

District Grant Application

totary Club of: San Clemente Date: 06/15/2	2021
roject Name/Title: School Based Mental Health	
roject Leader Name: Tyler Boden Phone #: (94)	9) 310-5013
roject Leader Email: tyler@bodenenergysolutions.com	
Please provide a brief description of the project, and indicate the project being served?):	neficiaries (who is
The Rotary Club of San Clemente will continue to partner with the Wellness & Preventio Clemente (https://wpc-oc.org/) which helps youth and families lead healthy and productive school-based, bilingual therapeutic and counseling services, education, access to health healthy activities for our youth. Rotarians, staff, and volunteers of the Center seek, with Health Clinician, to provide counseling for up to thirty students with phase-of-life issues is depression, two seminars for parents with an average audience of thirty-five per seminal intervention sessions that normally addresses up to twenty-five students. The Wellness addresses an essential need in San Clemente, particularly in the wake of the COVID-19 local high schools and all middle schools are served, and the demographics include 20% and students across all socio-economic backgrounds. The Center enjoys positive mome much needed services for critical phase-of-life issues so common among our youth, rest communication and understanding between students and their families, and a more mer. 2. Indicate the project start and end dates: (The project may not begin prior to the approval from TRF. Reimbursements for earlier expenses are not eligible. Project date no later than the end of the Rotary year.)	ve lives by providing a services and the aid of a Mental ncluding anxiety and r, and three vaping & Prevention Center pandemic. Both Hispanic students, entum and provides ulting in better ntally-well community.
Project start date: September 2021	
Project end date: May 2022	
3. Project location (select one): X Community Mexico (If the project is in Mexico, will there be a Rotary club from Mexico involved in the indicate the name of the Rotary club and explain the members' involvement.) N/A	project? If so,
4. List the project funding amounts (Club contribution <u>must be equal to or greater</u> requested from the district):	
requested from the district): Club contribution:	\$ 1,697
requested from the district): Club contribution: District DDF (amount requested from district):	
requested from the district): Club contribution: District DDF (amount requested from district): Other participating clubs - list club name(s) and contribution amount(s) below:	\$ 1,697 \$ 1,697
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	Indicate whether there is other involvement and financial support (If non-Rotary organizations 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):	
	N/A	
K	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):	
	Attendance at workshops and seminars, as well as meetings of the Center's collaborative network. Administrative support to school staff.	
	Describe how funds will be safeguarded and tracked (If funds are to be distributed to a partner Mexico who will be responsible for the funds? How will transfers of funds to Mexico be handled?):	
	Funding to be monitored by Club Treasurer, and disbursements approved by Club Board.	
	Describe how your club will use the project funds (list the types of expenses / items to be purchased):	
	Workshop and Seminar communications and administrative support to include distribution of educational materials to parents and students. Support of counseling services offered by the Center.	