

District Grant Application

Date:	June 15th		
Rotary Club of:	Newport Irvine		
GRANT PRERE	QUISITES (All items must be current to proceed.)	Current	Not Currer
(Your clu the time	and RI Dues Status: ub must be current on both District and RI dues at of application to proceed. Your club must also be on all dues at the time of funding.)	I	
• Previous (Your clu	s Grant Reporting Status: ub must be current on reporting requirements for grants prior to funding any new grants.)		
	anagement Seminar Status: starians from your club must have attended the		
MOU Sta (Your clu	,		٥
Project Name/Ti	itle: Dental Medical Clinic-Ensenada		
Project Leader I	Name: P Singh Sawhney		
Project Leader I	Email: pssawhney2@aol.com		
	Phone: 714-809-1186		
Brief Project De Newport- Irvine Rotary me		wo days in Ens	enada. We ex
(Projects may no	and Ending Dates: It begin prior to the District receiving approval from T are not eligible. Projects must be completed by the th 2017		
•	tion:	er country invo	lved? If so,

Todos Sentos Club Ensenada They will help get patients and venue.



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3. Project Budget:

(Attach a complete project budget. List all revenues and expenses. These amounts must balance. If the goods and services are to be purchased from an international source, is the budget properly calculated in US dollars?)

4. Grant Funding:

(How much will clubs be contributing? Club contributions must be equal or greater than the amount requested from the District.)

Club(s) Contribution \$ 1680.00	District DDF \$ 1680.00	Total \$_3360.00	
5. Participating Clubs: (If other clubs will be participating	g in this project, list each club and	l its contribution.)	
	5	\$	
		\$	
		\$	

6. Other Support:

(What other in-kind contributions, discounts or financial support are you getting for the project?) Some dental equipment will be borrowed from Newport Beach Sunrise Rotary Club's-Doc in a Box-Dental program.

7. Other Involvement: (What other groups or organizations will be involved and how will the be participating? Attach participation letters from any non-Rotarian organizations partnering in the project.)

We are partnering with Todos Sentos Club Ensenada

8. Club Participation:

(Show active involvement of the Rotarians in your club. How many club members will participate and what will they do?)

5 Rotarians from our club will volunteer in mexico. They will help check in patients and with equip ment and supplies.

9. Who are the Beneficiaries:

(Who are you serving and how?)

100-150 children and family mebers with free dental and medical services.



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10. Lasting impacts on the community:

(Is the project sustainable?)

Children not sufefring form dental and mediacl problems do better in school. Parents of teh children do not have to take time off from work to get treatment.

11. Rotary Area of Focus: (check all that apply) □ Peace and Conflict Resolution □ Disease Prevention and Treatment □ Water and Sanitation □ Maternal and Child Health □ Basic Education and Literacy □ Economic and Community Development
12. Funds Stewardship: (Describe how funds will be safeguarded and tracked. If funds are to be distributed to an international partner for purchase/use in another country, who will be responsible for the funds? How will transfers of funds to international partners be handled?) Our Club Foundation will monitor all expenses for supplies with proper documantation.
13. Publicity: (How do you plan to publicize your project? Check all that apply) Press Releases Local Newspapers Community Newsletters Magazines Ads Cable TV Social Media Banners & Flyers Speakers Partner Organizations Other (Please describe)

14. Additional Comments: