

**District Grant Report**

Rotary Club: Irvine

Project Title: Dental & Vision Clinics – Ensenada – P1696

Progress Report       Final Report

**1. Briefly describe the project. What was done, when and where did project activities take place, and who were the beneficiaries?** During Rotary year 2017-2018, we have provided \$113,180 in free dental and vision services to more than 355 children and parents. Since its inception in April 2005, this program has provided more than \$1.2 million in free services to the poorest and most destitute residents of the Ensenada community.

**2. How many Rotarians participated in the project?** More than 153 Rotarians, Rotaractors and Youth Exchange students (Italy, France, Hungary, Poland, Germany) from Irvine, Manteca, Santa Ynez and Ensenada took part in the project.

**3. What did they do? Please give at least two examples.** Rotarians selected the school venue for the clinics, arranged for the dental professionals, checked in children, provided vision exams, worked with the dentists, directed patients, kept records, distributed surplus clothing collected by Ensenada Rotarians.

**4. How many non-Rotarians benefited from this project?** 355 children and parents were treated for dental or vision problems.

**5. What are the expected long-term community impacts of the project?** Children who are not suffering from dental or vision problems do better in school. Parents of the children do not have to take time off from work to get treatment. Often taking off from work means the family will not be able to eat that day. Parents with corrected vision are able to work more effectively.

**6. If a cooperating organization was involved, what was its role?** Dental Care for Children provided dental professionals and supplies. Manteca Optical provided glasses.

**Financial Report – Be sure that Income equals Expenditures!**

7. Income	Amount
1. District Grant funds approved by the District	\$4,000.00
2. Club contribution	\$6,222.60
<b>Total Project Income</b>	<b>\$10,222.60</b>

8. Expenditures - please be specific and add lines as needed - receipts must be attached	
1. Manteca Optical (glasses)	\$1,000.00
2. Dental Care for Children (Dental Supplies, travel, etc)	\$9,000.00
3. Ray Sanford – Reimbursement for team lunch items and supplies.	\$222.60
<b>Total Project Expenditures</b>	<b>\$10,222.60</b>

9. By signing this report, I confirm that to the best of my knowledge these District Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures have been provided to the district. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI's sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of RI and TRF.

Certifying Signature  Date: April 4, 2018

Print name, Rotary title, and club Ray Sanford, Project Chair, PP, PDG, Irvine Rotary Club



# Ensenada Dental & Vision Clinic



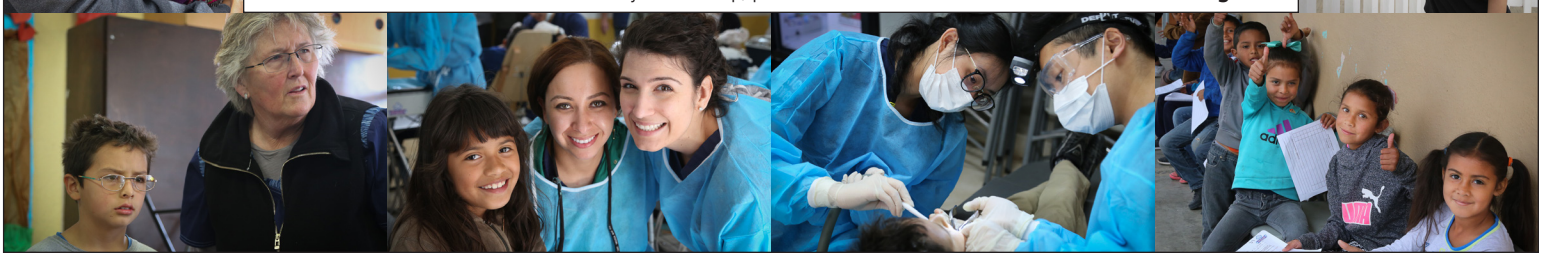
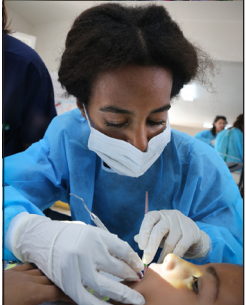
Sponsored by the  
 Rotary Clubs of Irvine and  
 Ensenada Calafia in association  
 with Dental Care for Children  
 and Manteca Optical



March 24, 2018

Service Performed	Quantity	Value Each	Value
<b>DENTAL</b>			
Examinations	64	\$94	\$6,016
X-Rays	32	\$40	\$1,280
Prophys	17	\$120	\$2040
Gross Scaling	1	\$208	\$208
Scale & Root Plane	3	\$305	\$915
Sealants	5	\$55	\$275
Fluoride	14	\$34	\$476
Amalgam Filling - 2 surface	2	\$215	\$430
Amalgam Filling - 3 surface	1	\$275	\$275
Composite Filling - 1 surface	12	\$272	\$3,264
Composite Filling - 2 surface	16	\$294	\$4,704
Extraction - Simple	43	\$210	\$9,030
Extraction - Surgical	1	\$329	\$329
Root Canal - Pulpotomy	3	\$240	\$240
Root Canal - 3 Canal	3	\$1,300	\$3,900
Removable - Adjustment	2	\$105	\$210
Implants	1	\$3,600	\$3,600
<b>Total</b>			<b>\$37,672</b>
<b>VISION</b>			
Examinations	97	\$122	\$11,834
Glasses	86	85	7,310
<b>Total</b>			<b>\$19,144</b>
<b>Grand Total</b>			<b>\$56,816</b>

Dental Care for Children is operated entirely by volunteers to put every dollar possible toward patient care. For more information or to see how you can help, please visit us at [www.DentalCareForChildren.org](http://www.DentalCareForChildren.org)



# Ensenada Smiles & Vision Clinic



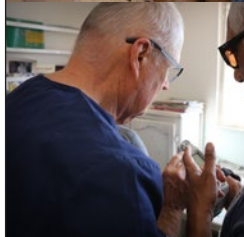
Sponsored by  
 Rotary Clubs of Irvine and  
 Ensenada Calafia in association  
 with Dental Care for Children  
 and Manteca Optometric



October 28, 2017

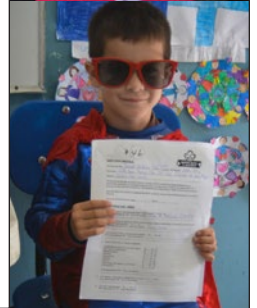
Service Performed	Quantity	Value Each	Value
<b>Dental</b>			
Examinations	72	\$100	\$7,200
X-Rays	36	\$38	\$1,368
Prophys	20	\$125	\$2,500
Gross Scaling	5	\$215	\$1,075
Sealants	6	\$65	\$390
Fluoride	20	\$36	\$720
Composite Filling - 1 surface	22	\$272	\$5,984
Composite Filling - 1 surface	18	\$308	\$5,544
Composite Filling - 1 surface	2	\$337	\$674
Amalgam Filling - 1 surface	5	\$220	\$1,100
Pulpotomy	4	\$240	\$960
Extraction - Simple	18	\$220	\$3,960
Extraction - Surgical	3	\$360	\$1,080
<b>Total</b>			<b>\$32,555</b>
<b>Vision</b>			
Examinations	122	\$122	\$14,884
Glasses	105	85	8,925
<b>Total</b>			<b>\$23,809</b>
<b>Grand Total</b>			<b>\$56,364</b>

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 For more information or to see how you can help, please visit us at [www.DentalCareForChildren.org](http://www.DentalCareForChildren.org)



# Ensenada Smiles & Vision Clinic

Sponsored by  
 Rotary Clubs of Irvine and  
 Ensenada Calafia in association  
 with Dental Care for Children  
 and Manteca Optometric

## DENTAL TEAM HOURS

**2017-2018**

Individuals	Num.	Hours ea.	Total
<b>2017 October</b>			
IRC Rotarians	7	51	357
RCEC Rotarians	12	6	72
Manteca Rotarians	1	51	51
Exchange Students	12	8	96
Ensenada Rotaract	4	8	32
Dental Team	40	51	2,040
<b>Total</b>	<b>76</b>		<b>2,648</b>
<b>2018 March</b>			
IRC Rotarians	5	51	255
RCEC Rotarians	10	6	60
Manteca Rotarians	1	51	51
Santa Ynez Rotarians	1	51	51
Exchange Students	8	8	64
UCI Rotaract	2	26	52
Ensenada Rotaract	3	8	24
Dental Team	48	51	2,448
<b>Total</b>	<b>78</b>		<b>3,005</b>
<b>Grand Total</b>	<b>154</b>		<b>5,653</b>

# MANTECA OPTOMETRIC EYE CARE CENTER

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FREDERICK WM. STELLHORN, O.D.

To: ROTARY CLUB OF IRVINE  
From: FRED STELLHORN  
MANTECA OPTOMETRIC  
Re: EYE CLINIC - MEXICO

FOR SERVICES RENDERED:

**EYE CLINIC - MEXICO MARCH 24, 2018**

**\$500.00**

**THANK YOU.**

# CHASE for BUSINESS

Printed from Chase for Business


## Check


## Front

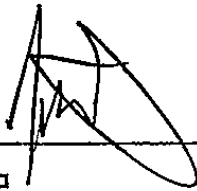
90-7162/3222 262


IRVINE ROTARY FOUNDATION, INC. DATE 11/1/17

PAY TO THE ORDER OF Manteca Optometric \$ 500<sup>00</sup>/<sub>100</sub>

Five hundred dollars and <sup>00</sup>/<sub>100</sub> DOLLARS  Security Features Included. Details on Back.

**CHASE**   
JPMorgan Chase Bank, N.A.  
www.Chase.com

MEMO Eye Clinic - Mexico  NP

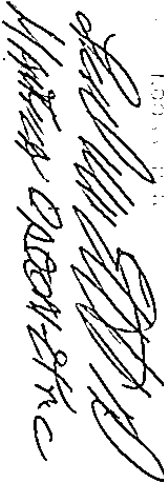


## Back

100% MONEY BACK GUARANTEE  
 If you are not satisfied with the service, we will refund the full amount of your deposit.

For more information, visit [www.chase.com](http://www.chase.com) or call 1-800-4MYCHASE.

JPMorgan Chase Bank, N.A. Member FDIC

  
 MANTENA OPTOMETRIC

Post date	Check #	Check amount
Nov 10, 2017	262	\$500.00



December 01, 2017 through December 29, 2017

Primary Account: 00000869595319

**DEPOSITS AND ADDITIONS**

DATE	DESCRIPTION	AMOUNT
12/04	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	\$77.04
12/06	Deposit 1724247084	2,080.00
12/06	Deposit 1724247085	1,110.00
12/06	Deposit 1671538763	744.00
12/13	Deposit 899402745	2,300.78
12/13	Deposit 899402747	205.00
12/13	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	169.00
12/14	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	739.62
12/15	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	1,141.24
12/18	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	493.08
12/18	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	246.54
12/19	Deposit 944647386	407.00
12/20	Deposit 899402748	5,515.00
12/20	Deposit 899402749	1,622.16
12/20	Deposit 899402750	493.08
12/21	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	558.08
12/22	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	817.16
12/26	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	246.54
12/28	Intuit Pymt Soln Deposit 524771997907914 CCD ID: 9215986202	246.54
<b>Total Deposits and Additions</b>		<b>\$19,211.86</b>

**CHECKS PAID**

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
285 ^		12/06	\$51.05
286 ^		12/06	117.71
290 * ^		12/18	875.00
291 ^		12/27	875.00
292 ^		12/28	875.00
293 ^		12/07	715.00
294 ^		12/06	87.92
296 * ^		12/14	715.00
297 ^		12/20	359.66
298 ^		12/29	10,675.66
299 ^		12/29	1,033.00
300 ^		12/21	5,046.00
326 * ^		12/21	715.00
327 ^		12/21	222.60
<b>Total Checks Paid</b>			<b>\$22,363.60</b>

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

\* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

**ROTARY CLUB OF IRVINE**

21441 AGUILAR  
MISSION VIEJO, CA 92691-1001

90-7162  
3222 41284

377

DATE 9/4/2018

PAY TO THE  
ORDER OF

DENTAL CARE FOR CHILDREN

\$ 5,500

Five thousand five hundred and 00/100

DOLLARS



Security Features  
Included.  
Details on Back.

**CHASE**

JPMorgan Chase Bank, N.A.  
www.Chase.com

MEMO 3/2018  
ENSENADA DENTAL CLINIC

*[Handwritten Signature]*

MP

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# CHASE for BUSINESS

Printed from Chase for Business

## Check

## Front

IRVINE ROTARY FOUNDATION, INC.		90-7162/3222	263
DATE <u>11/1/17</u>			
PAY TO THE ORDER OF	<u>Dental Care For Children</u>	\$ <u>3,500</u> <sup>00</sup> / <sub>100</sub>	
<u>thirty five hundred dollars and</u> <sup>00</sup> / <sub>100</sub>		DOLLARS	 Security Features Included. Details on Back.
<b>CHASE</b> 			
JPMorgan Chase Bank, N.A. www.Chase.com			
MEMO	<u>Dental Project</u>		
⑆322271627⑆		902721732⑆0263	

## Back

ENDORSE HERE

Dental Care for Children  
Sabrina C. Jager

2246490601

DO NOT WRITE IN THESE SPACES

CHUCK MAKE AFTER NOON OR SEND TO DEPOSIT

Post date	Check #	Check amount
Nov 1, 2017	263	\$3,500.00



JPMorgan Chase Bank, N.A.  
 P O Box 659754  
 San Antonio, TX 78265 - 9754

November 01, 2017 through November 30, 2017

Account Number: **000000902721732**

**CUSTOMER SERVICE INFORMATION**

Web site: **Chase.com**  
 Service Center: **1-800-242-7338**  
 Deaf and Hard of Hearing: **1-800-242-7383**  
 Para Espanol: **1-888-622-4273**  
 International Calls: **1-713-262-1679**

00567143 DRE 703 210 33517 NNNNNNNNNN 1 000000000 61 0000

IRVINE ROTARY FOUNDATION, INC.  
 21661 BROOKHURST ST APT 78  
 HUNTINGTON BEACH CA 92646-8110



0567143010100000021

**CHECKING SUMMARY**

Chase Total Business Checking

	INSTANCES	AMOUNT
<b>Beginning Balance</b>		<b>\$96,617.81</b>
Deposits and Additions	3	1,081.00
Checks Paid	2	-4,000.00
<b>Ending Balance</b>	<b>5</b>	<b>\$93,698.81</b>

**DEPOSITS AND ADDITIONS**

DATE	DESCRIPTION	AMOUNT
11/06	ATM Check Deposit 11/06 21502 Brookhurst St Huntington Be CA Card 9306	\$681.00
11/06	ATM Check Deposit 11/06 21502 Brookhurst St Huntington Be CA Card 9306	300.00
11/06	ATM Cash Deposit 11/06 21502 Brookhurst St Huntington Be CA Card 9306	100.00
<b>Total Deposits and Additions</b>		<b>\$1,081.00</b>

**CHECKS PAID**

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
262 ^		11/10	\$500.00
263 ^		11/01	3,500.00
<b>Total Checks Paid</b>			<b>\$4,000.00</b>

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

^ An image of this check may be available for you to view on Chase.com.

**ATM & DEBIT CARD SUMMARY**

Jeff D Elkins Card 9306

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$0.00
Total Card Deposits & Credits	\$1,081.00

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$0.00
Total Card Deposits & Credits	\$1,081.00



November 01, 2017 through November 30, 2017

Account Number: **000000902721732**

The monthly service fee of \$12.00 was waived this period because you maintained a minimum daily balance of \$1,500.00 or more.

**DAILY ENDING BALANCE**

DATE	AMOUNT
11/01	\$93,117.81
11/06	94,198.81
11/10	93,698.81

**SERVICE CHARGE SUMMARY**

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	2
Deposits / Credits	0
Deposited Items	0
<b>Transaction Total</b>	<b>2</b>

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$12.00
Service Fee Credit	-\$12.00
<b>Net Service Fee</b>	<b>\$0.00</b>
Excessive Transaction Fees (Above 100)	\$0.00
<b>Total Service Fees</b>	<b>\$0.00</b>

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:** Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS:** Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



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PAY TO THE ORDER OF  
USAA FEDERAL SAVINGS BANK  
FOR DEPOSIT ONLY  
RAYMOND L. SANFORD  
104000312



CHE

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- |                      |                                 |
|----------------------|---------------------------------|
| Security Features:   | How to check for them:          |
| • Watermark          | • Hold the bill up to the light |
| • Color-shifting Ink | • Tilt the bill                 |
| • Microprint         | • Look closely at the numbers   |
| • Security Thread    | • Feel for the raised lines     |
| • Ultraviolet Light  | • Shine a UV light on the bill  |

90-7162  
41284  
3222

327

**ROTARY CLUB OF IRVINE**

21441 AGUILAR

MISSION VIEJO, CA 92691-1001

DATE 12/20/2019

PAY TO THE  
ORDER OF

RAY SANFORD

\$ 222.60

Two Hundred twenty two and 60/100

DOLLARS



Security Features  
Included.  
Details on Back.



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www.Chase.com

MEMO ENSERVAPA LUMBH FOR VOLUNTEERS

[Signature]

MP

⑆322271627⑆

869595319⑆0327