



**District Grant Application**

<b>Rotary Club of:</b> Irvine	<b>Date:</b> April 24, 2019
<b>Project Name/Title:</b> Ensenada Dental/Vision Clinic	
<b>Project Leader Name:</b> Cisca Stellhorn	<b>Phone #:</b> (949) 285-6606
<b>Project Leader Email:</b> ciscarotary@gmail.com	

1. Please provide a brief description of the project, and indicate the project beneficiaries (who is being served?):

Dental and Eye care clinic serving children in selected schools in Ensenada, Mexico. This also provides Vision care for parents and extended family of the children participants. It will provide dental care to about 150-200 children and Vision care to 200-350 children and their extended family.

2. Indicate the project start and end dates: (The project may not begin prior to the district receiving approval from TRF. Reimbursements for earlier expenses are not eligible. Projects must have an end date no later than the end of the Rotary year.)

Project start date:	October 26, 2019
Project end date:	March 28, 2020

3. Project location (select one):  Community  Mexico  
 (If the project is in Mexico, will there be a Rotary club from Mexico involved in the project? If so, indicate the name of the Rotary club and explain the members' involvement.)

Yes--Ensenada Califia Rotary. Planning & working w/Ensenada School District officials, select an elementary school most in need. Day of Clinic, Rotarians direct & assist professionals, check in & out, set up, keep records translate, schedule, dental & hygiene help, oral health education, eye clinic processing, screening & assisting.

4. List the project funding amounts (Club contribution must be equal to or greater than the amount requested from the district):

Club contribution:	\$	5,350.00
District DDF (amount requested from district):	\$	5,000.00
Other participating clubs - list club name(s) and contribution amount(s) below:		
	\$	
	\$	
<b>Grant Project - Total</b>	<b>\$</b>	<b>10,350.00</b>



## District Grant Application

5. **Indicate whether there is other involvement and financial support** (If non-Rotary organizations will be involved in your club project, please describe the involvement and any financial support you are receiving for the project – for example, in-kind contributions, discounts, cash donations):

Dental Care For Children (DCFC) covers any excess dental supplies, and costs. Manteca Optometric (Dr. Stellhorn from Manteca Rotary) covers all costs (frames) above the amount allocated for glasses.

6. **Describe the participation of club members** (Your club members must be actively involved in this project. Please indicate how many members of your club will participate in this project and describe their activities):

Rotarians from Irvine and Ensenada Califia Rotary Club participate in the planning and execution of duties. Planning involves working with the Ensenada School District officials to select the elementary school most in need. On the day of the clinic, Rotarians direct and assist the professional volunteers in identifying and treating patients. Club members help with check-in, check-out, record keeping, translation, scheduling, dental assistance, hygiene assistance, oral health, education and eye clinic processing, screening and assistance.

7. **Describe how funds will be safeguarded and tracked** (If funds are to be distributed to a partner in Mexico who will be responsible for the funds? How will transfers of funds to Mexico be handled?):

All funds are held by the local Rotary Club, Rotary Club of Irvine Project bank account that is used for matching grants. All expenses will be made from the account only upon receipt of proper documentation. The majority of expenditures will be made to Dental Care For Children (DCFC), a registered 501 c)3) non-profit organization. Some funds will be paid to Manteca Optometric for glasses. No funds will be transferred to the Host Club nor will expenditures be made outside of the U. S. No funds are transferred to Mexico.

8. **Describe how your club will use the project funds** (list the types of expenses / items to be purchased):

See attached Schedule Of Anticipated Clinic Costs Worksheet

Irvine Rotary Dental Clinic Cost Worksheet

**DENTAL SUPPLIES**

Amalgam capsules	250	\$	0.45	\$	112.50
Sealant materials (multiple teeth)	160	\$	5.12	\$	819.20
Fluoride treatment (whole mouth)	160	\$	2.90	\$	464.00
Denture repair materials	25	\$	15.60	\$	390.00
Composite materials	250	\$	0.80	\$	200.00
Anesthetic capsules	250	\$	0.50	\$	125.00
Disposable needles	250	\$	1.00	\$	250.00
Etch material	250	\$	0.68	\$	170.00
Bond agent	250	\$	2.31	\$	577.50
Dycal base	250	\$	1.44	\$	360.00
Cotton rolls	3000	\$	0.05	\$	150.00
2x2 gauze	160	\$	0.15	\$	24.00
Topical anesthetics	200	\$	0.45	\$	90.00
Rubber dam materials	160	\$	0.20	\$	32.00
Air Water Tips	160	\$	0.20	\$	32.00
Burs to treat	160	\$	2.00	\$	320.00
IRM for	25	\$	5.80	\$	145.00
Packable	250	\$	0.80	\$	200.00
Disposable suction tips	160	\$	0.22	\$	35.20
Tofflemire	250	\$	0.69	\$	172.50
Wedges	250	\$	0.27	\$	67.50
Sterilizing solutions and supplies	2	\$	119.80	\$	239.60
Polishing paste and prophyl angles	160	\$	1.85	\$	296.00
Gowns and masks	2	\$	87.00	\$	174.00
Gloves	2	\$	95.00	\$	190.00
Printing of bi-lingual patient history forms	200	\$	0.10	\$	20.00

**OHI KITS**

Toothbrushes (OHI Kit)	160	\$	0.60	\$	96.00
Toothpaste (OHI Kit)	160	\$	0.90	\$	144.00
Floss (OHI Kit)	160	\$	0.40	\$	64.00

**EQUIPMENT/MAINTENANCE**

Servicing of dental handpieces	2	\$	105.00	\$	210.00
Maintenance reserve for dental equipment	2	\$	200.00	\$	400.00

**MOBILE VAN**

Depreciation/Mileage @ .55/mile	2	\$	254.00	\$	508.00
Trip Insurance (Mexico)	2	\$	42.00	\$	84.00
Fuel	2	\$	95.00	\$	190.00

**DENTAL STUDENTS**

Insurance for student cars traveling to Mexico	2	\$	84.00	\$	168.00
Gasoline for student cars traveling to Mexico	2	\$	250.00	\$	500.00
Meals and water	2	\$	240.00	\$	480.00
Dental smocks	2	\$	250.00	\$	500.00

**VISION CLINIC**

Glasses	1,000	\$	1.00	\$	1,000.00
---------	-------	----	------	----	----------

Total

\$ 10,000.00