



District 5580 District Simplified Grant Application

Please print or type all information and use additional sheets of paper if necessary. *Incomplete applications will not be considered.*

See District Simplified Grants (DSG) 'CRITERIA & GUIDELINES' (attached) for instructions, eligibility, and program requirements.

FOR DISTRICT 5580 USE ONLY (once Grant is approved)

District Grant No. WCS-_____ Date Approved_____

District Grant Subcommittee Chair Signature_____

District Rotary Foundation Chair Signature_____

1. PROJECT DESCRIPTION

Please describe the project, its location, its objectives, and how they will be attained. Note: The project cannot be started until the district grants subcommittee approves the District Simplified Grant Application.

1. What is the purpose of this project? Provide a brief description.

The Bemidji Sunrise Rotary project is part of a larger effort to create a self-sustaining community access dental clinic that will be located in Bemidji, MN to serve people in Northwest Minnesota. The Bemidji Sunrise Rotary Club has taken on the responsibility to furnish the waiting rooms at the clinic in a manner that will provide the visiting children a positive, educational and memorable experience.

The Dental Health Center is a collaborative, nonprofit community access dental clinic that will serve a projected 5,000 or more patients on subsidized care programs each year. This rural region is home to some of the poorest communities in the state—families who face increasing challenges in finding adequate and affordable dental care and as a consequence, face decreasing health indicators. This is an emergent public health issue that is affecting the most vulnerable of our families. With the opening of this clinic, we will alleviate some of their suffering.

NEED

The area served by the Dental Health Center is in rural Northern Minnesota; the city of Bemidji (in Beltrami County) is a regional center for people residing in remote communities within a 100 mile radius. An estimated 80,000 to 100,000 people travel here regularly for shopping or to access government services and health care. This pristine area is surrounded

by lakes and trees, is centrally located between three American Indian Reservations, and is home to some of the poorest people in the state of Minnesota.

*The Dental Health Center is designed to provide a dental home to the most vulnerable people in the region, who are challenged to find the oral health care they need. Patients will be those who are enrolled in any Minnesota Health Care Program (MHCP) or other reimbursed care program (i.e., counties). **We are especially dedicated to the health care needs of the children in the region.***

*In 2003, more than 391,000 Minnesota children under age 21 were enrolled in Medicaid and only about 126,000 received any dental visits (American Dental Association, 2003). **In the northwest region of Minnesota, there are more than 6,000 children (ages birth to 19) enrolled on Minnesota Care and Medical Assistance—16% of all children...almost double the state average.** (State of Minnesota 2000 Health Profile).*

*National studies find substantial disparities in the level of access to dental services by poor and minority groups who are at most risk of developing dental disease and infection. **The service region in and around Beltrami County hosts the highest birth rates in the state, highest percent of single parent families (alarming rates of infant mortality and births to teen mothers); highest rates of overall poverty and children in poverty, especially among American Indians; and lowest median household income and highest rates of public assistance payments per capita** (Minnesota State Demographer, 2000).*

The Bemidji Sunrise Rotary Club has been an early community partner and contributed to the Dental Health Center effort. As this needed project has matured, our Rotary Club contributions varied. At this time, the Bemidji Sunrise Rotary Club project is to design, equip, and furnish the waiting room spaces of the new Dental Health Center. Rotarians have developed creative ideas that will make these room spaces inviting and fun for families visiting the Dental Health Center. Your support of this grant application will allow the entire Rotary District 5580 to partner with the Bemidji Sunrise Rotary Club to make this project goal a reality and help to take the pain away for many people.

2. How will it meet the needs of the community?

*The design of this Dental Health Center uniquely addresses the identified needs with its foundation in broad-based regional collaboration. **The driving force of this group is the common desire to address the critical need for a public dental clinic as a public health issue that affects our entire population.***

The Dental Health Center will provide dental treatment, outreach and preventative oral health education and assist the target population in making and keeping appointments and managing the other barriers that directly affect their oral health needs. Through a linkage with Northwest Technical College Dental Assisting Program, dental assisting students will assist in clinic staffing and enhance their learning objectives. Beltrami County Public Health will have an Outreach Coordinator on site to provide referrals for basic health screening such as child immunizations, well-child exams, blood pressure checks, etc. as needed. Goals of the clinic are to:

- Treat disease and infection*
- Eliminate pain*
- Provide referrals for specialty care*

- Educate patients on preventative care
- Provide preventative care
- Expand public health programs regarding oral health

Additional aspects of the project design include:

- *The Dental Health Center will be a place where area dentists can refer medical assistance patients.*
- *Once fully operational, the Dental Health Center will be financially self-sufficient with paid, professional staff.*
- *A case management approach will serve this population that is in need of more intense monitoring, follow-up and personal care.*
- *Additional partnerships with nursing homes, day treatment facilities and other organizations may also play a key role in making sure that the disadvantaged population has dental access.*
- *Rotations of Northwest Technical College Dental Assistant students will be scheduled each semester.*
- *Volunteer private practice dentists will provide services to augment the paid staff.*
- *A dedicated hygiene/oral health education suite will assure ongoing patient education and preventive care can occur.*

3. How will the host and partner(s) (District 5580 Rotary Club(s) and/or others) communicate and work together to implement this project? Please provide specific examples of activities.

- *Continue membership and regular meeting attendance with the Dental Health Center Development Committee. Meeting information and Dental Health Center updates are shared with all Sunrise Rotarians during a regular meeting agenda item each Tuesday morning.*
- *Progress reports will be completed and submitted to the district grant subcommittee.*
- *Project development and progress will be documented with site photographs from start to finish.*
- *Bemidji Sunrise Rotary Club has established a close working relationship with the construction supervisor. This relationship will be maintained to assure the best and most efficient use of Rotary resources for this project.*

Estimated project start date 9/8/2008 Estimated project completion date 9/1/2010

2. OTHER NON-ROTARY ORGANIZATIONS

If this project involves a cooperating organization, provide the name of the organization below, attaching a letter of participation from that organization that specifically states its responsibilities and how Rotarians will interact with the organization in the project. By signing this application,

the Rotarian sponsors endorse the organization is reputable, responsible, registered with the project country, and acting within the laws of the project country.

Name of organization _____

3. ROTARY CLUB IN DISTRICT MAKING THE APPLICATION

Name the club that will coordinate principal funding for the project and that will assume responsibility for the project.

Rotary Club: *Bemidji Sunrise Rotary Club*

Project Contacts: Two Rotarians must be listed who will provide oversight and management of the project funds for the entire duration of the project, even if it continues into another Rotary year.

Primary Contact

Name Roger Muth

Rotary position/title Treasurer

E-mail rgnmuth@paulbunyan.net

Address 118 Shorecrest Rd NE

Street address

Bemidji, MN

Town

USA 56601

Country/postal code

Telephone 218-444-6884

home

office

218-368-8207

cell

fax

Additional Contact

Name Ron Koetter

Rotary position/title Active Member

E-mail koett@paulbunyan.net

Address 5200 Sherman Dr NE

Street address

Bemidji, MN

Town

USA 56601

Country/postal code

Telephone 218-444-9597

home

office

218-556-4380

cell

fax

4. PROJECT BUDGET

Include a complete itemized budget for the entire project. Please use separate pages if necessary. See attached budget for detail.

TOTAL \$13,500.

5. PURCHASE OF EQUIPMENT. MATERIALS. OR SUPPLIES

1. Who will own equipment, materials, or supplies? (Cannot be owned by a Rotary Club or Rotarian) *All equipment and furnishings will become the responsibility of the Dental Health Center.*
2. Who will be responsible for maintenance, operating, and/or storage costs of the equipment/supplies? *The responsibility for all the equipment supplied by this grant (project) will become that of the Dental Health Center. It is the intent of the Bemidji Sunrise Rotary Club to continue to partner with the Dental Clinic to aid in the ongoing educational areas that will be offered to the children.*

6. PROPOSED FINANCING

If equipment/supplies will be shipped (in the event of this being an international project), have arrangements been made for custom clearance?

Please list all financing and indicate cash and District Simplified Grant money being requested.

Primary Sponsor Rotary Club	Amount Contributing
<i>Bemidji Sunrise Rotary Club</i>	<i>\$10,350</i>
Other Rotary Clubs/Districts	
Additional funding from other sources (if any)	
SUBTOTAL	
Amount requested from District Simplified Grant	
<i>(Not to exceed amount contributed by Rotary Club(s) and not to exceed \$10,000)</i> <i>\$3,150</i>	
TOTAL	<i>\$13,500</i>

7. PUBLICITY

How will the general public know that this is a Rotary-sponsored project? Please provide details, e.g. publicity in a newspaper or display of the Rotary wheel.

The Bemidji Sunrise Rotary Club, embracing the Dental Clinic as its signature project after an intense study of community needs, became a partner at its early stages and one of our club members is a Dental Clinic board member. It is anticipated as the board grows at the clinic's opening that another club member will be asked to join the board. As a result, all brochures and materials emanating from the Clinic will carry our club's name as a partner to patients and the public.

We plan to proudly display a plaque with the Rotary cog and the Bemidji Sunrise name at the Dental Clinic in a prominent area of the children's waiting room/activity area.

Our ongoing efforts will include a packet for the kids with dental health information, toothpaste, floss and a toothbrush with the Bemidji Sunrise Rotary name/logo on the bag and the toothbrush. The Bemidji Pioneer, a daily newspaper, has provided coverage of the formation of the Dental Clinic and progress reports along the way, mentioning the Bemidji Sunrise Rotary Club as a sponsor. Story and photo coverage was provided by the Pioneer and Lakeland News public television when our club hosted an appreciation reception for all Dental Clinic partners on the advent of winning legislative funding for the larger project. Ongoing coverage is anticipated as the Clinic opens and with ongoing activities with kids, such launching the information health packets campaign.

We also plan to provide information about our project under the Rotary name to any trade publications, such as the Northwest Dentistry newsletter which is published six times a year for dental professionals in Minnesota, North and South Dakota. A regular contributor is a Bemidji dentist who is also a Dental Clinic board member.

Our club is presently sponsoring a bike race/tour that will be held in August 2008 and is anticipated to be an annual event. Much of the proceeds from this event are earmarked to support our activities at the Dental Clinic, and is part of our publicity for the bike race/tour on brochures, posters, etc.

8. REPORT

The sponsoring club is required to complete and submit progress (interim) and final reports to the district grants subcommittee. Please indicate below the individual who will take primary responsibility for submitting these reports.

Name Roger Muth Signature /S/ Roger Muth

Name of Rotary Club: Bemidji Sunrise Rotary Club

9. ACTIVE ROTARIAN PARTICIPATION AND AUTHORIZATION

Sponsorship Authorization

All Rotary Clubs and Districts involved in this project are responsible to the District 5580 Foundation Grants Subcommittee and ultimately to The Rotary Foundation of Rotary International for the conduct of the project and for reporting on it. The signature at the bottom of

this page confirms that the sponsors understand and accept responsibility for the project. Sponsors may either sign this page or submit a separate letter of commitment.

Please list below the activities your club will undertake demonstrating the active involvement of Rotarians in this project.

By signing below, we agree to the following:

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all District Simplified Grant criteria as stated in District Simplified Grants (DSG) CRITERIA & GUIDELINES.
- The club has agreed to undertake this project as an activity of the club.
- We understand and will comply with the required Rotarian activities and reporting requirements as stated in the District Simplified Grants (DSG) CRITERIA & GUIDELINES.
- We agree that, should the project take more than six months to complete, interim reports will be submitted every six months from the time the grant is paid, and final reports will be provided no later than two months after the completion of the project.
- Projects using DSG funds must be completed within two (2) years from the time of grant approval. Interim Reports are due every six (6) months during the activity of the project and within two (2) months of completion of the project. If the project cannot be completed as expected within the two-year time frame, all DSG funds MUST be returned to the District 5580 Treasurer to replenish the DSG Grant Fund.

Club President (printed name): Duane Swanson Signature /S/ Duane Swanson

Rotary Club name: Bemidji Sunrise Rotary Club Date August 13, 2008

10. AUTHORIZATION OF ROTARY CLUB'S FUNDS

Complete below authorization for club funds to be used for this project. Presidents of all clubs contributing must sign this authorization. (Duplicates of this sheet may be made).

Club President (printed name) Duane Swanson Signature /S/ Duane Swanson

Rotary Club name Bemidji Sunrise Rotary Club Date August 13, 2008

Amount authorized \$3,150

11. COMPLETION CHECKLIST

Before submitting your District Simplified Grant (DSG) application, please take a minute to review this checklist and make sure that it is complete. If you have any questions or concerns, please contact the district grants subcommittee chair.

- ❑ Does the project meet all DSG criteria?
- ❑ Has the sponsoring club appointed two contacts to oversee the project?
- ❑ Are these individuals corrected listed on the application?
- ❑ Is there a written funding confirmation from the club president(s) who will be in office during the year of the funding request?
- ❑ Have the responsibilities of the project sponsor been outlined? Do they meet the requirements of a DSG project?
- ❑ Is there a written commitment (or signature on Section 9 of the application) from the project sponsor?
- ❑ Is there a detailed budget provided for the project?
- ❑ Is there a cost estimate from the supplier(s) for each item?
- ❑ Is a cooperating organization involved? If so, is there a letter from the organization, which specifically states how the organization will work together and how Rotarians will be involved and interact?
- ❑ Have you outlined in detail how you plan to publicize the project?
- ❑ Have you made copies of all documents for your files prior to submitting them to the district grants subcommittee?

NOTE: The district grants subcommittee will plan to review your application as soon as possible.

Send the completed application and all attachments via email to:

Diane Collins, District 5580 Executive Secretary

Email: bigfish@uslink.net