



OFAC REVIEW CHECKLIST

Grant number: P-4885

Project country: Ethiopia

Amount of funds (USD): \$4000

Use of payment: To purchase a small autoclave for the Obstetric and Neonatal services at the University of Gondar Hospital

INITIAL DESTINATION OF MONEY FROM TRF (Note: Do not provide routing numbers or account numbers on this form)

Name of Rotary club or district: Rotary Club of Del Mar District 5340

Name of club's/district's bank/financial institution: First Republic Bank

Bank's address: 1110 Camino Del Mar, Del Mar, California 92014

Name on the bank account: Rotary Club of Del Mar CA Inc. General Account

Names of account signatories: Sharon Schendel, Matt Kurth, Toni, Mecaro

INTENDED BENEFICIARY

Name of the organization (e.g., hospital) or individual (e.g., scholar) receiving funds, goods, or services: The University of Gondar Hospital

If an organization, name of the representative: Dr, Tewedros Zenabu

Address: P'O. Box 196 Gondar ,Ethiopia

Email Address: tzenabu@gmail.com

Website Address (if available): http://www.uog.edu.et/en/

ADDITIONAL INTENDED BENEFICIARY (If applicable)¹

Name of the organization (e.g., hospital) or individual (e.g., scholar) receiving funds, goods, or services: NA

If an organization, name of the representative: Click here to enter text.

Address: Click here to enter text.

¹ Add additional sections as needed

Email Address: Click here to enter text.

Website Address (if available): Click here to enter text.

PROJECT PARTNER/COOPERATING ORGANIZATION IN THE PROJECT COUNTRY

Name of the organization: Medical Aid International. This is an NGO based in the UK. They will procure the equipment from the UK , ship it to Gondar, install it, train the operators, and provide ongoing support after the project is completed. This organization has done several projects at the University of Gondar Hospital.

Name of the individual representative: Tim Beacon

Address: Medical Aid International Unit 3, Firs Farm,United Kingdom Stagsden, Bedfordshire MK43 8 TW

Email Address: tim@medaid.co.uk

Website Address (if available): www.medaid.co.uk

ADDITIONAL PROJECT PARTNER/COOPERATING ORGANIZATION IN THE PROJECT COUNTRY (If applicable)¹

Name of the organization: NA

Name of the individual representative: Click here to enter text.

Address: Click here to enter text.

Email Address: Click here to enter text.

Website Address (if available): Click here to enter text.

VENDOR IN THE PROJECT COUNTRY FROM WHOM PROJECT SUPPLIES WILL BE PURCHASED

Name of the organization or individual: Medical Aid International. The equipment needed is not available in Ethiopia. It will be purchased from Medical Aid International from the UK and will be shipped by Medical Aid International to Gondar, Ethiopia. They have experience doing this with previous projects. No funds will be transferred to Ethiopia

If an organization, name of the representative: See above

Address: See above

Email address: See above

Website address (if available): See above

ADDITIONAL VENDOR IN THE PROJECT COUNTRY FROM WHOM PROJECT SUPPLIES WILL BE PURCHASED (If applicable)¹

Name of the organization or individual: NA

¹ Add additional sections as needed

If an organization, name of the representative: [Click here to enter text.](#) _____

Address: [Click here to enter text.](#) _____

Email address: [Click here to enter text.](#) _____

Website address (if available): [Click here to enter text.](#)