



## District/Governor's/Rotaract Grant Final Report 2020-2021

This report must be completed and uploaded on [matchinggrants.org](http://matchinggrants.org) within 30 days after completion of the project but no later than 2 years after the date of approval of the project. For scholarships, the report is due 30 days after payment of funds.

**District Grant # (from [matchinggrants.org](http://matchinggrants.org))** 4133

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Rotary Club: RC of Ft Collins

Project Title: Barron Medical Clinic

### Project Description:

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1. Is this a scholarship governor's grant report? Yes  No  (If yes, go directly to line 16)
2. Briefly describe the project. What was done and where did the project activities take place? Explain how the beneficiaries and other community members were involved?

The Barron Clinic is in rural Sinaloa Mexico outside of Mazatlan, Mexico. The Mazatlan Norte Rotary club and the RC Ft Collins, CO, USA are partnering to fund some basic medical equipment for this clinic. The Friends of Barron NGO provided on the ground installation of equipment.

3. How many Rotarians participated in this project? 10-15
4. What did they do? Please give at least two examples. Visited clinic before and after new equipment installation , and reviewed finances end receipts.

5. How many non-Rotarians benefited from this project? \_\_100s of members in the small town of Barron, as it is the primary health facility for the town of 1994 inhabitants. ( per google)\_\_\_

6. Who are the beneficiaries and what is the expected long-term community impact of this project? All residents of Barron are beneficiaries. . Long term benefits are improved dental and general health.

7. If a cooperating organization was involved, what was their role? Friends of Barron – NGO manage the day to day operation of the clinic, and pay salaried of medical and dental staff. NO salaries of reimbursements were included in this grant.

8. Income:

Income Source	Amount
MG4133	\$7750
<b>Total Project Income</b>	<b>\$7750</b>

9. Expenditures: (number receipts starting with 1 and indicate a receipt # (s) for each expenditure) (Do not include travel expenses)

If international project convert amounts to US dollars	Receipt # (s)	Budgeted Amount	Actual Amount
Medical equipment	see attached	\$7750	\$7750

Total project expenditures			\$7750

10. Please explain any variance of more than 5% between the budgeted amount and the actual amount including the reason for the variance and why the alternative was chosen.

11. Project score (5=strongly, 4=agree, 3= neutral, 2=disagree, 1=strongly disagree)

	Project Score	Comments
The overall project was successful	5	
The grant process worked well	5	
My interaction with partner clubs was good	5	
We achieved the results we expected	5	

12. Did you upload photos in your project on matchinggrants.org under the Photos tab? (If not, please do so)

Yes photos are in same PDF as the receipts.

13. What worked well on this project and why?

- a. Good interclub coordination – Representatives from both clubs had a lunch at a nearby restaurant and good meeting together on site in Barron.
- b. We kept the number of equipment purchases to a few, and got all equipment locally.
- c. Had a motivated and everwatchful NGO involved – Friends of Barron. Dick McGuire – a Ft Collins/ Mazatlan dual location resident involved.

14. What did not work well and how would you suggest improving it?

All worked well.

15. How was this project publicized? In Barron, and in both partner clubs, the project was announced and discussed with members.

16. Scholarship Governor's grant only

- a. Name of scholarship awardee \_\_\_\_\_
- b. Current school \_\_\_\_\_
- c. University of college they will be attending \_\_\_\_\_
- d. Course of study \_\_\_\_\_

e. Starting date \_\_\_\_\_

Project Inventory

Please list all items provided in this grant that are over \$500 in value and are not expendable.

<b>Item Purchased</b>	<b>Date of Purchase</b>	<b>Cost</b>	<b>Initial Destination/ Location</b>	<b>Comments</b>
See attached sheets				

By signing this report, I confirm that to the best of my knowledge these District Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all the information contained herein is true and accurate. Receipts for all grant-funded expenditures are attached. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights to the photographs, including copyright, and hereby grant the District, RI and TRF a royalty free irrevocable license to use the photographs now or in the future, through the District and the world in any manner it so chooses and in any medium now known or developed. This includes the right to modify the photographs as necessary in the District's and 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 the District, RI, and TRF.

**Please attach all receipts or an invoice and a copy of the check used to pay the invoice. Funds over \$100 not used must be returned to the district grants treasurer.**

Certifying signature of primary contact \_\_\_\_\_ Date: \_\_\_\_\_

Print name Larry J Salmen

**Upload this report on matchinggrants.org in .pdf format only**