



District Grant Application

Rotary Club of:	WHITTIER	Date:	2020 MAY 31
Project Name/Title:	HEALTHY SMILES, HEALTHY CHILDREN		
Project Leader Name:	MONICA PETERS	Phone #:	562-447-0383
Project Leader Email:	HERBERTDESIGNWERKS@GMAIL.COM		

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

This program provides oral health and nutrition days at elementary schools in the Whittier City School District during the Spring of 2021 providing free dental screenings, fluoride treatments, oral health and nutritional education and referrals to care for low-income elementary-aged children. Every participant (last year we served around 900 students) will receive an oral health kit comprised of a toothbrush, toothpaste, floss, timer and educational material in English and Spanish.

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:	February 1, 2021
Project end date:	May 31, 2021

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.)

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

Club contribution:	\$	2,200
District DDF (amount requested from district):	\$	1,100
Other participating clubs - list club name(s) and contribution amount(s) below:		
Other: PIH Community Foundation	\$	5,000
	\$	
Grant Project - Total	\$	8,300

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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):

totalThe PIH Community Foundation will be asked for \$5,000.

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):

Club members will hand out dental kits to students.

7. **Describe how funds will be safeguarded and tracked** (If funds are to be distributed to an international partner for purchase/use in another country, who will be responsible for the funds? How will transfers of funds to international partners be handled?):

The Childrens' Dental Health Clinic provides professional services in return for payments.

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

Childrens' Dental Health Clinic professionals	\$4,000
Educational Materials	3,000
Fluoride Treatments	500
Misc	800
TOTAL	\$8,300