

The San Juan Capistrano Rotary Dental Clinic Budget 2013

PROJECT BUDGET:

Include a complete itemized budget for the entire project. Please use separate pages if necessary. Price quotes from the supplier and/or other cost documentation must be attached for each item.

<i>Professional services USC AYUDA Dental Clinic</i>	<i>\$1,500.00</i>
<i>Breakfast for dental students (60) and High School helpers (100)</i>	<i>\$ 500.00</i>
<i>Lunch for students, Costco pizza</i>	<i>\$ 300.00</i>
<i>Supplies</i>	<i>\$ 30.00</i>
<i>San Juan Elementary School custodial services</i>	<i>\$ 400.00</i>
<i>Flyers</i>	<i><u>\$ 400.00</u></i>
TOTAL	<i>\$3,130.00</i>



DISTRICT 5320

ORANGE AND SOUTHERN LOS ANGELES COUNTY

DISTRICT SIMPLIFIED GRANT APPLICATION

Please print or type all information and use additional sheets of paper if necessary. **Incomplete applications will be returned.**

ROTARY CLUB OF San Juan Capistrano

AMOUNT REQUESTED FROM DISTRICT \$1,500.00

Not to exceed \$1500 and/or the amount contributed by the Rotary club

PROJECT DESCRIPTION:

Please describe the project, its location, the objectives, and how they will be attained. Note: The project cannot be started until the District Simplified Grant Application is approved by the district grants subcommittee which takes approximately two weeks.

1. What is the purpose of this project?

The Rotary will provide a Children's Medical Clinic, with primary emphasis on dental care, at a local facility, a school multi-purpose room and some administrative rooms. The target audience is children in grades 2-6 in the San Juan Capistrano elementary schools. The Dental Clinic is conducted by Dr. Done, of the Anaheim Rotary, and his dental students (60-70 students participate) at USC. Dr. Done conducts dental examinations, X-rays, cleaning, filling and extraction of teeth. Another organization applies sealant to the teeth and parental education. Those in need are also referred to service organizations that will provide follow up care at low or no cost to the individual. This year we all provide eye, hearing exams and general health screening. Last year over 250 children were treated under this program with our Rotary Club covering the total cost. We hope to expand the number this year. We also will be providing the varnishes to the parents as well to help in the prevention of decay.

2. How will it meet the needs of the community?

While all children in our schools are eligible for this program, there is a large Latino population in our area that does not have adequate insurance or resources to provide adequate dental and medical care to their children. This program insures that these children have a better chance of retaining healthy teeth into adulthood and identify other medical needs early in their lives. We believe healthy children will be better, more productive students.

Estimated project start date November 1,2012 Estimated project completion date March 1st,2013

OTHER NON-ROTARY ORGANIZATIONS:

If this project involves a cooperating organization, provide the name of the organization below, attaching a letter of participation from that organization that specifically states its responsibilities and how Rotarians will interact with the organization in the project. By signing this application, the Rotarian sponsors endorse the organization as reputable and responsible.

Name of Organization _____

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PURCHASE OF EQUIPMENT, MATERIALS OR SUPPLIES:

1. Who will own equipment, materials, or supplies?

The USC AYUD and other medical organizations bring their medical equipment. We purchase only supplies needed, however if there is any left at the end of the day it will belong to the San Juan Capistrano Rotary Club.

2. Who will be responsible for maintenance, operating, and/or storage costs of the equipment/supplies?

The USC AYUD and other medical organizations maintain and operate their equipment. There will be no other maintenance, operating or storage cost.

PUBLICITY:

How will the general public know that this is a Rotary-sponsored project? Please provide details, e.g. publicity in a newspaper or display of the Rotary wheel (complying with RI guidelines).

Flyers will be given to every elementary student to take home to their parents. In addition the event is published both in the OC Register and local papers.

ROTARIAN INVOLVEMENT:

Please list below the activities your club will undertake demonstrating the active involvement of Rotarians in this project.

Historically, we have 15-20 Rotarians participate in this event. We will help develop a flyer in English and Spanish for distribution to the elementary schools in early January. The flyer will contain the name of our club and Rotary logo. Rotarians will arrange for breakfast and lunch for the detail students and helpers. Rotarians will arrange for the facilities, help set up and take down the clinic, supervise the helpers, participate in the check in process, check for parent authorization and guide the patients through the various aspects of the clinic. Rotarians will insure that there is press coverage at the event.

REPORT:

A final report must be submitted to the District Grants Subcommittee. Please indicate below the individual who will take primary responsibility for submitting this report.

Name__Tammie Hanna, Community Services___ Signature_____

PROJECT CONTACTS:

Primary Contact

Secondary Contact

Name Dr. Carol Daderian

Name Tammie Hanna

Rotary position President

Rotary position Comm. Ser. Chairman

E-mail cld@doctordaderian.com

E-mail tammiehanna@yahoo.com

Address 32272 Camino Capistrano

Address 30252 Pacific Island Drive

San Juan Capistrano, Ca 92675

Laguna Niguel, Ca 92677

Telephone 949-661-3594

Telephone 847.687.6727

home

home

office

office

847.687.6727

PROJECT AUTHORIZATION:

All Rotary clubs and districts involved in this district are responsible to The District 5320 Foundation Grants Subcommittee and ultimately to The Rotary Foundation of Rotary International for the conduct of the project and for reporting on it. The signature at the bottom of this page confirms that the sponsors understand and accept responsibility for the project.

By signing below, I agree to the following:

- All information contained in this application is true and accurate, to the best of my knowledge.
- The club has agreed to undertake this project as an activity of the club.
- I understand and will comply with the required Rotarian activities and reporting requirements.
- I agree that, should the project take more than six months to complete, interim reports will be submitted every six months, and final reports will be provided no later than two months after the completion of the project.

Club San Juan Capistrano Rotary

Club president (print name) Dr. Carol Daderian

Signature _____

Date _____