Application Form - Project D-630



#### **PROJECT DESCRIPTION**

# Matching Grants Application The Rotary Foundation (TRF)

**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 sit	te: Tijuana
City/ Village:	Fijuana 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.

Purpose of grant is to provide medical care for children in the vicinity of St Francis Hospital in the southern part of Tijuana. These funds will only be used for families who would be unable to pay. Sometimes because of the lack of medicine at the hospital, some would be turned away. The sisters at the hospital will administer and account to the Rotary clubs for the use of these funds

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

These funds will assist the hospital in caring for sick children in poor families. This will add to their ability to help the poor. They do not depend on us for their survival.

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.)

The Rotarians from Shelter Island have met with Sister Elizabeth to access her needs and feel this to be a worthy cause for Rotarian support. Rotarians from Siglo XXI have also met with Sister Elizabeth from St. Francis hospital and will envolved in overseeing that funds are used properly. Rotarians from San Diego will be responsible for all paperwork and reporting required by The Rotary Foundation

#### **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: Oeste		Club ID number (if known):
District: 4100	Country: Mexico	
Primary Contact:		
Name: Miguel Vasconcelos		Member ID:
Club: Oeste		
Rotary Position: President		
Address: Blvd Fundadores 6409		
City: Tijuana		
State/ Province: Baja Ca.	Postal code: 22180	Country: Mexico
Email: vasconcelosma@hotmail.com		
Home phone: 011-52-664-637-6599	Office phone: 011-52-664-637	<b>Fax:</b> 011-52-664-637-6599
Project Contact #2:		
Name: Santiago Santana		Member ID:
Club: Oeste		
Rotary Position: International Service		
Address: Calle Tercera #7964		
City: Tijuana		
State/ Province: <sup>Baja Ca</sup>	Postal code: 22000	Country: Mexico
Email: sdpapel@hotmail.com		
Home phone: Office phone: 011-52-66	4-685-6533	Fax: 011-52-664-685-0541
Project Contact #3:		
Name: Sofia S Vega		Member ID:
Club: Oeste		
Rotary Position: International Service		

Address:	539 Telegraph Cany	on Rd 919			
City: Chu	ıla Vista				
State/ Province:	Ca	Postal code: 9191	0	Country: US	A
Email: so	ofiasvega@yahoo.com	L			
Home pho	one: 011-52-664-680-	-7054	Office phone: 323-9	88-5687 Fax:	323-988-5699

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#### HOST PARTNER

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mail <u>VUSCOV</u>	relear	na @ha	et mentico	/77			
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#### **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:
Primary Contact:		
Name: Keith Vance		Member ID:
Club: Shelter Island		
Rotary Position: Secretary		
Address: 215 Church Ave		
City: Chula Vista		
State/ Province: <sup>Ca</sup>	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 Chai	r	
Address: 1021 Scott St. #2	63	
City: San Diego		
State/ Province: <sup>CA</sup>	Postal code: 92106	Country: usa
Email: paulinelim@prusd.co	m	
Home phone: 619-995-3663	Office phone: 619-222-0555	Fax: 619-226-6649
Project Contact #3:		
Name: Brian Zimmerman		Member ID:
Club: Shelter Island		
Rotary Position: Treasurer		

Address:	3160 Camino Del Ri	o S. #300		
City: <sub>san</sub>	Diego			
State/ Province:	Ca	Postal code: 92108		Country: USA
Email: bz	zimmerman@libertypf	s.com		
Home pho	one: 858-692-2890	Office phone:	619-326-5936	Fax: 619-326-5939

INTERNATIONAL PARTNER

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Princip Club Distant	
WIN SHELTER IGLAND ROTARY CLUR ON	b (D mumber (if known)
Diana 5340 Country USA	
Primary Contacts	<u></u>
Narma KEITH A VANCE	Komber ID
OUD SHELTER ISLAND ROTART CLUB	
Rotary position CHUB SECRETARY	
Address 2-15 GHURCH AVE	
The CHUR VISTA	
State/Province CAPostal onder 91910	Country 1154
Email Karthe Maith Unace audits . Sdl	exmail.con
Home phone 619 850 16412 Office phone, 619 47777	
Project Contact #2	
Name Pauline Lin	
and Shelter Island Rotary and	
Rotary polition Carthe PROGRAM C	HAIR
Address 1021 SCOTT Street # 243	
city San Diego	······································
Stata/ProvincePastal code_ 92-106	COUNTRY USA
- Pauliae lin @ pruse com	
Home phone 6/9 995 366 3 Office phone 6/9 222 05	55 m 619 226 6649
Project Contact #3	
None BRIAN ZIMMERMAN	Member ID
OUD SHELTER ISLAND ROTART CL	UB
Rotary partion CLUB TREASURER	
Address 3160 CAMERO DEI AID S #300	· · · ·
ON GANI DIEYO	
State/Province CA Postal mode 9210 8	CountryUSA
ATTIM MARANA DI ART ARE CAME	
Home phone 853-692-2890 Office phone 6.19-326-55	36 Fmx 619-826-5937

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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
Minor Medical Care	St Francis Hospital	\$7000
Emergency Care	St Francis Hospital	4000
Medicines	Farmaceuticas Del	\$6000
Medical Supplies	Noroeste, S De Rl De	\$3000
(All services restricted to	Cv	
children in need)		

	Subtotal	
US\$1 =	Exchange rate used	
\$20,000	Total in U.S. dollars	

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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

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 Oeste	\$1,000			
International Rotary clubs or districts outside the project country	Cash (U\$\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization
Rotary Club of Shelter Island	\$9,667			
			Marge Cole	Marge Cole
District 5340 DDF		\$2,000		
Subtotal, Cash and DDF	\$10,667	\$2,000		
TOTAL Cosponsor contributions	\$12	,667		
Total funds requested from TRF (must be at least US\$5,000)	\$7	,333		
Additional outside funding (not matched by, or forwarded to, TRF)		_		
Total project financing (must equal budget on page 4)	\$20	,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.)

N/A

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

N/A

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 items 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 sware 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 Resary clubs, districts, and Retarlans involved in this project are responsible to The Rotary Foundation (TRP) 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 project as an activity of the club/district.
- We ensure all cash contributions (as detailed in Project Financing) will be forwarded to TRF or directly to the project account after Trustee poposal of the grant.
- All and TRF may use information contained in this application to promote the project by various means such as The Aptonian, the Ri International convention, RVM: The Rotarian 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.
- To the best of my knowledge and belief, except as disclosed herewith, neither | nor any person with whom | 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 Rotatian, 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 submittee colleague, or his or her family, or give improper advantage to others
  to the detriment of TRF. (NOTE: Any and all exceptions must be optialized in an attached statement).

Hort Partner		International Partner		
	lent (club-spontored) ntë subcommittee chair (district-sponsored)	Club president (club-sponsored)     District grants subcommittee chair (district-sponsored)		
Name	LUIS TURRES LEAL	Name		
Title	FRESI DENT	Title		
Rotary Club	OESTE	Rotary Club		
District #	A 20	District #		
Signature	( fab / /	Signature		
Date	1 10/13/2006	Date		
Primary Cont		Primery Contact		
Name	MiGUEL VASCANCELOS	Name		
Signature	Acucunto -	Signature		
Date	10/13/2006	Date		
Project Conté		Project Contact #2		
Name (	DANTIAGO SANTHAN	Narie		
Signature	Honorata .	Signature		
Date	40/13/2006	Date		
Project Contac	t #3	Project Contact #3		
Name	Defis S. Vega	Name		
iignature	Defic S. Vega	Signature		
Jabé	9-6-06	Date		

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#### AUTHORIZATIONS

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- The club/district agrees to undertake this project as an activity of the club/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.
- All and TRF may use information contained in this application to promote the project by various means such as The Rotarian, the All International convention, RVM: The Rotarian Video Magazine, etc.
- The partners agree to share information on best practices when asked, and TAP may provide partners' contact information to other Rotarians who may wish advice on implementing similar projects.
- To the best of my knowledge and bellef, except as disclosed harawith, 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 knowledge at a situation in which a flotarian, 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 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	Internetionsi Pertner	7
Club president (club-sponsored)     District grants subcommittee chair (district-sponsored)     District grants subcommittee chair (district-sponsored)		
Name	Name	_] ເ
Title	Title	_
Rotary Club	ROTARY CLUB SHELTER ISLANN	
District #	District 5340	
Signature	signature lenne Shillan	-
Date	Date /10/13/06	
Primary Contact	Primary Contact	_
Name	Name KETHAVANCE	
Signature	Signature Zation	~
Date	Date 10/5/06	]
Project Contact #2	Project Contect #2	]
Narra	Name PAULINE LIM	
Signature	Signature Phan	]⁄_
Date	Date 10/3/06	
Project Centact #3	Project Contact #3	]
Name	Nama Brite Zymming)	
Signatu/e	Signature Sin U	
Date	Date 10/2/06	

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

FAX NO. 619 287 2493

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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 10.
Print name:	Vn, Ke MA	SCAR	Signature: 🥡	V	Mascan
Rotary club:	MISSION	VALLEX	District:	1	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
- 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 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/district accepts primary reporting responsibility."

Print name \_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_

Rotary club \_\_\_\_

## 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 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

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\_\_\_ 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