

District 7980 Managed Grant (DMG) Application

For grants being funded after July 1, 2013

rev: June 30, 2013

PROJECT DESCRIPTION

Explanation: District Managed Grants support the humanitarian service projects of District 7980 Rotary clubs which are aligned with at least one of Rotary's six areas of focus. In this section, describe in detail the humanitarian need your project will address, the intent of the project, the area of focus, how the project will be implemented, and how Rotarians will be directly involved in the project. Involvement is required of all project partners. Refer to DMG Instructions revised 6/30/13.

Please provide the name of the project site, the city or village, state or province, and country. List multiple locations, if applicable.

Project site	Town of Stratford Health Department
City/Village	Stratford
State/Province	CT
Country	USA

Describe the project and the problem or humanitarian need it will address, the Area of Focus it relates to, the intended beneficiaries and how the project will benefit the community in need. Provide the estimated length of time needed to complete the project (must be finished by June-September 15 of the next Rotary Year).

For the past 28 years, the Stratford Health Department's (SHD's) school-based dental clinic (SBDC) has served Stratford's school-aged children from under-served communities and low-income families with quality dental care services in a convenient location that minimizes the disruption of the learning process.

Although this provision of care has served the community well in the past it is clear that parents and guardians need more flexibility and have increased obstacles when accessing affordable oral health care for their children. According to the 2010 Husky oral care utilization rate from Connecticut Dental Health Partnership, only 45.5% of the children who were ever eligible have received dental care. Care not only needs to be affordable but it needs to be accessible. A mobile unit breaks down the barriers to accessibility and has the potential to increase utilization rates and increase the likelihood that the child will receive the necessary care to maintain oral health and ultimately physical health.

The goals of the proposed mobile dental unit program are: 1) Increase access to quality, affordable, and reliable dental care for economically challenged families and their children; and 2) Instill healthy oral messages and reinforce good practices among children at critical stages of learning and development. The proposed program incorporates both existing SBDC services while expanding to children who have previously never been reached by our program, and targeting specific services to economically-disadvantaged students. The goal of the mobile dental unit is to provide restorative and preventive dental care at 4 additional schools in the Town of Stratford.

A grant from Rotary District 7980 will enable us to reach additional children who come from low and moderate-income families throughout the Town of Stratford by bringing the dental practice to them. The funds will be used to pay for some of the specific equipment outlined in this grant (see page 5). Additional funding is being provided through a grant from Delta Dental.

The Rotary Area of Focus is disease prevention and treatment as well as maternal and child health. The project will begin October 2013.

Describe how the benefiting community will maintain this project after grant funding has been fully expended.

The Stratford Health Department will utilize Husky A and Husky B revenues and will continue to explore other grant options.

Describe specific activities of each participating club in implementing the project. What will the Rotarians who are members of the club(s) do in connection with the project? Please note that financial support is not considered active involvement. (See the District Managed Grant application instructions for suggestions.)

Club members will actively assist the Health Department with promoting and marketing the program with an emphasis on outreach to low-income families. Rotarians also will be at some of the clinics to encourage participation and will be at some of the school open houses to promote the use of the clinic to parents. The club will assist with creating and distributing flyers that encourage good oral care. The club is helping with the decisions about what equipment to purchase.

DISTRICT 7980 CLUB

Explanation: A committee of at least **three** Rotarians from the participating Rotary clubs (the sponsor club and any partner clubs) must be established to oversee the project. The committee members must be committed for the duration of the grant process. Please provide the primary address for all committee members, as all Rotary information will be sent to this address. The primary contact (who receives all information from the District) should have an e-mail address to expedite communication. Club Stewards may not serve on any grant committee.

District 7980 Sponsor Club

Club	STRATFORD	Club ID number (if known)	6754
District	7980	Country	USA

District 7980 Club Contact #1 (Primary Contact):

Name	Diane Puterski		Member ID	6185394	
Club	Stratford				
Rotary position	Club member and Past-President				
Address	31 Wells Ave.				
City	Shelton				
State/Province	CT	Postal code	06484	Country	USA
E-mail	dputerski@townofstratford.com				
Home phone	203-924-1971	Office phone	203-385-4055	Fax	203-385-4057

District 7980 Club Contact #2:

Name	Diane Barber		Member ID	8590636	
Club	Stratford				
Rotary position	Club Foundation				
Address	68 Second Ave.				
City	Stratford				
State/Province	CT	Postal code	06615	Country	USA
E-mail	dianebarber@optimum.net				
Home phone	203-870-4520	Office phone		Fax	

District 7980 Club Contact #3:

Name	Stephanie Philips		Member ID	8473447	
Club	Stratford				
Rotary position	Club Member				
Address	41 Yarwood St.				
City	Stratford				
State/Province	CT	Postal code	06615	Country	USA
E-mail	sphilips@slrgroup.com				
Home phone	203-377-2119	Office phone	203-377-2119	Fax	203-377-5015

OUTSIDE DISTRICT 7980 PARTNER (if any – leave this page blank for projects within District 7980)

Explanation: An Outside Club Partner is highly recommended for projects done outside the geographic boundaries of District 7980 if there is a Rotary Club in that country/district. Where a partner club does exist, the primary project contact must be a member of the partner club identified below and the project committee must be composed of members of the Outside District Partner Rotary clubs. In any case committee members must be committed for the duration of the grant process. Club Stewards may not serve on any grant committee.

Outside District 7980 Primary Club

Club _____ Club ID number (if known) _____
 District _____ Country _____

Outside District 7980 Primary Contact:

Name _____ Member ID _____
 Club _____
 Rotary position _____
 Address _____
 City _____
 State/Province _____ Postal code _____ Country _____
 E-mail _____
 Home phone _____ Office phone _____ Fax _____

Outside District 7980 Project Contact #2:

Name _____ Member ID _____
 Club _____
 Rotary position _____
 Address _____
 City _____
 State/Province _____ Postal code _____ Country _____
 E-mail _____
 Home phone _____ Office phone _____ Fax _____

Outside District 7980 Project Contact #3:

Name _____ Member ID _____
 Club _____
 Rotary position _____
 Address _____
 City _____
 State/Province _____ Postal code _____ Country _____
 E-mail _____
 Home phone _____ Office phone _____ Fax _____

PROJECT FINANCING

Explanation: Clearly list all financing in U.S. dollars. District 7980 matches \$1 for every \$1 club cash contribution up to \$7,500 per project; however, no one club can contribute more than \$5,000 to any one project and no one club can be matched more than \$7,500 to all DMG projects in which it participates during the Rotary year.

NOTE: No funds should be sent to the District with this application. Upon approval, a letter will be sent from District 7980 with a check for the District portion of the project to the President of the Sponsor Club. Rotary Clubs must disburse the funds according to the approved budget.

District 7980 Rotary clubs	Cash (US\$)
Stratford	5000
Outside District 7980 Rotary clubs (if any)	Cash (US\$)
TOTAL contributions	5000
Funds requested from District 7980	5000
Additional outside funding (not matched by District 7980)	37007
Total project financing (must equal budget on page 4)	47007

PROJECT PLANNING

Explanation: Before an application is submitted to District 7980, project partners should discuss various planning details. The questions below are a guide to aid project planning. Note that a Rotary club/district or Rotarian may not own anything purchased with grant funds.

Identify who will own equipment and maintain, operate, and secure items purchased with grant funds. (A Rotary club or Rotarian cannot own any items purchased with grant funds.)
Town of Stratford Health Department

Will training in use and maintenance of technical equipment be provided? If so, who will provide training?
Yes. Training will be coordinated by Stratford Health Department

Is software necessary to operate any items? If so, has software been provided?
Yes. Portable digital x-ray system will require software and has been included in the budget.

Indicate what arrangements have been made for customs clearance if items will be purchased and shipped from outside the project country.
Not Applicable.

AUTHORIZATIONS

Explanation: Authorizations ensure that all participants are aware of, and interested in, pursuing the described project. By signing below, the current club presidents, as well as the committee members, agree to the criteria listed and affirm their support of the project.

All Rotary clubs, districts, and Rotarians involved in this project are responsible to The Rotary Foundation (TRF) and District 7980 for the conduct of the project and its subsequent reporting. The signatures of all involved parties confirm that they understand and accept responsibility for the project. Parties may either sign this page or submit a separate letter of commitment.

By signing below, we agree to the following:

- All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the project as presented in this application.
- The club agrees to undertake this project as an activity of the club.
- RI, TRF, and District 7980 may use information contained in this application to promote the project by various means such as The Rotarian, the RI international convention, RVM: The Rotarian Video Magazine, District Newsletter, etc.
- The partners agree to share information on best practices when asked, and the District 7980 Foundation Committee may provide partners' contact information to other Rotarians who may wish advice on implementing similar projects.
- To the best of my knowledge and belief, except as disclosed herewith, neither I nor any person with whom I have or had a personal or business relationship is engaged, or intends to engage, in benefiting from grant funds or has any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of TRF grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF. (NOTE: Any and all exceptions must be explained in an attached statement.)
- I understand that all participants share some responsibility for timely and accurate reporting. I also understand the requirement to obtain, keep, and submit copies of invoices for project expenditures.

District 7980 Sponsor Club		Outside District 7980 Club Host Partner (if any)	
Name	William O'Brien	Name	
Title	School Based Dental Unit	Title	
Rotary Club	Stratford	Rotary Club	
District #	7980	District #	
Signature of Club President	<i>Willie O'Brien</i>	Signature of Club President	
Date	8/2/13	Date	

Primary Contact		Primary Contact	
Name	Diane Puterski	Name	
Signature	<i>Diane Puterski</i>	Signature	
Date	8/2/13	Date	
Project Contact #2		Project Contact #2	
Name	Diane Barber	Name	
Signature	<i>Diane Barber</i>	Signature	
Date	2 Aug 2013	Date	
Project Contact #3		Project Contact #3	
Name	Stephanie Phillips	Name	
Signature	<i>Stephanie Phillips</i>	Signature	
Date	8/2/2013	Date	

COOPERATING ORGANIZATION

Explanation: A *cooperating organization* is an organization that is directly involved in the implementation of the project, offering technical expertise and project coordination. A *benefiting entity* is the recipient of goods or services and is not considered a cooperating organization.

If this project involves a cooperating organization (neither a Rotary club nor the beneficiary of the project), provide the following:

Name of organization		
Street Address		
City, State/Province	Postal code	Country
Office phone	Fax	
E-mail	Web address	

In addition to the above, the following must be attached:

- Letter of participation from cooperating organization that specifically states:
 - Its responsibilities and how it will interact with Rotarians
 - The organization's agreement to cooperate in any financial review of the project
- A letter of endorsement from the participating District 7980 Club President confirming that the cooperating organization works within the laws of the United States and the project country.

FINAL REPORT

Explanation: The District Foundation Committee requires that a final report be submitted by the Sponsor Club within two months of completing the project but no later than September 30 following the Rotary year in which the grant is awarded and the report must include financial substantiation for all expenditures (such as receipts and bank statements).

By signing below, our club accepts responsibility for submitting a Final Report on this project within two months of completing the project, but no later than September 30 following the Rotary year in which the grant is awarded.

Print Club President name William O'Brien	Signature <i>William O'Brien</i>
Rotary club Stratford	District 7980

DISTRICT 7980 MANAGED GRANTS REVIEW COMMITTEE CHAIR

Explanation: The District Foundation Committee requires that the District 7980 Managed Grants Review Committee Chairman (DMGRC) certifies the application as complete. If the application is not complete or eligible, the applying club will be notified with a brief explanation.

"On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete, meets all TRF and District 7980 guidelines, and is eligible for funding."

Print name of DMGRC Chip Marsh	Signature <i>Chip Marsh</i>
District 7980	Date 18 November 2013

COMPLETION CHECKLIST

Before submitting your District Managed Grant application, please take a moment to review this checklist. If you have any questions or concerns, please contact the District 7980 Grants Review Committee Chairman.

- Does the project meet **all** grant policies and guidelines?
- Does the project description clearly state how the project will assist those in need and in which area of focus?
- Are the activities of the District 7980 Club and Outside District 7980 Club (if any) clearly explained? Will the Rotarians be actively involved in the project?
- Has each participating club created a committee to oversee the project? Are these individuals correctly listed on the application with their complete contact information?
- Is a detailed, itemized budget included in the application?
- Are all partner contributions listed in the application?
- Have the club presidents and all committee members provided their authorizing signatures?
- If a cooperating organization is involved, are the following letters included with the application:
 - Letter from the organization specifically stating its responsibilities, how it will interact with Rotarians, and agreeing to cooperate in any financial review of the project
 - Letter of endorsement from the primary District 7980 Club President confirming that the cooperating organization is reputable and works within the laws of that country
- Has the District 7980 Grants Review Committee Chairman certified the application as complete and eligible?
- Are there a minimum of three authorizing club signatures included in the application?
- Has the Club president signed in two places (under "Authorizations" and "Final Report")?
- Have copies been made of all documents for club files prior to submitting them to the District?
- Is the project free of any conflict of interest, or the appearance of any conflict of interest?

DISTRICT FOUNDATION COMMITTEE APPROVALS

Print Name of Foundation Committee Chairman
 PDG Richard B. Benson

Signature _____ Date _____

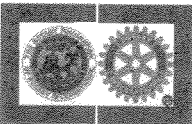
Print Name of District Governor Richard Bassett

Signature _____ Date _____

Print Name of DGSC PDG Colin Gershon

Signature _____ Date _____

Complete applications with signatures should be sent via email to:



District Managed Grants Review Committee Chairman
 Chip Marsh (cmarsh14@aol.com)