



The Rotary Foundation (TRF) Major Matching Grants Application

For grant requests of US\$ 2,001 to US\$ 150,000

Rotarians may use this application and attach additional pages as needed or may answer the questions below on blank paper, on the condition that the answers follow the same order as the application. Rotarians using the electronic version of the application will find that table cells expand automatically as information is added. *Incomplete applications will be returned to the primary host partner with a brief explanation. See **The Guide to Humanitarian Grants (144-EN)** for instructions and eligibility and program requirements.*

Note: Applications for **low-cost shelter** and **revolving loan** projects and **grant requests of US\$25,001 or more** have additional requirements. See **The Guide to Humanitarian Grants (144-EN)**, www.rotary.org, or contact TRF staff for more information.

1. PROJECT DESCRIPTION

1. What is the purpose of this project? Provide a brief description.

THE PURPOSE TO THE PROJECT IS TO PROVIDE DENTAL CARE TO THE POOR WHO CANNOT AFFORD. PROVIDING DENTAL CARE ESPECIALLY TO STUDENTS OF WEAKER SECTION OF SOCIETY IS OF UTMOST IMPORTANCE. THE PROJECT IS TO START DENTAL CARE CENTRE TO CATER TO SUCH COMMUNITY.

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

PRESENTLY THERE ARE NO OF DENTAL CARE CENTRES IN PATHANKOT BUT NONE OF THEM IS CATERING TO THE NEEDS OF POOR COMMUNITY AND ARE CHARGING EXORBITANT RATES. WE PLAN TO CHARGE NOMINAL RATES AND THUS THE OBJECTIVE TO PROVIDE DENTAL CARE TO THE POOR AT LOW COST WILL BE ACHIEVED.

3. How will the host and international partners communicate and work together to implement this project? Please provide specific examples of activities.

BOTH THE PARTNERS WILL CONSTANTLY REMAIN IN TOUCH ON MAIL AND WORK TOGETHER IN GETTING GRANT FUNDS FROM TRF AND IN THE SUCCESSFUL IMPLEMENTATION OF THE PROJECT

2. COOPERATING ORGANIZATIONS

If this project involves a co-operating organisation:

1. Provide the name of the organisation below.
2. Attach a letter of participation from that organisation that specifically states its responsibilities, how it will interact with Rotarians in this project, and the organisation's agreement to cooperate in any financial review of activities connected with the project.
3. Attach a letter of endorsement of the organisation from the Rotarians in the project country.

Name of organisation	
Is the letter of participation from the organisations attached (Yes / No)	
Is the letter from the project country Rotarians attached (Yes / No)	

3. RELATIONSHIP TO OTHER RI OR TRF PROJECTS (OPTIONAL)

Is this project related to, or has it resulted from, other Rotary International or TRF projects? (Yes / No):

If so, please identify those projects.

Program	Individual's Name and/or Project #	Program	Individual's Name and/or Project #
WCS Projects Exchange		Group Study Exchange	
Individual Grant		Ambassadorial Scholarships	
3-H Grant		District Simplified	

		Grant	
Matching Grant		Other:	

Could this project benefit from an international volunteer? (Yes / No)	
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4. PRIMARY HOST PARTNER IN THE PROJECT COUNTRY

List the club or district *in the project country* that assumes joint responsibility for the project.

Rotary Club of	PATHANKOT MIDTOWN	Club ID #	
District	3070	Country	INDIA

Project Committee: A committee of at least two Rotarians must be established by the primary host partner to oversee the project for its duration, even if the project continues into another Rotary Year.

Primary Contact (must be a member of the above club/district)		Additional Contact	
Name	Dr. Beena Misra	Name	Anil Vasudeva
Member ID #		Member ID #	
Rotary Club of	Pathankot Midtown	Rotary Club of	Pathankot Midtown
District	3070	District	3070
Position/title	Distt. Governor	Position/title	Past President
E-mail	beena@jla.vsnl.net.in	E-mail	anilva@sancharnet.in
Street address	Mishra Nursing Home, Dhangu Road,	Street address	Mission Road,
City / state /postal code	Pathankot /Punjab/145001	City / state /postal code	Pathankot/Punjab/145001
Country	India	Country	India
Home Tel	0091 186 2228219	Home Tel	0091 186 2220631
Office Tel	0091 186 2221561	Office Tel	0091 186 2224737
Fax	0091 186 2228737	Fax	
Cellular		Cellular	

5. PRIMARY INTERNATIONAL PARTNER OUTSIDE THE PROJECT COUNTRY

List the club or district *outside the project country* that assumes joint responsibility for the project.

Rotary Club of		Club ID #	
District	3270	Country	Pakistan

Project Committee: A committee of at least two Rotarians must be established by the primary host partner to oversee the project for its duration, even if the project continues into another Rotary Year.

Primary Contact (must be a member of the above club/district)		Additional Contact	
Name	Abdul Rauf Rohaila	Name	Capt. AH Ather
Member ID #		Member ID #	
Rotary Club of		Rotary Club of	Karachi North
District	3270	District	3270
Position/title	District Governor	Position/title	Past District Governor

E-mail	raufrohaila@hotmail.com	E-mail	
Street address	1-A Sikanderpura GT Road	Street address	Schon House,1Chundrigarh Road
City / state /postal code	Peshawar/Pakistan	City / state /postal code	Karachi
Country	Pakistan	Country	Pakistan
Home Tel	0092 91 2566200	Home Tel	0092 21 5838570S
Office Tel	0092 91 216300	Office Tel	
Fax	0092 91 2573 000	Fax	
Cellular		Cellular	

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6. PROJECT BUDGET

Include a complete itemised budget for the project and indicate which currency is used. Please answer the questions provided about purchase of equipment, materials, or supplies. Use separate pages if necessary. **Pro forma invoices, supplier price quotes, and/or other cost documentation may be required upon request.**

Item to be purchased	Name of supplier	Cost
Dental Chairs Delux, with X-Ray Model Machine	M/s. Sunil Enterprises,	3,00,000.00
Make Bestodent		
Total (identify currency) Indian Rs. Three Lacs only.		Rs. 3,00,000.00
Exchange rate used Indian Rs. 44= US\$ One		In Rs. 44=US\$ One
US\$ Equivalent		US\$ 6820
Note: To calculate the total automatically, place your cursor on the cell, click on Table, then Formula, then OK.		

7. PURCHASE OF EQUIPMENT

1. Who will own equipment and maintain, operate, and secure items purchased with grant funds? (Equipment cannot be owned by a Rotary Club or Rotarian)

Rotary Dental Care Centre Pathankot will own the equipments.

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

-No-

3. Will training in use and maintenance of technical equipment be provided?

The company will provide the training in use and maintenance of the equipments.

4. If budget items will be shipped, have arrangements been made for customs clearance?

The equipment is locally available

8. PROPOSED FINANCING

If *SHARE* District Designated Funds (DDF) are part of the funding for this Major Matching Grant, either attach a letter(s) from the **district Rotary Foundation committee (DRFC) chair(s)** authorizing the use of those funds and specifying the amount *or* have the DRFC chair(s) authorize the use of the *SHARE* funds by signing below. **Only the chair, on behalf of the DRFC, can authorize the use of *SHARE* DDF.** Please list all financing and indicate *cash* or **SHARE (DDF)** amounts.

Rotary Club / District		US\$ Amount Contributing	Cash /DDF	DRFC Chair Authorization
Rotary Club of		\$0	Cash	
Rotary Club of	(International Partner)		Cash	
District #	3070	\$1705	DDF	
District #	3270	\$ 1705	DDF	
Sub-total		\$3410		
Amount requested from TRF		\$3410		
Additional funding from other sources				
TOTAL		\$6820		(Must be equal to budget)
Note: To calculate the subtotal and total automatically, place your cursor in the correct cell, click on Table, then Formula, then OK.				

9. COMMUNITY NEEDS ASSESSMENT (FOR GRANT REQUESTS OF US\$25 001 TO US\$ 150 000)

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

- Is viable and can be maintained by the benefiting community after grant funding has been fully expended
- Involves the benefiting community, including its ownership of the project

Please refer to *The Guide to Humanitarian Grants (144-EN)* for additional information.

Community needs assessment attached (Yes / No)	
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10. PARTNERSHIP AUTHORIZATION

All Rotary Clubs or districts involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and reporting on it. The partners’ signatures confirm that they understand and accept responsibility for the project. Partners may either sign this page or submit a separate letter of commitment.

By signing below, we are agreeing to the following:

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all Matching Grant criteria as stated in *The Guide to Humanitarian Grants (144-EN)*.
- We will ensure all cash contributions (as detailed in item 8) will be forwarded to TRF **after** Trustee approval of a Matching Grant.
- We understand that if our club/district or our partner club/ district has overdue progress or final reports for any previously awarded Matching Grants, this application will be returned to the host partner.

HOST PARTNER		INTERNATIONAL PARTNER	
<input type="checkbox"/>	Club President (if club-sponsored)	<input type="checkbox"/>	Club President (if club-sponsored)
<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)	<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)
Name	Pushpinder Singh Maini	Name	Capt SH Ather
Title	President	Title	Past District Governor
Rotary Club of	Pathankot Midtown	Rotary Club of	Karachi North
District #	3070	District	3270
Signature		Signature	
Date	28.03.2005	Date	31/03/05

11. DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The Trustees strongly suggest that the district grants subcommittee chair from either the host or international district certify the application as complete. *If the application is not complete or eligible, it will be returned to the host partner with a brief explanation.*

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

District Grants Sub-Committee Chair Signature	District 3070

12. REPORTS

Although *both* partners are responsible for completing progress and final reports, the Trustees require that one partner take primary responsibility for submitting the reports to TRF.

“By signing below, our club/district accepts primary reporting responsibility.”

Signature President	Rotary Club of Pathankot Midtown	District 3070

13. COMPLETION CHECKLIST

Before submitting your Major Matching Grants Application, please take a moment to review this checklist. If you have any questions or concerns, please contact TRF staff (see below).

- Are there written sponsorship confirmations from the club president(s)/district leadership who will be in office during the year of the funding request?
- Does the project meet all grant policies and guidelines (see *The Guide to Humanitarian Grants* (144-EN) or the RI Web site at www.rotary.org)? Does the project description clearly state how the project will assist those in need?
- Have both the host and the international partner created committees to oversee the project? Are these individuals correctly listed on the application?
- Have the responsibilities of the project country partner and international partner been outlined? Do they meet the requirements of a Matching Grant project?
- Are there written commitments (or signatures on section 10 of the application) from each primary project partner? If SHARE District Designated Funds (DDF) are used, the current district Rotary Foundation committee chair must provide a written confirmation authorizing use of DDF (or signature on section 8 of the application).
- Is a co-operating organization involved? If so, are there letters from 1) the organization, specifically stating its responsibilities, how it will work with Rotarians, and its agreement to co-operate with any financial review of the project; and 2) the primary host partner, indicating that it has knowledge of the organization and endorses the co-operative effort?
- Is your project to build low-cost shelters? If yes, is a Low-Cost Shelter Agreement attached together with the other required documentation?
- Does the project involve a revolving loan? If so, is appropriate documentation included?
- If your grant request is for US\$ 25 001 or more, is a community needs assessment attached.
- Has the district grants subcommittee chair certified your application as complete (see section 11 of the application)?

Have you made copies of all documents for your files prior to submitting them to TRF?

Note: You will receive a file number when the application is received at RI Headquarters. This does not indicate that the grant has been approved. You will receive an announcement packet if the Trustees approve your completed application. **The project cannot be started until the Matching Grant application has been approved by The Rotary Foundation Trustees.**

Send the completed application and all attachments to:

E-mail: grants@rotaryintl.org

OR

Fax: (847) 328 8554

OR

Matching Grants
The Rotary Foundation
One Rotary Centre
1560 Sherman Avenue
Evanston, IL 60201-3698 USA
Telephone: (847) 866 3000

