

## District Grant Final Report 2018-2019

This report must be completed and uploaded on matchinggrants.org within 30 days after completion of the project but no later than 2 years after the date of approval of the project.

District Grant # P-2235

project?

Rotary	Club: Kemmerer WY
Projec	t Title:AED for Field House
Projec	et Description:
1.	Briefly describe the project. What was done and where did the project activities take place? Explain how the beneficiaries and other community members were involved?
	Kemmerer Rotarians in cooperation with the City of Kemmerer purchased an Automatic External Defibrillator (AED) and placed it in the Field House of the local municipal golf course. The Field House is centrally located in a complex that includes a walking trail and Little League baseball fields. Signs indicating the availability and location of the AED were placed in strategic locations on the trail and at the baseball fields.
2.	How many Rotarians participated in this project? _5 (5 Rotarians were directly involved; however, 23 Rotarians participated in the fundraising activities that made this project possible.)
3.	What did they do? Please give at least two examples.
	The City Administrator for Kemmerer is a Rotarian, and he played a crucial role in securing the space for the AED and enlisting city maintenance to mount it on the wall.
	The Club President researched various AED's and accessories and worked with the city to order and install.
4.	How many non-Rotarians benefited from this project? _500 est

5. Who are the beneficiaries and what is the expected long-term community impact of this

Every community member and visitor to the community who plays golf or walks the walking trail potentially benefits from having an AED on-site and readily available.

Additionally, Little League baseball players, coaches, officials and game attendees are potential beneficiaries. In the event of cardiac arrest among any participant in these recreational activities, life-saving assistance can be delivered in the crucial moments before EMTs arrive.

6. If a cooperating organization was involved, what was their role?

The City of Kemmerer is a partner on this project. City maintenance installed the AED and cabinet in a city-owned facility.

## 7. INCOME:

Income Source	Amount
District Designated Grant	\$500.00
Club matching funds	\$500.00
Total Project Income	\$1,000.00

8. Expenditures: (number receipts starting with 1 and indicate a receipt #(s) for each expenditure.) (Do not include travel expenses.)

If international project convert amounts to US dollars	Receipt # (s)	Budgeted	Actual
		Amount	Amount
Philips HeartStart OnSite Defibrillator	1	845.00	845.00 *
AED Defibrillator Wall Mounted Storage Cabinet	2		97.53 **
2 Aluminum Metal Signs (1 for baseball fields; 1 for	3	155.00	25.00 **
walking trail)			
Total project expenditures		1,000.00	967.53

Kemmerer Rotary Club reimbursed the City of Kemmerer \$845, Check #5234, 08/14/18; \$123.43, Check #5242, 09/12/18.

9. Please explain any variance of more than 5% between the budgeted amount and the actual amount including the reason for the variance and why the alternative was chosen.

NA

**10.** Project score (5=strongly, 4=agree, 3= neutral, 2=disagree, 1=strongly disagree)

J	Project Score	Comments
The overall project was successful	5	
The grant process worked well	5	
My interaction with partner clubs was good	NA	
We achieved the results we expected	5	

11. Did you upload photos in your project on matchinggrants.org under the Photo tab? (If not, please do so.)

Yes

12. What worked well on this project and why?

Coordination with the City of Kemmerer was seamless primarily because key city officials are Rotarians.

13. What did not work well and how would you suggest improving it?

Although everything associated with this project worked well, Rotarians recognize that they can always do more to get the word out about projects.

14. How was this project publicized?

On 09/26/18, the Kemmerer Rotary Club will hold their regular weekly meeting at the Field House. Members will have an opportunity to see the AED and hear an explanation of how it works. Photos from this meeting will be posted to the Community Facebook page and sent to the local newspaper.

## **Project Inventory**

Please list all items provided in this grant that are over \$75 in value and are not expendable.

Item	Date of	Cost	Destination/	Comments
Purchased	Purchase		Location	
			City of	
Automatic			Kemmerer Golf	
External			Course Field	
Defibrillator	07/02/18	845.00	House	
AED Wall				
Mounted			Golf Course	
Storage Cabinet	08/27/18	97.53	Field House	

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 the information contained herein is true and accurate. Receipts for all grant-funded expenditures are attached. 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 to the photographs, including copyright, and hereby grant the District, RI and TRF a royalty free irrevocable license to use the photographs now or in the future, through the District and the world in any manner it so chooses and in any medium now known or developed. This includes the right to modify the photographs as necessary in the District's and 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 the District, RI, and TRF.

Please attach all receipts or an invoice and a copy of the check used to pay the invoice. Funds over \$100 not used must be returned to the district grants treasurer.

Certifying signature of primary contact

Brenda Mc Sinnis	Date: _09/16/2018
Print name Brenda McGinnis	

Upload this report on matchinggrants.org in .pdf format only