

Matching Grant Application The Rotary Foundation (TRF)

PROJECT DESCRIPTION

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 site	Latin America Childcare Schools (22 schools) "Fundacion Piedad" (NGO)
City/Village	Managua (Base site)
State/Province	Matiguas, Sebaco, Boaco, Corinto, Chinadega, Granada, Leon, Managua, Nueva Vida, Bethel, Bethaisda, Diriamba, Masaya
Country	Nicaragua

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.

The project is a mobile dental van equipped to travel to the 22 schools (6,000 children) and provide for the dental needs of children who have never seen a dentist. The children will also be instructed as to dental hygiene. The children are from poor rural and urban areas that are in desperate need of dental care. This project will bring the dentist and his office to over 22 schools and communities and will take approximately one year to get it fully functioning for the children of Nicaragua.

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

The dental mobile van will be kept at a base site that is gated and has security in Managua. The "Fundacion Piedad" (BGO) will maintain and care for the van and will provide the dentist(s) to go to the 22 schools mentioned above.

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 host Rotasry Club will check on the "Fundacion Piedad" to insure that they are meeting the needs of the children and will help them with maintenance. The International partners will obtain the van and equip it with a dental chair and all the necessary dental equipment. Thoughts are that the International partner will work with the NGO to send Rotarian dentists to Managua to assist on short term missions. The NGO will take care of the shipping costs and they are a tax exempt organization in Nicaragua.

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. All three committee members must belong to the primary club identified below for club-sponsored projects or belong to clubs in the district for district-sponsored projects. The committee members must be committed 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 Rotary Club of Managua Club ID number (if known) _____
 District District 4240 Country Nicaragua

Primary Contact:

Name Enrico Targa Member ID _____
 Club Managua Rotary
 Rotary position _____
 Address _____
 City Managua
 State/Province _____ Postal code _____ Country Nicaragua
 E-mail targa@ibw.com.ni
 Home phone 505 222 3202 Office phone _____ Fax _____

Project Contact #2:

Name Luis Adolfo Gabuardi Member ID _____
 Club Managua Rotary
 Rotary position _____
 Address _____
 City Managua
 State/Province _____ Postal code _____ Country Nicaragua
 E-mail luisagabuardi@simens.com.mx
 Home phone 505 249 1111 Office phone _____ Fax _____

Project Contact #3:

Name _____ Member ID _____
 Club _____
 Rotary position _____
 Address _____
 City _____
 State/Province _____ Postal code _____ Country _____
 E-mail _____
 Home phone _____ Office phone _____ Fax _____

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. All three committee members must belong to the primary club identified below for club-sponsored projects or belong to clubs in the district for district-sponsored projects. The committee members must be committed 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	<u>Fargo Moorhead AM Rotary</u>	Club ID number (if known)	<u>27847</u>
District	<u>District 5580</u>	Country	<u>USA</u>

Primary Contact:

Name	<u>Robert Jerger</u>	Member ID	<u>1813160</u>
Club	<u>Fargo Moorhead AM Rotary</u>		
Rotary position	<u>International Committee, Past President & YEO</u>		
Address	<u>2817 17th Street S.</u>		
City	<u>Fargo</u>		
State/Province	<u>ND</u>	Postal code	<u>58103</u>
		Country	<u>USA</u>
E-mail	<u>b.Jerger@juno.com</u>		
Home phone	<u>701-866-8906</u>	Office phone	<u>701-237-6601</u>
		Fax	<u>701-237-9077</u>

Project Contact #2:

Name	<u>Jennifer Miller</u>	Member ID	<u>6889672</u>
Club	<u>Fargo Moorhead AM Rotary</u>		
Rotary position	<u>International Committee Chair</u>		
Address	<u>3201 20th St. S. #133</u>		
City	<u>Fargo</u>		
State/Province	<u>ND</u>	Postal code	<u>58104</u>
		Country	<u>USA</u>
E-mail	<u>jenlyn.miller@gmail.com</u>		
Home phone	<u>701-367-3981</u>	Office phone	<u>701-241-8189</u>
		Fax	

Project Contact #3:

Name	<u>David Manning</u>	Member ID	<u>6013490</u>
Club	<u>Fargo Moorhead AM Rotary</u>		
Rotary position	<u>President Elect</u>		
Address	<u>1915 4th Street S.</u>		
City	<u>Moorhead</u>		
State/Province	<u>MN</u>	Postal code	<u>56560</u>
		Country	<u>USA</u>
E-mail	<u>davidbrianmanning@gmail.com</u>		
Home phone	<u>218-291-0679</u>	Office phone	<u>701-239-8500</u>
		Fax	<u>701-239-8600</u>

PROJECT FINANCING

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 and the district governor. 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 \$100.

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 district 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	District Governor (Print Name)	District Governor Authorization
Rotary Club of Managua, Nicaragua	100					
International Rotary clubs or district outside the project country	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization	District Governor (Print Name)	District Governor Authorization
FM AM Rotary	21,700					
District 5580		21,700				
Subtotals, Cash and DDF	21,800	21,700				
TOTAL cosponsor contributions	43,500					
Total funds requested from TRF (must be at least US\$5,000)	32,500					
Additional outside funding (not matched by, or forwarded to, TRF)						
Total project financing (must equal budget on page 4)	76,000					

PROJECT FINANCING

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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 district 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	District Governor (Print Name)	District Governor Authorization
Rotary Club of Managua, Nicaragua	250					
International Rotary clubs or district outside the project country	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization	District Governor (Print Name)	District Governor Authorization
FM AM Rotary	10,100					
District 5580		30,300				
Subtotals, Cash and DDF	10,350	30,300				
TOTAL cosponsor contributions	40,650					
Total funds requested from TRF (must be at least US\$5,000)	35,350					
Additional outside funding (not matched by, or forwarded to, TRF)						
Total project financing (must equal budget on page 4)	76,000					

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.)

"Fundacion Piedad" (NGO) of Managua, Nicaragua will own, operate and secure the items.

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

Yes, "Fundacion Piedad" has a dentist on staff and assistants who will teach dental hygiene to the children

Is software necessary to operate any items? If so, has software been provided?

No

Indicate what arrangements have been made for customs clearance if items will be purchased and shipped from outside the project country.

"Fundacion Piedad" (NGO) will pay all shipping costs and they are tax exempt in Nicaragua.

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. 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

Please refer to *The Guide to Matching Grants* (144-EN) and the RI Web site (www.rotary.org) for additional information.

AUTHORIZATIONS

Explanation: Authorizations ensure that both partners are aware 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 Rotary clubs, districts, and Rotarians involved in this project are responsible to The Rotary Foundation (TRF) 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 approval of the grant.
- RI and TRF may use information contained in this application to promote the project by various means such as *The Rotarian*, 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 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 interest is defined as a situation in which a Rotarian, 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 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		International Partner	
<input type="checkbox"/> Club president (club-sponsored)		<input type="checkbox"/> Club president (club-sponsored)	
<input type="checkbox"/> District grants subcommittee chair (district-sponsored)		<input type="checkbox"/> District grants subcommittee chair (district-sponsored)	
Name		Name	Herb Schmidt
Title	President	Title	President
Rotary Club	Managua Rotary	Rotary Club	Fargo Moorhead AM Rotary
District #	D4240	District #	D5580
Signature		Signature	
Date		Date	

Primary Contact		Primary Contact	
Name		Name	Bob Jerger
Signature		Signature	
Date		Date	
Project Contact #2		Project Contact #2	
Name		Name	Jennifer Miller
Signature		Signature	
Date		Date	
Project Contact #3		Project Contact #3	
Name		Name	David Manning
Signature		Signature	
Date		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 "**Fundacion Piedad**" (Latin America Childcare)

Street Address Km 12 ½ Carretera A Masaya, 59 mts. Antes de la entrada a residencial Villas del Prado y 50 mts. Oeste. Managua, Nicaragua

City, State/Province Managua Postal code 6009 Country Nicaragua

Office phone 505-279-8931 Fax 505-279-8902

E-mail bonnie.Hernandez@agmd.org 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 Robert Jerger

Signature

Rotary club Fargo Moorhead AM Rotary (27847)

District 5580

DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

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 Keith N. Brokke

Signature

District 5580

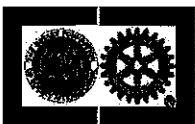
Date

COMPLETION CHECKLIST

Before submitting your Matching Grant 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?
- Have the DRFC chair and the district governor provided their signatures 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?

Complete applications should be sent to:



Humanitarian Grants Program
 The Rotary Foundation
 One Rotary Center
 1560 Sherman Avenue
 Evanston, IL 60201-3698 USA
 Fax: 847-866-9759
 E-mail: contact.center@rotary.org

FUNDACION PIEDAD

Telefax 279-8931, 279-8902 Apartado Postal No. 6009
Km. 12 ½ Carretera a Masaya, 50 mts. Antes de la entrada a residencial Villas del Prado
y 50 mts. Oeste. Managua, Nicaragua. Correo Electrónico: bonnie.hernandez@agmd.org

August 7, 2008

DEAR BOB JERGER,

We send you greetings from Nicaragua!

Latin America ChildCare continues to work very hard here in Nicaragua trying to give the children of this poor country a future and a hope. We are currently working in 22 schools with over 6000 students in attendance. Our program continues to grow and for that we are very grateful.

Latin America ChildCare is trying to make a difference in the lives of these needy children. We are helping to provide an education, uniforms, school supplies, and in some cases a hot meal. This for many of the kids is the only hot meal they will eat on a given day. We also are trying to provide medical and dental care as needed.

We would like to humbly request your assistance in the purchase of a large van or coaster that could be converted into a mobile dental vehicle. We have been without a mobile clinic for over 5 years. The one prior is not operational anymore. This would help us to be able to travel to our 22 schools and help to meet the dental needs of the children. Many of the kids have never been to a dentist, let alone have a tooth brush and toothpaste that they use on a daily basis. The van would need to be converted to a mobile dental unit by purchasing a dental chair and equipment with an air compressor. It would also need to have cabinets available for storage of materials and supplies etc

The approximate cost of the van would be \$51,000.00 with no taxes due to our tax exempt status here in the country. Also it would be another approximate \$25,000.00 for the cost of fully equipping the dental unit. This would give us a total of \$76,000.00 for the whole project. We already have a dentist working full time in our organization, so there would be no additional cost in the area of personnel.

We thank you so much for your consideration of this project. It would make such a difference in the lives of so many less fortunate than us. We could actually take the dentist to the children, since so many have no means to take care of this important area of their health.

Blessings to you!

Levys and Bonnie Hernandez
Country Coordinators
Latin America ChildCare

Contribuyendo al desarrollo integral educativo de la niñez en Nicaragua!