



District Grant Application

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| Rotary Club of: Villa Park | Date: 05/15/2025 |
| Project Name/Title: WOUNDWALK OC | |
| Project Leader Name: Risa K Scott | Phone #: 714-293-8165 |
| Project Leader Email: Risakaes@gmail.com | |

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

WoundWalk (EMTS, volunteer medical providers, and nurses) in conjunction with their partnership with Lestonnac Free Clinic help to provide patient care in homeless encampments and other outside locales to provide care for individuals unable or unwilling to be seen in a traditional clinic setting. WoundWalk overcomes these barriers and ensures that care is provided where the patient is comfortable and receptive to appropriate care.

Comfort care supply kits will be packaged by RCVP and available for the WoundWalk medical team to help meet and treat unhoused community members.

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.)*

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|---------------------|-----------------------|
| Project start date: | After approval by TRF |
| Project end date: | 06/30/2026 |

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.)

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

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|---|-----------|-----------------|
| Club contribution: | \$ | 750.00 |
| District DDF (amount requested from district): | \$ | 750.00 |
| Other participating clubs - list club name(s) and contribution amount(s) below: | \$ | |
| | \$ | |
| Grant Project - Total | \$ | 1,500.00 |



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5. **Indicate whether there is other involvement and financial support** *(If non-Rotary organizations will be involved in your club project, please describe the involvement and any financial support you are receiving for the project – for example, in-kind contributions, discounts, cash donations):*

This project would be a Rotary Club Villa Park specific project.

6. **Describe the participation of club members** *(Your club members must be actively involved in this project. Please indicate how many members of your club will participate in this project and describe their activities):*

Approximately 30-40 Members of the Club will purchase and assemble kits with socks, pet food and hygiene supplies for the unhoused population and their pets for distribution in Orange County.

7. **Describe how funds will be safeguarded and tracked** *(If funds are to be distributed to a partner in Mexico who will be responsible for the funds? How will transfers of funds to Mexico be handled?):*

RCVP will manage funds and reimburse up to \$1500 for supplies for Comfort Care kits.

8. **Describe how your club will use the project funds (list the types of expenses / items to be purchased):**

Backpacks
1lb ziplocks of Adult Dog food
Toothbrushes with toothpaste
pairs of quarter socks
Shower wipes
Sunscreen packets