



District Grant Application

Rotary Club of:	NEWPORT IRVINE	Date:	6/12/2024
Project Name/Title:	ENSENADA MEDICAL/DENTAL/VISION MISSION		
Project Leader Name:	P. SINGH SAWHNEY	Phone #:	714-809-1186
Project Leader Email:	P.S.SAWHNEY 2@AOL.COM		

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

MEDICAL, DENTAL AND VISION SCREENING SERVICES TO CHILDREN, TEACHERS AND LOCALS OF THE SCHOOL IDENTIFIED BY ROTARY CLUB OF ENSENADA IN A POOR UNSERVED AREA OF ENSENADA, MEXICO. WE GO FROM HERE WITH ABOUT 6 TO 8 PROFESSIONAL DOCTORS, DENTISTS, OPHTHALMOLOGISTS AND PHARMACISTS AND ABOUT 15-20 ROTARIANS AND VOLUNTEERS. WE HELP 200 TO 300 CHILDREN AND ADULTS OF MEXICO.

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:	AUGUST 24, 2024
Project end date:	AUGUST 25, 2024

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.)

ROTARY CLUB ENSENADA TODOS SANTOS, DIST. 4100. DR PEDRO COTA AND HIS TEAM PROVIDE PROFESSIONAL AND HELP CO-ORDINATE WITH LOCAL SCHOOL STAFF.

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

Club contribution:	\$	2,675
District DDF (amount requested from district):	\$	675
Other participating clubs - list club name(s) and contribution amount(s) below:	\$	
	\$	
	\$	
Grant Project - Total	\$	3,350