



## GLOBAL GRANT APPLICATION TEMPLATE

The following pages outline the questions you will be asked on the online global grant application. You can use this document for planning purposes. Find the actual grant application at [www.rotary.org/grants](http://www.rotary.org/grants).

### Step 1: Basic information

#### **What's the name of your project?**

Mobile Health Care Unit

#### **What type of project are you planning? (humanitarian project, vocational training, scholarship)**

All global grants support activities within Rotary's areas of focus.  
Fighting Disease and prevention

#### **Select the primary host and international contacts for this project.**

The primary host contact lives in the country where the project, training, or study will take place. The primary international contact lives in another country. Both contacts will be responsible for all grant-related correspondence and reporting to The Rotary Foundation.

RC Meycauayan East / RC Sweetwater San Diego

### Step 2: Committee members

The committee will include at least three members from the host sponsor and three members from the international sponsor.

#### **Who will serve on the grant's host committee?**

RC Meycauayan East

#### **Who will serve on the grant's international committee?**

RC Sweetwater San Diego

#### **Do any of these committee members have potential conflicts of interest? If so, please briefly explain.**

A conflict of interest is a relationship through which an individual involved in a program grant or award causes benefit for such individual or such individual's family, acquaintances, business interests, or an organization in which such individual is a trustee, director, or officer.

None

### Step 3: Project overview

#### **Tell us a little about your project. What are the main objectives of the project, and who will benefit from it?**

We're only asking for a general idea of the project. Try to be as concise as possible here. We'll ask you for details later in the application.

In the Philippines and like any other developing nation, private treatment offers additional benefits to patients. The Country's healthcare system relies heavily on private providers.

Enormous number of Meycauayēños rely on public healthcare – Barangay Health Stations, and Local Health Centers cater much of the constituents' primary care needs. In addition, the quality of Ambulance

services varies significantly, Public Hospital is approximately 24 Kilometers, or 35–45-minute drive from the city.

In response to the vital healthcare need of Meycauayeños, with the help of our foreign counterpart. The host committee propose a Mobile Health Care Unit – to reach out Meycauayeños (Patients) in low economic, and populated areas confronting delays in quick, and proper health care response. The mobile health Care Unit offers flexible and viable options for treatment, and isolation for vulnerable, and compromised patients in need of immediate health care.

#### Step 4: Area of focus

##### Which area of focus will this project support?

Select at least one area. Note that we'll ask you to set goals and answer questions for each area of focus you select.

- Peacebuilding and conflict prevention
- Disease prevention and treatment
- Water, sanitation, and hygiene
- Maternal and child health
- Basic education and literacy
- Community economic development
- Environment

#### Step 5: Measuring success

##### Which goals of this area of focus will your project support?

We'll ask you questions about the goals you choose, and at the end of the project, you'll report on your results for each goal. Each area of focus has its own set of goals. Select only the goals that your project will address.

Fighting Diseases, and prevention

##### How will you measure your project's impact?

Use only measures that are clearly linked to your goals and will demonstrate the project's impact on participants' lives, knowledge, or health. Find tips and information on how to measure results in the [Global Grant Monitoring and Evaluation Plan Supplement](#). You need to include at least one standardized measure from the drop-down menu as part of your application. (Add rows as needed.)

Measure	Collection Method	Frequency	Beneficiaries
Medical Treatment/Need		Thrice - quad a Month	Patients (Meycauayeños)
Implementing Unit			City Health Unit of Meycauayan
Recipient, and Maintenance Unit			Local Government Unit of Meycauayan

##### Do you know who will collect information for monitoring and evaluation?

If yes, please provide the name and contact information for that person or organization and briefly explain why this person or organization is qualified for this task. If no, please tell us how you plan to find a person or organization to complete this task.

Rotary Club of Meycauayan East, Local Government Unit of Meycauayan, and City Health Unit of

Meycauayan

Step 6: Location and dates

### **HUMANITARIAN PROJECT**

#### **Where and when will your project take place?**

December of 2023 (Rotary Year 23-24) in line with the monthly observance of Disease Prevention and Treatment Month of the Rotary International Calendar

### **VOCATIONAL TRAINING TEAM**

#### **Give us some information on your team or teams. (Add rows as needed.)**

Team name	Type	Training location	Departure - Return
Team Local Government Unit (LGU)	Administrative, Monitoring, and Supervision	City of Meycauayan	
Team City Health Unit (CHU)	Implementation Unit, and Project Monitoring		
Team RC Meycauayan East	Supervision, and Monitoring		

### **SCHOLARSHIP**

#### **What are the candidate's estimated travel dates?**

Not Applicable

Step 7: Participants

### **VOCATIONAL TRAINING TEAM**

#### **In this section team leaders and at least two other members must be added to each team created.**

The following documents need to be uploaded for each member: their CV and [Vocational Training Team Member Application](#). Team itineraries must also be included in this step. It is the team leader's responsibility to gather, review, and upload all member documents.

#### **The Vocational Training Team Member Application includes the following questions:**

##### **How does your educational and professional experience relate to the selected area of focus?**

The Roster of RC Meycauayan East is composed of Academicians, Medical Practitioners, Local-Elected Officials of the City, and Business Executives who are active supporters of the stakeholder needs of the Citizens of Meycauayan.

##### **What is your role in this training? Describe how you will participate.**

To equip with the necessary skills, and knowledge needed in operating the said unit for patients in need of the City of Meycauayan.

Cooperating organizations (optional)

##### **Provide the name, website and location of each cooperating organization.**

A cooperating organization can be a nongovernmental organization, community group, or government entity. Please attach Rotary's [memorandum of understanding](#) that's signed by a representative of the organization. (Add rows as needed.)

Name	Website	Location
Local Government of Unit of Meycauayan	https://meycauayan.gov.ph/	City Hall of Meycauayan, McArthur Highway, Brgy. Saluysoy, City of Meycauayan, Bulacan 3020
City Health Unit of Meycauayan		

**Why did you choose to partner with this organization and what will its role be?**

The Local Government Unit of Meycauayan thru its City Health Unit has the capacity, and pool of experts needed to facilitate, and organize medical caravan, and services.

**PARTNERS (OPTIONAL)**

Partners may include other Rotary clubs, Rotaract clubs, Rotary Community Corps, or individuals.

**List any other partners that will participate in this project.**

Rotary Club of Sweetwater San Diego  
Rotaract of Meycauayan East

**VOLUNTEER TRAVELERS (OPTIONAL)**

A grant for a humanitarian project can pay for travel for up to two people who will provide training or help implement the project if the necessary skills are not available locally.

**Provide name, email of traveler(s).**

Not Applicable

**Describe this person's role in the project.**

Not Applicable

**SCHOLARSHIP CANDIDATE**

**Provide name and email for the scholarship candidate. Upload the candidate's admission letter.**

Not Applicable

**ACADEMIC INSTITUTION**

**Provide the name and address of the academic institution.**

Not Applicable

**ROTARIAN PARTICIPANTS**

**Describe the role that host Rotarians will have in this project.**

The host Rotarians conducted the community assessment and found the need for a Mobile Health Care Unit. This forced them to look for international counterparts to continue the project of supplying mobile healthcare units, carrying medical services for its target patients. The host sponsors would initiate and work for the approval of the project.

The host sponsor will monitor/manage the project throughout its implementation from community assessment, and the bidding process to turnover of the finished project. RC Sweetwater San Diego (host sponsor) will monitor the project as to the specifications of the Vehicle Unit, pieces of equipment, and medical materials. The club will fully coordinate with the Local Government Unit Head

and City Health Unit Officer, to ensure the use, maintenance, and success of the project. When the unit is properly turned over, the host sponsor with the implementing agency and target beneficiaries will be covered by a Memorandum of Agreement. The Rotary Club of Meycauayan East’s Rotarians will also help by providing assistance and support for the implementing Unit (CHU). The sponsor will constantly communicate, visit, and monitor the proper use, and maintenance of this mobile unit, and its equipment in the future. The host sponsor will do all the reporting to TRF, and comply with all of its requirements. The host sponsor will invite international sponsors to monitor and/or visit the finished project.

**Step 8: Budget**

**What local currency are you using in your project’s budget?**

The currency you select should be what you use for a majority of the project's expenses.

**What is the U.S. dollar (USD) exchange rate?**

₱56.00 = \$1.00 as of 06/05/12

**What is the budget for this grant?**

List each item in your project's budget. Remember that the project's total budget must equal its total funding, which will be calculated in step 9. Project budgets, including the World Fund match, must be at least \$30,000. (Add rows as needed.)

#	Category*	Description	Supplier	Cost in local currency	Cost in USD
1	Vehicle	Mobile Unit: Brand New Isuzu NPR85 K TILT 3.0L 6W 16ft. 90A – 4.1 Tons Cab and Chassis	Maru Trading	₱1,761,000.00	\$31,446.43
Total budget:					

\*Possible categories: Accommodations, Equipment, Monitoring/evaluation, Operations, Personnel, Project management, Publicity, Signage, Supplies, Training, Travel, Tuition

**Supporting documents**

Upload any documents, such as price bids or pro forma invoices, to substantiate the listed expenses.

**Step 9: Funding**

**Tell us about the funding you’ve secured for your project.**

We’ll use the information you enter here to calculate your maximum possible funding match from the World Fund. List all of your funding, including cash contributions and District Designated Funds (DDF). (Add rows as needed.)



### **How were members of the benefiting community involved in finding solutions?**

The City Health Unit thru its Lead Doctor-Physician, Nurses, Medical staff, Brgy. Health Workers and Local Chief Executive is tasked to conduct Mobile Health Caravan in various remote, and poor areas in the City of Meycauayan. The said implementing Committee is also tasked to identify possible patients, thru word of mouth, surveys, social media announcements, and print advertisement to determine the target number of beneficiaries and to prepare the needed medical tools, equipment, and concerned individuals.

### **How were community members involved in planning the project?**

The host committee, thru its steering committee, conducted successive meetings, and consultation.

Moreover, the membership roster of the host committee is composed of public elected officials of the city, medical practitioners, and academicians who are in close ties with the community in need. Furthermore, the beneficiary of the project and host created strong linkages and relationships thru the previous project undertakings. And as observed in previous activities, and projects, the community aspires to address some of its healthcare needs.

### **HUMANITARIAN PROJECTS – PROJECT IMPLEMENTATION**

#### **Summarize each step of your project’s implementation.**

Do not include steps related to fundraising, applying, or reporting. (Add rows as needed.)

#	Activity	Duration
1.	Mobilization, Ceremonial MOA Signing and handing over of Unit to the recipient (City Health Unit)	1-2 Meetings
2.	Facilitator’s Training (of equipment, and vehicle unit)	1-2 Meetings
3.	Benefactor’s (Patients, and Communities) Information Drive Campaign	2-3 Meetings
4.	Soft Caravan with recipient, implementing committee, and target beneficiary	1-2 Meetings
5.	Quarterly Monitoring, and Benefactor Survey	4 Meetings
6.	Semi-Annual Preventive Maintenance Service of Vehicle Unit, and Equipment	2 Meetings
7.	Annual Survey Visit with International Counterpart	1 Meeting
8.	Annual Beneficiary Satisfactory Survey	1 Meeting
9.	Annual Monitoring, and Evaluation of Health Caravan	1 Meeting
10.	Annual Recipient Re-visit, and evaluation	1 Meeting

#### **Will you work in coordination with any related initiatives in the community? If yes, briefly describe the other initiatives and how they relate to this project. If no, please explain. Are local initiatives not addressing these needs? Or, if they are, why did you decide not to work with them?**

There can be value in working with other groups including governments, nonprofit organizations, and private companies.

No. According to the recipient, there is no existing civic, and non-profit based organization as of the date, granted the said project to the City Government of Meycauayan.

#### **Please describe the training, community outreach, or educational programs this project will include.**

##### **How were these needs identified?**

The training comprises of familiarization of vehicle unit, equipment, machine, and the needed skills, and manpower to operate. Technically, the equipment were portable, and possibly has a different interface or working features that requires skill, and initial knowledge to operate.

**What incentives (for example, monetary compensation, awards, certification, or publicity), will you use, if any, to encourage community members to participate in the project?**

We do not give much incentives because, ownership of the Mobile Health Care Unit for the first time is unparalleled to them. Recognition, awards, and publicity may be given, however, we believe that volunteers will offer their helping hand to reach those in need of free health-care service thru this Mobile Health Care Unit.

These may or may not be Rotary members or clubs.

#### **VOCATIONAL TRAINING TEAMS – PROJECT IMPLEMENTATION**

**Describe the training needs that the team will address.**

**How did your team identify these needs?**

**Describe the specific objectives of the training, including what you expect training participants to gain from the team’s expertise.**

**How were members of the local community involved in planning the training?**

**Will you work in coordination with any related initiatives in the community? If yes, briefly describe the other initiatives and how they relate to this project. If no, please explain. Are local initiatives not addressing these needs? Or, if they are, why did you decide not to work with them?**

There can be value in working with other groups including governments, nonprofit organizations, and private companies.

**What incentives (for example, monetary compensation, awards, certification, or promotion) will you use, if any, to encourage community members to participate in the training?**

**How will training recipients be supported after the training to keep the skills they acquire up-to-date?**

**List any community members or community groups that will oversee further training after the project ends.**

These may or may not be Rotary members or clubs.

#### **SCHOLARSHIP\*\* (SEE BELOW FOR SCHOLAR PROFILE QUESTIONS)**

**Describe the process your team used to select this candidate.**



**How do this candidate's background, studies, and future plans qualify them for a global grant under this area of focus?**

### **BUDGET**

**Will you purchase budget items from local vendors? Explain the process you used to select vendors.**

Yes. The prices are based on the policy 'BEST QUALITY AT MOST ECONOMIC PRICES'. At least three qualified vendors will be evaluated as to the quality and availability of the unit. The bid price is based on SRP of the Vehicle Unit and the medical equipment needed. Once the TRF accepts the application, we may pursue the actual bidding if necessary. All medical supplies will be purchased locally and from the nearest provider, if possible.

**Did you use competitive bidding to select vendors? If no, please explain.**

Yes.

**Please provide an operating and maintenance plan for the equipment or materials you purchased for this project. This plan should include who will operate and maintain the equipment and how they will be trained.**

Maintenance and Operation of Mobile Health Care Unit

To impart to the recipient of Mobile Health Care Unit the knowledge and information on how to maintain and operate the system, prolong its lifespan after the turnover of ownership.

Seminar or Workshop Outlines:

1. Orientation and Familiarization of operation, and maintenance of unit
2. Orientation and Familiarization of medical supplies, and materials needed
3. Guide on quick troubleshooting of medical equipment for fail safe use
4. Actual operation of system unit

**Describe how community members will maintain the equipment after grant-funded activities conclude. Will replacement parts be available?**

The recipient, City Government of Meycauayan thru its City Health Unit will handle the maintenance and operation of the vehicle unit. Including the replenishment of medical supplies needed for its services. For its Preventive Maintenance Services, Insurance, and other needs, the recipient is expected to prolong and maintain its exigencies.

**If the grant will be used to purchase any equipment, will the equipment be culturally appropriate and conform to the community's technology standards? If yes, please explain. If no, describe how the project team will help community members adopt the technology.**

Yes. The vehicle unit, equipment, tools, and supplies conform to the local quality standards but grants chose the better or best ones as specified in the MOA. Local technology standards are very important for a simple, doable maintenance and yet with prolonged life of the project.

**After the project is completed, who will own the items purchased by grant funds? No items may be owned by a Rotary district, club, or member.**

The City Government of Meycauayan will own the project.

### **FUNDING**

**Have you found a local funding source to sustain project outcomes for the long term? If yes, please describe this funding source.**

No.

**Will any part of the project generate income for ongoing project funding? If yes, please explain.**

No.

**Is your economic and community development activity a microcredit project? If yes, upload your [microcredit supplement](#) file.**

No.

