Application Form - Project D-629



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.

Matching Grants Application

The Rotary Foundation (TRF)

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

Project site: Tijuna
City/ Village: Tijuana State/ Province: Mexico
State/ Province: Mexico
Country: Mexico

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.

The purpose of the grant is to purchase medicine and medical supplies for poor families in the colonias of Tijuana who cannot afford them and sometimes go untreated.

Arrangement have been made to purchase and distribute these drugs and supplies thru a missionary hospital in the Tijuana area.

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

St. francis Hospital has been in existance for many years and this grant is to assist them in their work with the poor.

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 suggestions.)

Host partner has met with the international partner in planning this grant. They will coordiante with the hospital to see that the funds are properly spent. They will visit the hospital for the awarding of the grant. The international partner will do all required paperwork required by TRF and will also visit the hospital That arranges for distribution of the medicine.

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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. The primary project contact must be a member of the primary club identified below. The project committee must be composed of members of the sponsor Rotary clubs for club-sponsored projects or district for district-sponsored projects. The committee members must be committee 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 (who receives all information from TRF) have an e-mail address to expedite communication.

Primary Club/District			
Club: Siglo XXI		Club ID number (if known):	
District: 4100	Country: Mexico		
Primary Contact:			
Name: Jesus Beltran		Member ID:	
Club: Siglo XXI			
Rotary Position: President			
Address: Venostiano carranza #2416	-E		
City: Tijuana			
State/ Province: Baja Ca	Postal code: 22510	Country: Mexico	
Email: jeanbep@prodigy.net.mx			
Home phone: 011-52-664-623-8802	Office phone: 011-52-664-684-7122	Fax: 011-52-664-686-36	88
Project Contact #2:			
Name: Juan German Anaya		Member ID:	
Club: Siglo XXI			
Rotary Position: Secretary			
Address: Cumpas #436 Fracc Chapult	eprc		
City: Tijuana			
State/ Province: Baja Ca	Postal code: Cour	ntry: Mexico	
Email: none			
Home phone: 011-52-664-621-8485	Office phone: 011-52-664-	634-6622 Fax: no	one
Project Contact #3:			
Name: Fernando Arge Zaragoza		Member ID:	
Club: Siglo XXI			
Rotary Position: Treasurer			

Address:	Gatopicat #456 Colina Cacho				
City: Tij	uana				
State/ Province:	Baja Ca	Postal code:	Country:	Mexico	
Email: no	one				
Home pho	one: 011-52-664-684-9173		Office phone: n	one	Fax: none

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. The primary project contact must be a member of the primary club identified below. The project committee must be composed of members of the sponsor Rotary clubs for club-sponsored projects or district for district-sponsored projects. The committee members must be committee 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 (who receives all infor-mation from TRF) have an e-mail address to expedite communication.

Primary Club/District				
Club: Shelter Island		Club ID number (if known):		
District: 5340	Country: USA			
Primary Contact:				
Name: Keith Vance		Member ID:		
Club: Shelter Island				
Rotary Position: Secretary				
Address: 215 Church Ave				
City: Chula Vista				
State/ Province: Ca	Postal code: 91910	Country: USA		
Email: keithvance@cox.net				
Home phone: 619-850-1646	Office phone: 619-427-7774	Fax: 619-427-7878		
Project Contact #2:				
Name: Pauline Lim		Member ID:		
Club: Shelter Island				
Rotary Position: Program Chair				
Address: 1021 Scott St #243				
City: San Diego				
State/ Province: Ca	Postal code: 92106	Country: USA		
Email: paulinelim@prusd.com				
Home phone: 619-995-3663	Office phone: 619-222-0555	Fax: 619-226-6649		
Project Contact #3:				
Name: Brain Zimmerman		Member ID:		
Club: Shelter Island				
Rotary Position: Treasurer				

Address:	3160 Camino Del Ri	o #300					
City: San Diego							
State/ Province:	Ca	Postal code: 9	2108	Country: USA			
Email: bz	zimmerman@libertypf	c.com					
Home pho	one: 858-682-2890	Offi	ce phone: 619-326-5936	Fax: 619-326-5939			

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PROJET BUDGET

Explanation: For detailed information on what TRF funds, please see *The Guide to Matching Grants* (144-EN). Offi cial RI exchange rates can be found at www.rotary.org/newsroom/downloadcenter/support/rates.html. Please use the most recent rate.

Budget item	Name of supplier	Amount
Medicine antibiotics,	Farmaceuticas Del	15,000
pain killers, insulins, etc	Noroeste, S De Rl De	
Vitamins and preventative	Cv	\$5,000
supplements		
Minor medical equipment		\$7,000
Medical supplies		\$4,000

Subtotal	
Exchange rate used	US\$1 =
Total in U.S. dollars	\$31,000

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PROJECT FINANCING

Explanation: Clearly list all financing in U.S. dollars 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. 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.

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 districts 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
Rotary Club of Siglo XXI	\$2,000			
International Rotary clubs or districts outside the project country	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization
Rotary Club of Shelter Island	\$16,000			
			Marge Cole	Marge
District 5340 DDF		\$2,000		Un le
Subtotal, Cash and DDF	\$18,000	\$2,000		-
TOTAL Cosponsor contributions	\$20	,000		
Total funds requested from TRF (must be at least US\$5,000)	\$11	,000		
Additional outside funding (not matched by, or forwarded to, TRF)		_]	
Total project financing (must equal budget on page 4)	\$31	,000		

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/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.)

Casa San Eugenio Dental Clinic

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

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The Clinic will arrange with suppliers
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Is software necessary to operate any items? If so, has software been provided?

N/A

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

All Purchased in Mexico

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/districts planned and agreed to fund plumbing or electrification for equipment and appliances in existing buildings (hospitals, schools, libraries, orphanages, etc.)?

N/A

COMPETITIVE GRANTS

Explanation: Competitive grants are grants requesting US\$25,001 or above from TRF. Additionally, all revolving loan or microcredit grants are competitive, regardless of the requested amount. Competitive grants are reviewed twice a year at the October and April Trustees' meetings.

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

If your project involves revolving loans or microcredit, additional information must be provided:

- Revolving Loan Fund Supplement Form
- Revolving Loan Fund Credit Group Plan

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

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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 chains for district-sponsored projects, as well as the committee members, agree to the criteria listed and affirm their support of the project.

All flotary 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/district agrees to undertake this preject as an activity of the club/district.
- We ensure all cash contributions (as detailed in Project Pinancing) will be forwarded to TRF or directly to the project account after Trustee approval of the grant.
- Bi and TRF may use information contained in this application to promote the project by various means such as The Rotarian, the Bi International convention, RVA: The Rotarian Video Magazine, esc.
- The partners agree to share information on best practices when esked, and TRP may provide partners' contact information to other Rotarians who may wish advice on implementing similar projects.
- To the best of my knowledge and builef, except as disclosed herewith, neither I her 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 flotarian, a business colleague, or his or hor family, or give improper advantage to others to the dettiment of TRF. (NOTE: Any and all exceptions must be explained in an attached statement.)

Host Partner	International Partner		1
Club president (dub-sponsored) District grants subcommittee chair (district-sponsored)	District grav	ent (dub-sponsored) nts subcommittee chair (district-sponsored)	
Name	Name		
Title	Thie		
Rotary Club	Rotary Club	SHELTER ISLAND	
District #	District #	5340 1	
Signature	Signature	aling Shillan	
Date	Date	/10/11/06	
Primery Contact	Primary Conta		
Name	Name	KETHA VANCE	,
Signature	Signature	2 th Man	
Date	Cletic	10/3/06	
Project Contact #2	Project Conte	rt #2	
Name	Name	PAULINE LIM	_
Signature	Signature	Rhhr.	
Date	Date	10/3/06	
Project Contact #3	Project Contac		
Name	Name	Barto Egnowing	
Signature	Signature	1still	
Date	Date	10/2/06	

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OCT-17-2006 TUE 03:26 PM CASTER PROPERTIES INC.

FAX NO. 619 287 2493

P. 02

Application Form - Project D-630

COOPERATING ORGANIZATION

Explanation: A cooperating organization is an organization that is directly involved in the implementation of the project, offering technical expertise and project coordination. A benefiting entity is the recipient of goods or services and is not considered a cooperating organization.

If this project involves a cooperating organization (neither a Rotary club nor the beneficiary of the project), provide the following:
Name of organization:
Street address:
City, State/
Province:
Province:
Province:
Fax:
Email:
Web address:

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

- Letter of participation from cooperating organization that specifically states:
 - Its responsibilities and how it will interact with Rotarians
 - The organization's agreement to cooperate in any financial review of the project
- · A letter of endorsement from the host partner confirming that the cooperating organization works within that country's laws

FINAL REPORT

Explanation: Although both partners are responsible for completing progress and fi nal 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 t	pelow, our_club/district accepts prin	nary reporting responsibility."		111	1 1/1.
Print name:	Vn, Ke MA	SCARI	Signature: 4	$\langle V \rangle_{s}$	Mascan
Rotary club:	MISSION	VALLEX	District:	2	5340
		/			

DISTRICT GRANTS SUBCOMMITTEE CHAIR REVIEW

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 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, meets all TRF guidelines, and is eligible for funding."

Print name of DGSC: Dan Gensler

Signature:

District: 4100

Date:

COOPERATING ORGANIZATION

Explanation: A cooperating organization is an organization that is directly involved in the implementation of the project, offering technical expertise and project coordination. A benefiting entity is the recipient of goods or services and is not considered a cooperating organization.

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

Name of organization		
Street address		
City, State/Province	Postal code	Country
Office phone	Fax	

E-mail

_____ Web address ____

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

Letter of participation from cooperating organization that specifically states:

- Its responsibilities and how it will interact with Rotarians
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"By signing below, our club/district accepts primary reporting responsibility."

Print name ____

_____ Signature ____

Rotary club ____

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"On behalf of the committee, I hereby certify that to the best of my ki	nowledge and ability this grant application is complete, meets all TRF Signature
guidelines, and is eligible for funding."	H. HH
Print name of DGSC Daniel Gensler	Signature_10 Ving Al- Lenster

District _ 5340

_____ Date 10/17/2006

1

___ District ____

COMPLETION CHECKLIST

Before submitting your Matching Grants 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 Web site 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 all partner contributions listed in the application, noting which contributions will be cash and which will be DDF?

Has the DRFC chair provided his/her signature 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:

Letter from the organization specifically stating its responsibilities, how it will interact with Rotarians, and agreeing to cooperate in any financial review of the project

Letter of endorsement from the host partner confirming that the cooperating organization is reputable and works within the laws of that country

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?



Send the completed application and all attachments to:

Humanitarian Grants Program The Rotary Foundation One Rotary Center 1560 Sherman Avenue Evanston, IL 60201-3698 USA Fax: 847-866-3698 Email: grants@rotary.org