

**DISTRICT 7610 GRANT CHECKLIST WORKSHEET**

1. Project Name	Refugee Assistance – Lesvos, Greece	
2a. Rotary Club Name	Rotary Club of Lake Ridge (VA)	
2b. Reference Number (Club Number)	25456	
3a. Project Objective	The objective of this project is to provide much needed medical assistance to pregnant women and new mothers fleeing from wars in Iraq, Afghanistan, and Syria, as well as unrest in Africa. Approximately 300 refugees arrive daily on Lesvos, a Greek island with a normal population of 86,000. This influx of refugees has strained the capacity of local resources to the breaking point. This project will provide medical equipment desperately needed for the proper administration of pre-natal care, for the citizens of Lesvos and the refugee populations they are trying to assist. The medical equipment consists of two gynecological Doppler tables, and two 3-channel cardiographs.	
3b. Which Areas of Focus are addressed by this project? (Not required – but priority is given if there is one.)	Peace/Conflict Resolution	
	Disease Prevention/Treatment	
	Water & Sanitation	
	Maternal & Child Health	X
	Basic Education & Literacy	
	Economic/Community Development	
3c. Community or neighborhood served	Refugees fleeing from wars in Iraq, Afghanistan and Syria, and unrest in Africa, as well as the local inhabitants of Lesvos.	
3d. Number of beneficiaries	700 births annually	
3e. Project beginning date (Funds may not be available before September)	07/01/2016	
3f. Project ending date (Should not be later than 1 May)	09/01/2016	
3g-1. Sustainability: Skill and knowledge transfer	The General Hospital of Mytilene is a public organization (public legal entity) and the only supplier of secondary care on the island of Lesbos. The current staff is experienced with the equipment requested in this grant proposal, and consists of doctors, nurses, technologist and other medical professional to support maternal and pre-natal care. The hospital maintains 110 beds for general medicine, 130 beds for surgery, 10 beds for psychiatric treatment, and laboratory facilities to support hospital requirements	
3g-2. Sustainability: Expendable supplies	N/A	
3g-3. Sustainability: Maintenance	Products are new and covered by a two year warranty for general defects, and some parts will be replaced up to ten years from date of purchase. The Hospital of Mytilene, in	

	coordination with the Rotary Club of Mytilene, will provide any additional maintenance support required to ensure sustainability.
--	---

4a. Is there a partner organization involved?	No
4b. If a partner is involved, name of organization and letter of support	
4c. If a partner is involved, describe the partner's involvement. (If it is cash contribution, please indicate the amount. If it is volunteers and in kind contribution, please indicate the number of people involved and type of contributions)	

5a. Rotary Involvement: Rotary Clubs involved in the project.	Rotary Club of Woodbridge, VA Rotary Club of Vienne, VA Rotary Club of Mytilene, Greece
5b. Rotary Involvement: Number of Rotarians involved in the project.	6
5c. Rotary Involvement: Describe Rotary's and Rotarian involvement in the project	XXXX, a Lake Ridge Rotarian, has previously traveled to Lesbos, Greece, to assist with the refugee crisis. She has been coordinating with the Rotary Club of Lesbos to determine the most immediate needs for humanitarian assistance. XXXX, ADG of 2484 and member of the Mytilene Rotary Club, and XXXX, President of the Mytilene Rotary Club, are coordinating with the medical staff of the General Hospital of Mytilene to determine the most immediate needs of the island, in the wake of the refugee crisis. XXXX of the Woodhall Spa Rotary Club, UK, travels frequently, has previously supported the Mytilene Club and is assisting with coordination on the ground. XXXX, Woodbridge Club, and XXXX, Vienna Club, are coordinating funding from their respective clubs. Upon award of the grant, XXXX, Lake Ridge, will meet monthly with XXXX to track the progress of the grant execution and to ensure all required receipts and documents are received and processed.

6a. Project Budget: Labor	0
6b. Project Budget: Supplies and Materials	0
6c. Project Budget: Equipment	\$6827.81/\$8,250.00
6d. Project Budget: Other	0
6e. Project Budget: TOTAL	\$6827.81/\$8,250.00

7. Amount of Grant Request (\$2,000 maximum for each club involved & each club's portion of requested grant is minimum of 10%).	\$7500. The Rotary Clubs of Lake Ridge, VA, and Mytilene, Greece, are prepared to cover all additional funding to ensure this medical equipment is provided as quickly as possible to support this crisis.
---	--

<p>8. Copies of receipts must be submitted with the final report. Club must retain original receipts for all expenditures for three years. Approved expenditure receipts must equal the grant amount. Club will be responsible for reimbursing the District Foundation any difference.</p>	
<p>9. Receipts for all expenses will be due at the time of filing the final report and will be retained for at least three years and made available for auditing purposes. The final project report will be due to the District DG Chair no later than 45 days after project ending date.</p>	
<p>10. Failure to comply with the terms of the Grant may result in the club being financially responsible for refunding the amount of the Grant.</p>	
<p>11. By signing this grant request, I confirm that our Rotary Club is requesting a District Grant in the amount above will be spent in accordance with Trustee approved guidelines and the Terms and Conditions of District &amp; Global Grants. All of the information contained herein is true and accurate. See <a href="#">Terms and Conditions for Rotary Foundation District Grants and Global Grants</a>.</p>	
<p>12a. Rotary Club President. Typed name and date represent an authorized signature.</p>	
<p>12b. Signature date</p>	
<p>Rotary Club contacts (two required) responsible for the reporting process.</p>	
<p>13a. Contact 1 Name</p>	
<p>13b. Contact 1 Telephone</p>	
<p>13c. Contact 1 -Email</p>	
<p>13d. Contact 2 Name</p>	
<p>13e. Contact 2 Telephone</p>	
<p>13f. Contact 2 Email</p>	

## District 7610 Individual Grant Project Report

Scan and return this completed form to the District Grants Chair Carol Foley, cfdistrict7610@gmail.com

Rotary Club: Lake Ridge  
 Project Title: Lesvos, Greece -- Refugee Assistance  
 Progress report:  Final report:

### Project Description

- Describe the project. What was done, when, and where did project activities take place? If this is a progress report, what remains to be done?  
 Funds were received from District and participating Clubs (Lake Ridge, Woodbridge, Vienna) and transferred to the Rotary Club of Mytilene, Greece. Medical equipment was ordered and is in the process of being transported and delivered.
- How many people benefited from this project? 1400 (est)
- Who were the beneficiaries, how were they impacted by this project, and what humanitarian need was met?  
 Beneficiaries of this grant are mothers and children of Lesvos, and those mothers and children transiting through Lesvos while escaping the violence in Syria, Iraq, Afghanistan and Africa.
- How many Rotarians participated in the project? 11
- What did they do? Please give at least two examples, not including financial support provided to the project.  
 XXXX (Lake Ridge Rotary) initiated contact for this effort in November 2015, and has continued to coordinate with the Club in Mytilene to ensure funds were transferred, medical equipment ordered, and the transactions properly documented. XXXX (Mytilene Rotary) has been the coordinator on the ground, providing an interface among his Rotary Club, the General Hospital of Mytilene, and the Rotary Club of Lake Ridge. Due to the language differences, incomplete banking information was received from Mytilene. XXXX (VP, Cardinal Bank) and XXXX (CPA), both members of the Lake Ridge Rotary, conducted the research necessary to ensure District and Club funds were safely transferred to the proper account for the Mytilene Rotary.
- If a cooperating organization was involved, what was its role?  
 N/A

### Financial Report (District must retain receipts of all expenditures for at least five years)

Currency Used: 8250 Exchange Rate: .93 Euro = 1 USD

7. Income →

Sources of Income	Currency	Amount
1. District Grant funds received from the District	USD	7500
2. Other funding (specify):	USD	750
<b>Total Project Income</b>		<b>8250</b>

8. Expenditures (please be specific and add lines as needed)

Budget Items	Name of Supplier	Currency	Amount
1. Gynecological Doppler table (2)	Sigma Medical	Euro	3,520.00
2. Three-channel cardiograph	Digas C.	Euro	2,728.00
3. Medical Supplies	Digas C.	Euro	1,424.50
<b>Total Project Expenditures</b>			<b>7672.50</b>

### Certifying Signature

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 of the information contained herein is true and accurate. 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 in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in 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 RI and TRF.

Certifying Signature: \_\_\_\_\_ Date: 26-Apr-2017  
 Print name, Rotary title, and club: XXXX, President, Rotary Club of Lake Ridge

To be completed by the District Rotary Foundation Committee Chair:  
 District Grant # XXXXXX Individual Project Report # XXXXXX