

**2020 – 21 Early Childhood Education Grant Final Report**

*Final reports are due within 30 days of the project ending, and no later than January 31, 2021. Please complete this form by filling in the fields below. You must also provide a scanned copy of valid Proof of Payment (PoP) for all expenses listed. Acceptable PoPs include: cancelled checks, bank statements, bonafide itemized receipts. Once you have completed the report, please email a copy along with Proofs of Payment to DRFC Rachel Ossyra at [Grants@rotary6450.net](mailto:Grants@rotary6450.net).*

Rotary Club     \_Oak Lawn Health Care Rotary\_\_\_\_\_

Project Title     Alternative seating for children with medical complexity\_\_\_\_\_

1. Briefly describe the project. What was done, when and where did project activities take place, and who were the beneficiaries? List any changes that might have occurred from the application.

Six Tumbleform chairs will be provided to children within the Pediatric Complex Care program at Advocate Children’s Hospital in Oak Lawn, IL as a loan. All of the children that would be receiving these chairs are enrolled in the Pediatric Complex Care program at Advocate Children’s Hospital because they have multiple medical problems requiring close management and care coordination. Many have disabilities that do not allow them to sit up unsupported. The tumbleform chairs allow for positioning that is optimum for safety. The children will use these chairs as alternate seating because insurance generally will only cover one specialized seat – which is most often a wheelchair. In the tumbleform chair they will be able to sit up while attending virtual school, read books, and receive therapies that are crucial to maintaining their quality of life and development. Physical Therapy will be available to provide advice on use of positioners to ensure safety. We see our patients in clinic every 3-6 months and will plan to review fit at the visits. If the child has outgrown the chair we will ask them to return to clinic so that we may clean it and loan it out to another family who can use it.

2. How many Rotarians participated in the project?

3

3. What did they do? Please give at least 2 examples.

Grant Writing, Researching the tumbleform chairs, purchasing the tumbleform chairs,

4. How many non-Rotarians benefitted from this project?

6-12 families will benefit

5. What are the expected impacts of the project?

Children with medical complexity will have another place to sit in their homes besides their wheelchair. This allows ergonomic support for children who do not have adequate muscle strength to support themselves. Children will use these chairs to participate in developmental therapies as well as attending virtual school.

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

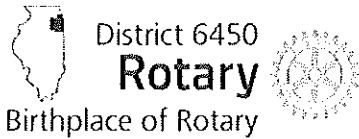
NuMotion was the supplier for the chairs

7. How did you share the news of your project?

Facebook posts, Rotary websites

**Financial Summary**

8. <u>Income</u>	<u>Amount</u>
District Grant funds received	\$500 x 4 different clubs____
Club contribution (not required)	\$76_____



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Other funding (not required) \_\_\_\_\_  
 Total Project Income 2076.00

9. Actual Expenditures Valid Proof of Payment must be provided

<u>Date</u>	<u>Expense Type</u>	<u>Vendor</u>	<u>Amount</u>
	Tumbleform Purchas	Numotion	2076.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Project Expenditures			2076.00

By completing this report, I confirm that my Club has spent these funds for the purposes specified in the grant application only. I agree that if the grant funds are not used and a final report and proof of payment of grant funds are not submitted by January 31, 2021, then my Club will promptly return the grant funds to the District.

I also understand that all photographs submitted in connection with this report will become the property of Rotary International (RI) and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in 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 RI and TRF.

**Club President**

**2<sup>nd</sup> Club Contact**

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Name ELISE GENTILE  
 Date 2/2/21  
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# Quote

Prepared By:	Prepared For:	Quote Information	
Numotion 11975 SW Herman Road Tualatin, OR 97062 Phone 877.876.5332 Fax 503.612.8523 melinda.polier@numotion.com	Elise Gentile  Phone: Mobile Phone: elise.gentile@aah.org	Quote Number	RS01734
		Created Date	December 1, 2020

Salesperson    Payment Terms  
Melinda Polier    Credit/Debit Card/PO

## Product List

Product Name	MSRP	Customer Price	Quantity	Total
Tumble Forms 2® Deluxe Floor Sitter, Blue, Small Feeder Seat		\$340.00	2	\$680.00
Tumble Forms 2® Deluxe Floor Sitter, Blue, Large Feeder Seat		\$566.00	1	\$566.00
Tumble Forms 2® Deluxe Floor Sitter, Blue, Medium Feeder Seat		\$415.00	2	\$830.00

## Pricing Information

Subtotal	\$2,076.00
Sales Tax	
Shipping	
<b>Total</b>	<b>\$2,076.00</b>

All items are drop-shipped directly to the requested ship-to address unless otherwise specified below:

For questions about this quote, please call 877-876-5332.

Disclaimer: Due to the custom-manufacturing process and shipping requirements, orders placed for home access equipment (including but not limited to stair lifts, platform lifts, ramps and vehicle lifts) are non-returnable and non-refundable after payment has been received. Special requests for an order cancellation must be submitted in writing within five business days of payment for consideration. Numotion retains the right to issue a full or partial refund at its sole discretion.