide the estimated length of time needed to complete the project.

MDC will bring free dental care to children of the public school system and low cost dental care to children's families in the twelve (12) San Felipe communities in the north of Santo Domingo.

Poverty and low income prevents families from obtaining adequate dental care. Tooth decay affects children more than any other chronic infectious disease. The beneficiaries are the children, parent and adults of the 12 San Felipe communities of about 20,000 people.

The benefits to the community include: Preventative dental care; Disease prevention; Education on proper dental care to reduce cavities and gum/tooth disease; Building greater understanding between the communities and Rotarians from the DR and from the USA -> Global Peace and Understanding.

Describe how the benefiting community will maintain this project after grant funding has been fully expended.

Several contributors in the Dominican Republic ensure that this project is sustainable for operation at and beyond the five year plan. Sustainable members in the DR are Clinica SODHAIDESA, Rotary Club of Santo Domingo Innovador.

Clinica SODHAIDESA, based in Vila Mella, Santo Domingo Norte is an NGO with strong Rotary Involvement with a significant reputation in DR and Haiti humanitarian efforts. The Rotary Club of Santo Domingo Innovador is a young and active club with prior involvement in helping people in the Villa Mella's communities with two RCC one in San Felipe and one in Las Malvinas.

Describe specific activities of the host and international partners in implementing the project. What will the Rotarians who are members of the partner clubs do during the project? Please note that financial support is not considered active involvement. (See the Matching Grant application instructions for suggestion)

Rotary Club of Santo Domingo Innovador is the host Club: will help with organizing efforts with the local San Felipe community and will overlook all the financial matters of the project in the DR. Assist SODHAIDEAS in the organization of the MDC; liaison with the San Felipe communities thru the RCC; help with the Exchange Program for professionals.

The SODHAIDESIA Clinic will own and operate the Mobile Dental Clinic Truck; provide and organize 2 dentists (one from the Clinic and one other Rotarian; purchase the truck with project funds; outfit the truck with the donated equipment and supplies; manage the MDC schedule in the 12 San Felipe communities; provide maintenance and fuel for the MDC; organize efforts with schools and community players; conduct the Professional Exchange with partnering USA dentists/professionals.

2-25

INTERNATIONAL PARTNER

Explanation: The international partner is the club or district outside the project country. A committee of at least **three** Rotarians must be established to oversee the project. All three committee members must belong to the primary club identified below for club-sponsored projects or belong to clubs in the district for district-sponsored projects. The committee members must be committed for the duration of the grant process. Please provide the primary address for all committee members, as all Rotary information will be sent to this address. It is highly recommended that the primary contact have an e-mail address to expedite communication. The primary contact will receive all official communication from TRF by e-mail and should be prepared to disseminate this information to the other committee members.

Primary Club/District

Club	Nashoba Valley Rotary Club	Club ID number (if known)	84343
District	7910	Country	United States

Primary Contact:

Name	Richard Simon	Member ID	8184618
Club	Nashoba Valley Rotary Club		
Rotary position	Chairperson - International		
Address	33 Fox Run Road		
City	Sudbury		
State/Province	MA	Postal code :	01776
		Country	USA
E-mail	rlsimon@comcast.net		
Home phone	978-443-6446	Office phone	978-835-4432
		Fax	978-835-4432

Project Contact #2:

Name	Natascha Finnerty	Member ID	8454682
Club	Nashoba Valley Rotary Club		
Rotary position	International Co-Chair		
Address	1292 Main St		
City	Lancaster		
State/Province	MA	Postal code	01523
		Country	USA
E-mail	dlexports@comcast.net		
Home phone	978-365-5118	Office phone	(978) 368-7940
		Fax	

Project Contact #3:

Name	Mary Garcia	Member ID	8548576
Club	Nashoba Valley Rotary Club		
Rotary position	Member International Committee		
Address	1334 Main Street		
City	Lancaster		
State/Province	MA	Postal code	01453
		Country	USA
E-mail	leapofforward@aol.com		
Home phone	978-368-1391	Office phone	978-660-8085
		Fax	

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HOST PARTNER

Explanation: The host partner is the club or district in the project country. A committee of at least **three** Rotarians must be established to oversee the project. All three committee members must belong to the primary club identified below for club-sponsored projects or belong to clubs in the district for district-sponsored projects. The committee members must be committed for the duration of the grant process. Please provide the primary address for all committee members, as all Rotary information will be sent to this address. It is highly recommended that the primary contact have an e-mail address to expedite communication. The primary contact will receive all official communication from TRF by e-mail and should be prepared to disseminate this information to the other committee members.

Primary Club/District

Club	Santo Domingo Innovador	Club ID number (if known)	83487
District	4060	Country	Dominican Republic

Primary Contact:

Name	Juan Domingo Reyes	Member ID	8207745
Club	Santo Domingo Innovador		
Rotary position	President		
Address	Bienvenido Garcia Gautier 7, Residencial Carmelita I, Apto. 206, Viejo Arroyo Hondo		
City	Santo Domingo		
State/Province	District National	Postal code	10510
		Country	Dominican Republic
E-mail	juando0@gmail.com		
Home phone	(829) 864-8526	Office phone	809-508-2277
		Fax	

Project Contact #2:

Name	Carlos Eduardo De Moya	Member ID	8207773
Club	Santo Domingo Innovador		
Rotary position	Secretary		
Address	C/ Jesús Piñeyro no. 52 residencial Sarah Nicole, apart. 201, El Cacique		
City	Santo Domingo		
State/Province	Distrito Nacional	Postal code	
		Country	Dominican Republic
E-mail	cdmoya1@gmail.com		
Home phone	809-903-6666	Office phone	
		Fax	

Project Contact #3:

Name	Horacio Perez	Member ID	8207836
Club	Santo Domingo Innovador		
Rotary position	treasurer		
Address	Madre Carmen Gonzales Edif Pardiso de Las Praderas Apart 101-A		
City	Santo Domingo		
State/Province	Distrito Nacional	Postal code	
		Country	Dominican Republic
E-mail	horacio.perez.medrano@gmail.com		
Home phone	809-705-3172	Office phone	809-989-0070
		Fax	

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PROJECT BUDGET

Explanation: For detailed information on what TRF funds, please see *The Guide to Matching Grants* (144-EN). Official RI exchange rates can be found at www.rotary.org. Please use the most recent rate. Please provide pro-forma invoices for budget items over US\$10,000 or when all budget items will be purchased from the same supplier.

Budget item	Name of supplier	Amount US
Truck (quote included)	Peravia Motors Santo Domingo, DR	28,900
Compressor for drills	Home Depot	500
Generator	Home Depot	1,900
Air Conditioner		1,200
Shipping	Ocean Air Export	2,100
Dental Supplies - 3M Fluoride Treatment 2 1000 unit packs (quote included)	Various Suppliers TBD	2,674
Dental Supplies - various expendable	TBD	1,601
Radiography Sensor (quote included)	XDR Digital X-Ray Sensors	5,500
Laptop Computer	The Micro Center	500
Laser Printer	The Micro Center	600
Shelving/cabinet materials for storage of equipment/materials	Local & US	1,625
Brackets, door, steps, accessories needed for installation of large equipment	Local & US	1,700
Electrical cables, lighting equipment, pneumatic hardware, fasteners, various construction material	Local & US	1,800
Subtotal		50,600
Exchange rate used		US\$1=40 DOP

Total in U.S. dollars	50,600
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PROJECT FINANCING

Explanation: Clearly list all financing in U.S. dollars (please use whole dollars as TRF does not match cents) noting which funds will be contributed in cash and which will be contributed from District Designated Funds (DDF). Use of DDF must be authorized by the district Rotary Foundation committee chair and the district governor. TRF matches US\$0.50 for every \$1 cash contribution and \$1 for every \$1 contribution from DDF. The primary host club or district must provide at least \$100 in either DDF or cash.

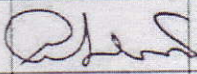
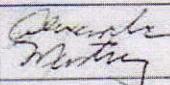
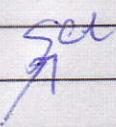
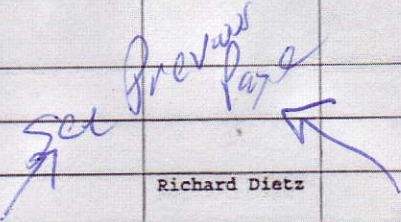
NOTE: No funds should be sent to TRF prior to official Trustee approval. Upon approval, a letter will be sent to the sponsors notifying them of approval and providing detailed instructions on how and where to submit their contributions.

Host Rotary clubs or district inside the project country (The primary host club or district must provide at least US\$100.)	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization	District Governor (Print Name)	District Governor Authorization
Santo Domingo Innovador	600					
District 4060		1,000	Raimundo Alvarez		Alexandra Martinez	
International Rotary clubs or district outside the project country	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization	District Governor (Print Name)	District Governor Authorization
Nashoba Valley (& other clubs)	17,507		Michael F. Ellis	[Signature]	Rich Dietz	[Signature]
East Fitchburg	1,000					
District 7910		9,970	Richard Ellis <i>Mike</i>	[Signature]	Richard Dietz	
Subtotals, Cash and DDF	19,107	10,970				
TOTAL cosponsor contributions						
Total funds requested from TRF (must be at least US\$5,000)	20,523					
Additional outside funding (not matched by, or forwarded to, TRF) Please specify the source of this funding.						
Total project financing (must equal budget on page 4)	50,600					

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Santo Domingo Innovador	600					
District 4060		1,000	Raimundo Alvarez		Alexandra Martinez	
International Rotary clubs or district outside the project country	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization	District Governor (Print Name)	District Governor Authorization
Nashoba Valley St. Louis	17,507					
East Pitchburg	1,000					
District 7910		9,970	Richard Ellis		Richard Dietz	
Subtotals, Cash and DDF	19,107	10,970				
TOTAL cosponsor contributions						
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Additional outside funding (not matched by, or forwarded to, TRF) Please specify the source of this funding.						
Total project financing (must equal budget on page 4)	50,600					

PROJECT PLANNING

Explanation: Before an application is submitted to TRF, project partners should discuss various planning details. The questions below are a guide to aid project planning. Note that a Rotary club and/or district or Rotarian may not own anything purchased with grant funds.

Identify who will own equipment and maintain, operate, and secure items purchased with grant funds. (A Rotary club or Rotarian cannot own equipment.)

The Clinica SODHAIDESA, Vila Mella, Santo Domingo Norte, DR

Will training in use and maintenance of technical equipment be provided? If so, who will provide training?

The Clinica SODHAIDESA, Vila Mella, Santo Domingo Norte, DR

Is software necessary to operate any items? If so, has software been provided?

Software for Dental Office Management will be provided by Clinica SODHAIDESA

Indicate what arrangements have been made for customs clearance if items will be purchased and shipped from outside the project country.

Will be working thru Clinica SODHAIDESA and DR government officials.

Provision of plumbing and electrification to structures where people live or work cannot be purchased with grant funds and must be funded with other sources. Have the sponsor clubs and/or districts planned and agreed to fund plumbing or electrification for equipment and appliances in existing buildings (hospitals, schools, libraries, orphanages, etc.)?

Any electrical and plumbing of the Truck for its use as a Mobile Dental Clinic will be provided by Clinica SODHAIDESA and allied local personnel.

Matching Grant funds can be used for international travel expenses of Rotarian volunteers who provide direct humanitarian service as part of a Matching Grant. Please note that you cannot utilize the Rotary International Travel Service (RITS) for arranging travel. If you are including international travel in your project budget, please include all travel fees and related expenses such as travel insurance, airfare, immunizations, visas, lodging, and food. Additionally, please attach to the application background information for each Rotarian traveler detailing his/her qualifications and role in the project's implementation. Have you completed all of these requirements and included travel insurance for all travelers?

No project funds will be used for this purpose. All USA personnel will travel to the DR at their own cost.

COMPETITIVE GRANTS

Explanation: Competitive grants are grants requesting US\$25,001 or above from TRF. Competitive grants are reviewed twice a year at the October and April Trustees' meetings. Please submit your application by 1 August for the October Trustees meeting and 15 December for the April meeting.

If your grant request is for US\$25,001 or above, a community needs assessment must be included. This assessment should demonstrate how the proposed project

Involves the benefiting community

Is viable and will be maintained by the benefiting community after grant funds have been expended

Please refer to *The Guide to Matching Grants* (144-EN) and the RI website (www.rotary.org) for additional information.

AUTHORIZATIONS

Explanation: Authorizations ensure that both partners are aware of, and interested in, pursuing the described project. By signing below, the current club presidents for club-sponsored projects and current district grants subcommittee chairs for district-sponsored projects, as well as the committee members, agree to the criteria listed and affirm their support of the project.

All Rotary clubs, districts, and Rotarians involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and its subsequent reporting. The signatures of all involved parties confirm that they understand and accept responsibility for the project. Parties may either sign this page or submit a separate letter of commitment.

By signing below, we agree to the following:

All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the project as presented in this application.

The club and/or district agrees to undertake this project as an activity of the club and/or district.

We ensure all cash contributions (as detailed in Project Financing) will be forwarded to TRF or directly to the project account after Trustee approval of the grant.

RI and TRF may use information contained in this application to promote the project by various means such as *The Rotarian*, the RI international convention, *Rotary Video Magazine*, etc.

The partners agree to share information on best practices when asked, and TRF may provide partners' contact information to other Rotarians who may wish advice on implementing similar projects.

The entire responsibility of TRF is expressly limited to the dollar amounts approved based on the application's budget. Additional costs due to changes in budget items, airfares, currency devaluations, etc., are the responsibility of sponsors or outside sources.

To the best of my knowledge and belief, except as disclosed herewith, neither I nor any person with whom I have or had a personal or business relationship is engaged, or intends to engage, in benefiting from TRF grant funds or has any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of TRF grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF. (NOTE: Any and all exceptions must be explained in an attached statement.)

Host Partner		International Partner	
<input checked="" type="checkbox"/> Club president (club-sponsored)* <input type="checkbox"/> District grants subcommittee chair (district-sponsored)*		<input checked="" type="checkbox"/> Club president (club-sponsored) <input type="checkbox"/> District grants subcommittee chair (district-sponsored)	
Name	Juan Domingo Reyes	Name	Karen Gaffney
Title	President	Title	President
Rotary Club	Santo Domingo Innovador Club	Rotary Club	Nashoba Valley Rotary Club
District #	4060	District #	7910
Signature		Signature	<i>See Next Page</i>
Date	28 Jan 2013	Date	

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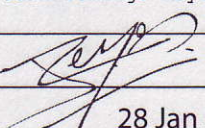
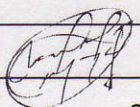
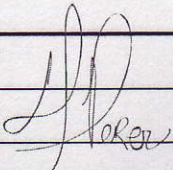
The entire responsibility of TRF is expressly limited to the dollar amounts approved based on the application's budget.

Additional costs due to changes in budget items, airfares, currency devaluations, etc., are the responsibility of sponsors or outside sources.

To the best of my knowledge and belief, except as disclosed herewith, neither I nor any person with whom I have or had a personal or business relationship is engaged, or intends to engage, in benefiting from TRF grant funds or has any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of TRF grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF. (NOTE: Any and all exceptions must be explained in an attached statement.)

Host Partner		International Partner	
<input checked="" type="checkbox"/> Club president (club-sponsored)* <input type="checkbox"/> District grants subcommittee chair (district-sponsored)*		<input checked="" type="checkbox"/> Club president (club-sponsored) <input type="checkbox"/> District grants subcommittee chair (district-sponsored)	
Name	Juan Domingo Reyes	Name	Karen Gaffney
Title	President	Title	President
Rotary Club	Santo Domingo Innovador Club	Rotary Club	Nashoba Valley Rotary Club
District #	4060	District #	7910
Signature	<i>See previous page</i>	Signature	<i>Karen Gaffney</i>
Date		Date	1.24.13

10-25

Primary Contact		Primary Contact	
Name	Juan Domingo Reyes	Name	Richard Simon
Signature		Signature	
Date	28 Jan 2013	Date	
Project Contact #2		Project Contact #2	
Name	Carlos Eduardo De Moya	Name	Natascha Finnerty
Signature		Signature	
Date	28 Jan 2013	Date	
Project Contact #3		Project Contact #3	
Name	Horacio Perez	Name	Mary Garcia
Signature		Signature	
Date	28 Jan 2013	Date	

see
Next
Page

☐ * If international travel is included as part of the budget, please check the box at the left to indicate that the host club or district has extended a travel invitation, fully supports and approves Rotarian travelers, and verifies that international travel to the club and/or district is needed to implement the project.

Primary Contact		Primary Contact	
Name	Juan Domingo Reyes	Name	Richard Simon
Signature		Signature	<i>Richard Simon</i>
Date		Date	1/24/2013
Project Contact #2		Project Contact #2	
Name	Angela Herrera Portalatin	Name	Natascha Finnerty
Signature		Signature	<i>Natascha Finnerty</i>
Date		Date	1/25/2013
Project Contact #3		Project Contact #3	
Name	Horacio Perez	Name	Mary Garcia
Signature		Signature	<i>Mary C. Garcia</i>
Date		Date	1/24/13

☐ * If international travel is included as part of the budget, please check the box at the left to indicate that the host club or district has extended a travel invitation, fully supports and approves Rotarian travelers, and verifies that international travel to the club and/or district is needed to implement the project.

12-23

COOPERATING ORGANIZATION

Explanation: A *cooperating organization* is an entity directly involved in the implementation of a grant project, offering technical expertise and/or project coordination. A *benefiting entity* is the recipient of goods or services and is not considered a cooperating organization. A cooperating organization is considered to be a Rotarian cooperating organization when one-third or more of its Board of Directors and/or governing body is comprised of Rotarians and/or senior management who are also Rotarians directly involved with the grant project

If this project involves a cooperating organization (neither a Rotary club nor the beneficiary of the project), provide the following:

Name of organization Clínica SODHEIDESA

Street Address Carr Yamasá 437;

City, State/Province Vila Mela, Santo Domingo Norte Postal code Country Dominican Republic

Office phone 829 340 8701

Fax

E-mail sodhaidesa_org@yahoo.es

Web address

In addition to the above, the following must be attached:

A letter of endorsement signed by the host club president confirming that the cooperating organization is reputable and acts within the laws of the project country *See Page 16-25*

A signed letter of participation from the cooperating organization that specifically states:

- Its responsibilities and how it will interact with Rotarians to implement the grant project *See Page 17-25*
- The organization's agreement to cooperate in any financial review of the project
- The names of Rotarians on its Board of Directors and/or organizational governing body in addition to any senior management who are also Rotarians and are directly involved with the grant project, if applicable

FINAL REPORT

Explanation: Although both partners are responsible for completing progress and final reports, the Trustees require that one partner take primary responsibility for submitting the final report to TRF. It is recommended that the club or district receiving the funds should take primary responsibility.

"By signing below, our club or district accepts primary reporting responsibility."

Print name Richard Simon

Signature *See Next Page*

Rotary club Nashoba Valley Rotary Club

District District 7910

DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

Explanation: The Trustees require that the district grants subcommittee chair (DGSC) from either the host or international sponsor district certifies the application as complete. If the application is not complete or eligible, it will not be processed and the partners will be notified accordingly.

"On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete, meets all TRF guidelines, and is eligible for funding."

Print name of DGSC Ralph Hammond

Signature *Ralph M Hammond 806*

District 7910

Date *22 Feb 2013*

13-25

COOPERATING ORGANIZATION

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If this project involves a cooperating organization (neither a Rotary club nor the beneficiary of the project), provide the following:

Name of organization Clínica SODHEIDESA

Street Address Carr Yamasá 437;

City, State/Province Vila Mela, Santo Domingo Norte Postal code Country Dominican Republic

Office phone 829 340 8701

Fax

E-mail sodhaidesa_org@yahoo.es

Web address

In addition to the above, the following must be attached:

A letter of endorsement signed by the host club president confirming that the cooperating organization is reputable and acts within the laws of the project country

A signed letter of participation from the cooperating organization that specifically states:

- Its responsibilities and how it will interact with Rotarians to implement the grant project
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"By signing below, our club or district accepts primary reporting responsibility."

Print name Richard Simon

Signature

Rotary club Nashoba Valley Rotary Club

District District 7910

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"On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete, meets all TRF guidelines, and is eligible for funding."

Print name of DGSC Ralph Hammond

Signature

District 7910

Date

14-25

COMPLETION CHECKLIST

Before submitting your Matching Grant application, please take a moment to review this checklist. If you have any questions or concerns, please contact the Humanitarian Grant Coordinator for the project location.

- ☒ Does the project meet all grant policies and guidelines (see *The Guide to Matching Grants* [144-EN] or the RI website at www.rotary.org)?
- ☒ Does the project description clearly state how the project will assist those in need?
- ☒ Are the activities of the host and international partners clearly explained? Will the Rotarians be actively involved in the project?
- ☒ Have both the host and international partners created committees to oversee the project? Are these individuals correctly listed on the application with their complete contact information?
- ☒ Is a detailed, itemized budget included in the application?
- ☒ Are pro-forma invoices attached for budget items over US\$10,000?
- ☒ Are all partner contributions listed in the application, noting which contributions will be cash and which will be DDF?
- ☒ Have the DRFC chair and the district governor provided their signatures authorizing the use of District Designated Funds?
- ☒ Have the club presidents or district grants subcommittee chairs from the host and international partner provided their authorizing signatures?
- ☒ Have all six committee members provided their authorizing signatures?
- ☒ If a cooperating organization is involved, are the following letters included with the application:
 - ☒ A signed letter of endorsement from the host partner confirming that the cooperating organization is reputable and acts within the laws of the project country
 - ☒ A signed letter from the organization specifically stating its responsibilities, how it will interact with Rotarians, its agreement to cooperate in any financial review of the project, and if applicable, the names of Rotarians on its Board of Directors and/or organizational governing body in addition to any senior management who are also Rotarians directly involved with the grant project
- ☐ If the project involves a revolving loan or microcredit, is the Revolving Loan Fund Supplement and Credit Group Plan included?
- ☐ If the grant request is US\$25,001 or more, is a community needs assessment attached?
- ☒ Has the district grants subcommittee chair from either the host or international partner certified the application as complete and eligible?
- ☒ Is there a minimum of nine authorizing signatures included in the application?
- ☒ Have the partners made copies of all documents for their files prior to submitting them to TRF?



Complete applications should be sent to:

Humanitarian Grants Program
The Rotary Foundation
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA
Fax: 847-556-2151
E-mail: contact.center@rotary.org

141-EN-(710)

15-25



Club Rotario Santo Domingo
innovador



28 de Enero del 2013
Santo Domingo, Rep. Dom.

Letter From Juan Domingo Reyes, on Club Letterhead
President Santo Domingo Innovador Rotary Club

To:
Richard L. Simon
International Chairperson
Nashoba Valley Rotary Club
33 Fox Run Road
Sudbury, MA 01776
Stow, Massachusetts

Dear Mr. Simon,

I am the President of the Santo Domingo Innovador Rotary Club. My club is acting as the Host Country Club in connection with the Dominican Republic Mobile Dental Clinic (DRMDC) project.

This club is working with you on the Rotary Foundation Matching Grant Application for the DRMDC. This letter serves as a letter of endorsement confirming that the Clinica SODHAIDESA, the cooperating organization in this project, is according to our best understanding, a reputable organization and acts within the laws of the Dominican Republic. Clinica SODHAIDESA has a history and excellent reputation in working with other Rotary Clubs in the Dominican Republic.

We look forward to working with Clinica SOHAIDESA and the Nashoba Valley Rotary Club in the implementation of this important project which will bring free dental care to the citizens of our country.

Sincerely,



16-25

Juan Domingo Reyes

President, Santo Domingo Innovador Rotary Club
M. cr.sd.innovador@gmail.com





SOCIEDAD DOMINICO-HAITIANA DE APOYO INTEGRAL PARA EL DESARROLLO Y LA SALUD

Carretera Yamasá, Km. 16, San Felipe, Villa Mella, Santo Domingo Norte, R. D.
Tel: 809-568-9837, Email: sodhaidesa_org@yahoo.es, RNC: 4-30-0212

Santo Domingo norte,
January 29, 2013

Richard L. Simon
International Chairperson
Nashoba Valley Rotary Club
33 Fox Run Road
Sudbury, MA 01776
Stow, Massachusetts

Dear Mr. Simon,

I am the Executive Director of the Clinica SODHAIDESA. Clinica SODHAIDEAA will be **participating in the Dominican Republic Mobile Dental Clinic Project (the "Project")** in the following ways. Clinica SODHAIDESA is a nonprofit institution, created by SOCIEDAD DOMINICO HAITIANA DE APOYO INTEGRAL PARA EL DESARROLLO Y LA SALUD (SODHAIDESA) to provide health services to communities with limited economic resources. The unit of Dentistry of the Clinic works to improve the oral health of these communities.

The responsibilities of Clinica SODHAIDESA are: operate the Mobile Dental Clinic Truck; provide and organize 2 dentists (one from the Clinic and one other Rotarian; purchase the truck with project funds; outfit the truck with the donated equipment and supplies; manage the MDC schedule in the 12 San Felipe communities; provide maintenance and fuel for the MDC; organize efforts with schools and community players; conduct the Professional Exchange with partnering USA dentists/professionals.

We will **interact with Rotarians** in the following manners: Several Rotarians will involve in the realization of the Project. Rotarians of the CLUB ROTARIO SANTO DOMINGO INNOVADOR will contribute with the expendables material and medicines, Rotarians dentists also participate in activities. Every month, the CLUB will receive a report of the Project.

Clinica SODHAIDESA **agrees to cooperate in any financial review of the Project** by the Rotary Foundation and the District 7910 of Massachusetts.

The following are the names of Rotarians on Clinica SODHAIDESA Board of Directors and/or organizational governing body in addition to any senior management who are also Rotarians and are directly involved with the grant Project, if applicable. NONE

Sincerely,

Dr. Frantz Compere
President of SODHAIDESA

17-25

Rotary Club of Nashoba Valley
Dominican Republic Mobile Dental
Clinic
Rotary Foundation Global Grant
Application

Pro-Forma
Invoices

18-25



RNC: 1-0101567-5

Fecha: 2 de noviembre de 2012

Cliente : **ING. JUAN DOMINGO REYES**

Contacto : _____ RNC / Cedula: _____

Dirección: _____

Sector: _____ Ciudad: Santo Domingo

Email : _____

Teléfono : _____ Celular: 829-864-8526 Fax: _____



DONGFENG
Cotización

KANGBA Cama Larga



USD 28,900.00

CON CAMA NO FURGON

Camion 16" KANGBA

Año 2011

Motor Diesel 4BT CUMMINS de 3,922 cc

4 cilindros, 125 HP

Transmisión mecánica de 5 velocidades

Cabina Ancha (3 pasajeros) y Tildable

Chasis doble reforzado

Capacidad de 8.5 tons. (PB)

Cama de 16 pies de largo

Gomas duales traseras 750 x 16

Frenos de Escape y **Frenos de Aire**

Toma de Aire a Nivel de Cabina

Sistema eléctrico de 24 voltios

Barras protectoras laterales y trasera

Aire Acondicionado de Fabrica

Guía Hidráulico y de Posición.

Tacómetro, Reloj digital, Halógenos,

RADIO AM/FM con auxiliar

Cinturones de seguridad.

Juego de herramientas y gato.

Garantía: 2 Años ó 50,000 kms. de fábrica.

*** Algunas restricciones Aplican*



Ejecutivo de Ventas ALICIA PACHECO

Teléfono: (809) 565-2111 Ext.: 2186

Celular: 809-696-3307

Email: alicia.pacheco@peraviamotors.com

Observaciones: RD\$1,153,110.00 Tasa 39.90

Precio Incluye ITBIS y Placa

Nota: Esta cotización esta sujeta a cambio sin previo aviso y Tiene una vigencia de 10 días a partir de su emisión.

Autopista Duarte Km. 6.5, Santo Domingo, Tel.: (809) 565-2111 Fax.: (809) 544-0271

Autopista Duarte Km. 1, Santiago, Tel.: (809) 226-8060 Fax.: (809) 241-2129

WWW.PERAVIAMOTORS.COM

19-25



MASTERLINK LLC.
24654 N. LAKE PLEASANT PKWY
SUITE #103-501
PEORIA, AZ 85383
1 800 869 0915

WORKORDER: 008402 Page: 1
COMPLETED: 01/25/13 08:40
ADVISOR
ACCOUNT #: 41065

INVOICE FOR PARTS & SERVICES

CUSTOMER: ROTARY CLUB OF NASHOBA VALLEY HOME:
ADDRESS: 33 FOX RUN ROAD BUSINESS: 978 835 4432
CITY: SUDBURY, MA 01176 RESALE:

The following parts are included in this sale:

Quan.	Part #	Description	Charge Extended	
1.00	XDR DIGITAL	XRAY SYSTEM SIZE #1 (PEDO)	5500.00	5500.00
1.00	INCLUDES	MULTI USER SOFTWARE (5) USER	0.00	0.00
1.00	INCLUDES	INTERNET INSTALLATION	0.00	0.00
1.00	INCLUDES	SENSOR COVERS AND HOLDERS	0.00	0.00
1.00	INCLUDES	FREE INTRAORAL CAMERA	0.00	0.00
1.00	INCLUDES	FREE 3 MONTHS XDR SUPPORT	0.00	0.00
1.00	INCLUDES	FREE SHIPPING	0.00	0.00

	Taxable	Non-tax		
PARTS:	\$ 0.00	\$5,500.00	SUBTOTAL:	\$5,500.00
LABOR:	\$ 0.00	\$ 0.00	TAX:	\$ 0.00
SUBLET:	\$ 0.00	\$ 0.00	ENVIR:	\$ 0.00
SUPPLIES:	\$ 0.00	\$ 0.00	SPECIAL:	\$ 0.00
			TOTAL:	\$5,500.00
			BALANCE:	\$5,500.00

ALL UNPAID BALANCES WILL BE CHARGED A SERVICE CHARGE OF 1.5 PERCENT PER MONTH

DISCLAIMER OF

WARRANTIES: The warranties applying to this equipment are those which may be offered by the manufacturer. Masterlink LLC expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability of fitness for a particular purpose, and neither assume nor authorizes any other person to assume for it any liability in connection with the sale of this equipment and or service. It is understood that masterlink has a no return policy. In no event shall Masterlink LLC be liable for any special, incidental, or consequential damages of any kind, or any damages whatsoever, including without limitation those resulting for loss of use, data or profits, whether or not advised of the possibility of damage, or on any theory of liability, arising out of or in connection with the use of any software or computer system. In the event any items are referred to collection all reasonable attorney and collection fees are the responsibility of the buyer. It is agreed that balance will be paid in full on delivery of equipment.

Signed _____ Date _____

Approved

FAX
623-321-1532

20-25



MASTERLINK LLC.
24654 N. LAKE PLEASANT PKWY
SUITE #103-501
PEORIA, AZ 85383
1 800 869 0915

WORKORDER: 008402 Page: 1
COMPLETED: 01/25/13 08:41
ADVISOR
ACCOUNT #: 41065

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1.00	INCLUDES	MULTI USER SOFTWARE (5) USER	0.00	0.00
1.00	INCLUDES	INTERNET INSTALLATION	0.00	0.00
1.00	INCLUDES	SENSOR COVERS AND HOLDERS	0.00	0.00
1.00	INCLUDES	FREE INTRAORAL CAMERA	0.00	0.00
1.00	INCLUDES	FREE 3 MONTHS XDR SUPPORT	0.00	0.00
1.00	INCLUDES	FREE SHIPPING	0.00	0.00
1.00	OPTIONAL	HARDWARE REPLACEMENT	0.00	0.00
1.00	HARDWARE	REPLACEMENT PLAN SENSORS	495.00	495.00

optional

	Taxable	Non-tax		
PARTS:	\$ 0.00	\$5,995.00	SUBTOTAL:	\$5,995.00
LABOR:	\$ 0.00	\$ 0.00	TAX:	\$ 0.00
SUBLET:	\$ 0.00	\$ 0.00	ENVIR:	\$ 0.00
SUPPLIES:	\$ 0.00	\$ 0.00	SPECIAL:	\$ 0.00
			TOTAL:	\$5,995.00
			BALANCE:	\$5,995.00

ALL UNPAID BALANCES WILL BE CHARGED A SERVICE CHARGE OF 1.5 PERCENT PER MONTH

DISCLAIMER OF

WARRANTIES: The warranties applying to this equipment are those which may be offered by the manufacturer. Masterlink LLC expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability of fitness for a particular purpose, and neither assume nor authorizes any other person to assume for it any liability in connection with the sale of this equipment and or service. It is understood that masterlink has a no return policy. In no event shall Masterlink LLC be liable for any special, incidental, or consequential damages of any kind, or any damages whatsoever, including without limitation those resulting for loss of use, data or profits, whether or not advised of the possibility of damage, or on any theory of liability, arising out of or in connection with the use of any software or computer system. In the event any items are referred to collection all reasonable attorney and collection fees are the responsibility of the buyer. It is agreed that balance will be paid in full on delivery of equipment.

Fax

Signed _____ Date _____

Approval

623.321.1532

21-25

In-Office Fluorides



Enamel Pro® Varnish with ACP Premier Dental

The only varnish formulated to deliver amorphous calcium phosphate (ACP). Desensitizes dentin—it has been shown to diminish hydraulic conductance by 73%.¹ The fluoride and ACP provide a semipermanent occlusion with fluorapatite.² The ACP technology delivers 4X more fluoride uptake into the enamel than the leading brand of transparent varnish.³ Easy-to-use, single-unit doses with an applicator brush.

Unit Dose—0.25 mL
Bubblegum

(373-0166)35 per Box 67.79
Contains: 35 single-unit-dose application sticks, Comfy-grip varnish holder, instructions & post-treatment patient instructions.

Unit Dose—0.4 mL
Standard Pack35 per Box 69.49

Specify:
Bubblegum (378-0162)
Strawberries 'N' Cream (378-0156)
Mint (378-0372)

Contains: 35 single-unit-dose application sticks, Comfy-grip varnish holder, instructions & post-treatment patient instructions.

Unit Dose—0.4 mL
Bulk Pack200 per Box 354.99

Specify:
Bubblegum (378-0171)
Strawberries 'N' Cream (378-0169)
Mint (378-0371)

Contains: 200 single-unit-dose application sticks, Comfy-grip varnish holder, instructions & post-treatment patient instructions.

Notes* 1, 2, 3 Data on file with Premier Dental

NEW!

FluoroDose™ 5% Sodium Fluoride Varnish Centrix

Centrix varnish with the single-use Unit Pack® delivery system provides consistent dose with every application. Sets on contact with saliva and remains on tooth surface for 6–8 hours for optimal fluoride release. Includes a Benda® brush applicator.

Unit Dose—0.3 mL120 per Box 118.99

Specify:
Bubblegum (163-0045)
Mint (163-0047)
Melon (163-0070)

Fluor Protector Vivadent

Fluor Protector fluoride varnish that provides dental caries protection and remineralization of initial caries lesions. Suitable for treatment of children, adolescents and adults. Colorless, fast-setting formula treats endangered tooth surfaces and prevents hypersensitivity.

(343-1603)Ea. 98.49

Contains: 20–0.4 mL SDVs, 1 brush holder, 2 brushes & 1 rubber base.



Kolorz™ ClearShield™ 5% Sodium Fluoride Varnish—DMG America

Goes on clear with no yellow discoloration for greater patient acceptance. Its 5% sodium fluoride formula offers long-lasting relief from dental hypersensitivity. Contains xylitol and is saccharin-free and gluten-free.

Unit Dose—0.4 mL35 per Box 53.99
4 Boxes @ 51.99

Specify:
Bubblegum (201-0183)
Watermelon (201-4705)
Mint (201-0300)

Bulk Pack—0.4 mL200 per Box 268.99

Specify:
Bubblegum (201-0185)
Watermelon (201-0184)
Mint (201-0301)

NEW!

MI Varnish™ Topical Fluoride Varnish GC America

Formulated with Recaldent™ CPP-ACP, a topical fluoride varnish with calcium and phosphate. Can be used for treating dentinal hypersensitivity. Excellent translucency remains on the tooth surface longer than conventional fluoride varnishes. Each mL contains 50 mg. of sodium fluoride in Fresh Strawberry flavor.

Unit Dose—0.5 mL
(333-3225)50 per Box 117.99



Profluorid Varnish—VOCO

5% sodium-fluoride varnish delivers with enhanced flow characteristics for hard-to-reach areas. Single-dose delivery system adheres to moist surface and sets quickly after contact with saliva. White, transparent varnish without yellow discoloration immediately releases fluoride to relieve hypersensitivity. Contains no saccharin, aspartame, or gluten.

10 mL Tube
(114-3932)Ea. 24.99

Single Dose—0.25 mL—Kids—Melon
(840-9282)50 per Box 75.99

Single Dose—0.4 mL—Adults
Assorted Flavors
(999-1366)48 per Box 75.99

Contains: Caramel, Cherry, Melon & Mint.

Single Dose—0.4 mL
Adults50 per Box 75.99

Specify:
Caramel (999-1362) Melon (840-9285)
Cherry (999-1363) Mint (999-1364)

Single Dose—0.4 mL
Adults200 per Box 264.99

Specify:
Caramel (999-1367) Melon (999-1370)
Cherry (999-1369) Mint (999-1368)

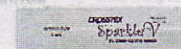
Preventives

NUPRO™ 5% Sodium Fluoride Varnish Dentsply Professional



In-office topical-fluoride treatment combines great flavor with dependable, effective performance. Unique formula dries to tooth color. Convenient and easy-to-use single unit-dose delivery system. Pleasant raspberry flavor.

Unit Dose—0.20 mL
(555-6732)50 per Box 97.99



Sparkle V™ 5% Sodium Fluoride Varnish with Xylitol—Crosstex

5% sodium-fluoride varnish with xylitol delivers the optimal fluoride dosage that dries to a natural tooth shade on contact. Simple, fast, mess-free application and easy cleanup. Smooth, nonclumping formula. Sets rapidly in the presence of saliva: no need to isolate teeth. Gluten-, aspartame-, and saccharin-free.

Unit Dose—0.4 mL120 per Box 159.99

Specify:
Bubblegum (774-0105)
Mint (774-0126)



Vanish™ 5% Sodium Fluoride White Varnish with Tri-Calcium Phosphate 3M ESPE

White varnish, enhanced with tricalcium phosphate, becomes virtually invisible after application. Saliva-activated formula adheres to dry or moist teeth and will spread after application due to the patented formula, which allows migration to tooth surfaces. Indicated to treat hypersensitive teeth, exposed dentin, and root-surface sensitivity.

Trial Pack—0.5 mL50 per Box 124.99
6 Boxes (Case) @ 114.99

Specify:
Cherry (737-0016) Mint (737-0017)
Melon (737-0018)

Clinic Pack—0.5 mL100 per Box 207.99

Specify:
Cherry (737-0019) Mint (737-0020)
Melon (737-0021)

Bulk Pack—0.5 mL1000 per Box 1,336.99

Specify:
Cherry (737-0022) Mint (737-0023)
Melon (737-0024)
Assorted (500 Cherry & 500 Melon) (737-0025)
Assorted (400 Melon, 400 Cherry & 200 Mint) (737-0026)

Fluoride Varnishes continued on next page.

PREVENTIVES

22-25

Richard Simon

From: Steven Bickers [Steven@universalcargo.com]
Sent: Friday, October 26, 2012 7:40 PM
To: rlsimon@comcast.net
Cc: UCM
Subject: Shipping quote: Miami to Dominican Republic -
Attachments: Ocean-Air Export Quote Terms and Disclaimers.pdf

Hi Richard,

Thanks for the request.

We will help you and your Rotary chapter with this shipment.

Rotary does great work here in the States and abroad, I have several family members and friends who are Rotarians. One group recently got back from Russia, they spent two weeks building a school and medical facility.

Regarding this shipment, please see the current pricing below.

Understand you are shipping in 2013, we can update the rates again as we get closer to your intended shipping date.

Ocean freight:

20' container

Volume: 1 x 20'

Commodity: dental equipment

From: Miami, FL door

To: Puerto Plata, Dominican Republic port

Mode: door to port

Rate: \$2100

Subject to all destination charges.

Please also ask us about insurance coverage,
insurance is NOT included in the rates above.

Check out our website for more information:

<http://www.universalcargo.com/marine-shipping-insurance/>

Can we help you with your move?

If you have any questions, please advise.

Regards,

Steven Bickers
Account Executive – Exports
10825 Washington Blvd.
Culver City, CA 90232
Ph: 310.216.4024 x 38
F: 310.216.4022



Name Richard Simon

23-25

Company Name Rotary Club of Nashoba

Telephone 978-835-4432

Email (we will keep it completely private) rlsimon@comcast.net

Facebook, LinkedIn, or Twitter Account

Cargo Description Dental Equipment

Expected Shipping Date July 2013

City or Port of Origin Miami

City or Port of Destination Puerto Plata, Dominican Republic

Size of Shipment 20'

Please provide dimensions and weight for Air and LCL Shipments (LCL must be >1 cbm) 2,000 pounds

Comments and questions

24-25

Ocean/Air Export Quote Terms and Disclaimers

QUOTE TERMS

- SUBJECT TO EQUIPMENT / SPACE AVAILABILITY.
- PRICING IN USD UNLESS OTHERWISE STATED .
- ALL FOREIGN CURRENCY WILL BE CONVERTED TO USD AT THE TIME OF INVOICING USING THAT EXCHANGE RATES .
- OCEAN RATES ARE VALID FOR 30 DAYS UNLESS OTHERWISE NOTED. RATES SUBJECT TO CHANGE WITHOUT NOTICE.

INCLUDED:

- US Export Customs clearance and export documentation.
 - Ocean freight from U.S. port up to destination port.
 - Bill of Lading & Domestic courier fees.
 - For all Door to Port moves: Container drayage/transportation to the loading facility and U.S. port fees are included.
- Standard two hour live load free time included, unless otherwise stated. Detention will occur after the initial 2 hours free time.

EXCLUDED:

- Cargo Marine Insurance, please check with your individual Account Executive for insurance premium costs & options.
- Import customs clearance and port handling charges and fees after arrival at destination port.
- Import taxes (VAT) and duties at destination, if applicable.

DISCLAIMER:

- UCM is a NVOCC and not a vessel/airplane-owner, therefore cannot have any control over the logistical chain from the date of the delivery of the cargo to the carrier. UCM cannot have any direct or indirect control over the carrier/airline's activities or issues that may occur in the logistical sphere, such as, but not limited to, change of sailings/departure dates, delays in loading the cargo on to the vessel/airplane, cancellation or even postponement of a voyage/flight, or customs request for inspections.
- UCM is solely acting as a NVOCC and will not be responsible for any damages during the shipping process. UCM is not responsible for container damage during the loading process. Loading persons are fully responsible for paying all container damage if any occurs. Claims have to be resolved with the insurance firm if insurance was added at the time of booking.
- Please be aware that customs will occasionally pull containers for a random exam. Should your container be chosen, it may result in delays and/or additional costs.
- Rate quote is based on cargo detail provided and must be described as such on all documentation surrendered to UCM for processing. Rate is subject to change should there be a change to the cargo detail in any way.
- Additional documentation charges if requested: Original Bill Lading: \$15 + any international courier charges; Certificate of Origin: \$100.
- Transit time is based on current carrier available schedule for on-water time, does not include trans-ship time at the port, please allow 5-7 days for each trans-ship point.
- It is shipper's responsibility to load the container and to make sure that container is loaded weight-balanced. Delays and extra charges may occur if the carrier rejects the container due to weight-imbalance.
- If loading at a residential location, please check with local governance regarding local trucking regulations. The trucking company is not liable for any parking, loading, or other violations due to lack of shipper permits at residential load location. An additional \$100 residential load surcharge may apply.
- Maximum legal container weight is 17 tons for 20ft and 20 tons for 40ft. Extra Tri-axle Chassis cost may apply for cargo over-weight. All over-weight containers are subject to carrier approval and must be checked before booking is made.
- Trucking cost (due to fuel) is subject to change without notice at the discretion of partner trucking company by the time of booking/loading.
- For booking cancellation, please inform UCM Operations at least 48 hours (non weekend/holiday) before actual loading date. Otherwise shipper will be responsible for possible trucking dry run.



www.UNIVERSAL CARGO.com

25-25