

## Operation Footprint Estimate Costs of Medical Supplies

Quantity	Item	Cost	Supplier
200	lap sponges	80	KcKesson Medical
1200	asst syringes	215	KcKesson Medical
2400	asst needles	300	KcKesson Medical
800	surgical caps	130	KcKesson Medical
500	surgeons masks	150	KcKesson Medical
450	rolls cast padding	250	KcKesson Medical
720	rolls asst plaster cast materials	2500	KcKesson Medical
200	rolls synthetic cast materials	850	Royce Medical
750	asst sutures	2100	McKesson Medical
60	ace bandages	120	Moore Medical
60	adhesive tape	90	Moore Medical
60	paper tape	120	Moore Medical
600	shoe covers	90	Moore Medical
500	sterile towels	620	Moore Medical
300	sterile drapes	900	Moore Medical
60	bulb syringes	230	Moore Medical
60	esmark bandages	230	McKesson Medical
200	surgical blades 67	240	McKesson Medical
200	surgical blades 64	240	McKesson Medical
600	surgical blades 15	275	McKesson Medical
60	duraprep	550	McKesson Medical
750	surgeons gowns	2350	McKesson Medical
1000	amoxicillin antibiotic	125	McKesson Medical
60	ancef	300	McKesson Medical
2000	keflex	120	McKesson Medical
36	lidocaine anesth	80	McKesson Medical
24	sevofluorane genl anesthetic	280	McKesson Medical
3	halothane	160	McKesson Medical
36	kiddee cuff cannisters	500	Gill Podiatry supply
60	childrens vits	90	Moore Medical
3000	acetaminophen	15	Moore Medical
500	surgical scrub brushes	750	Moore Medical
750	sterilization pouches	600	Moore Medical
60	cast walkers	200	Moore Medical
40	crutches	475	Moore Medical
200	penrose drains	250	McKesson Medical
60	mayo stand covers	175	McKesson Medical
50	keith needles	60	McKesson Medical
60	skin markers	75	McKesson Medical
300	klings	200	Moore Medical
4000	gauze sponges	275	Moore Medical
200	xeroform gauze	280	Moore Medical
100	skin closures	120	Moore Medical
240	asst coban	90	Moore Medical
240	iv soln asst	350	McKesson Medical
120	sterile irrigants	240	McKesson Medical
60	bovies	625	McKesson Medical
50	disposable bovies	500	McKesson Medical
10	cast tubing	200	McKesson Medical

## BUDGET Addendum

1000 cipro ab	320 McKesson Medical
6 demerol	160 McKesson Medical
500 vicodin	75 McKesson Medical
200 steinman pins and covers	650 Vilex Medical
50 surgical saw blades	1000 Vilex Medical
25 surgical staples	575 3-M
300 sheets x ray film	300 Moore Medical
60 shipping materials boxes	155

TOTAL \$23,000

## PROJECT FINANCING

**Explanation:** Clearly list all financing in U.S. dollars noting which funds will be contributed in cash and which will be contributed from District Designated Funds (DDF). Use of DDF must be authorized by the district Rotary Foundation committee chair. TRF matches US\$0.50 for every \$1 cash contribution and \$1 for every \$1 contribution from DDF. The primary host club or district must provide at least \$100.

**NOTE:** No funds should be sent to TRF prior to official Trustee approval. Upon approval, a letter will be sent to the sponsors notifying them of approval and providing detailed instructions on how and where to submit their contributions.

Host Rotary clubs or districts inside the project country (The primary host club or district must provide at least US\$100.)	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization	District Governor (Print Name)	District Governor Authorization
Rotary Club of Tepic, Jalisco	\$500					
District 4250 DDF		\$0,000	Rebeca Hernandez	[Signature]	Rodolfo Bianchi	[Signature]
International Rotary clubs or districts outside the project country	Cash (US\$)	DDF (US\$)	DRFC Chair (Print Name)	DRFC Chair Authorization	District Governor (Print Name)	District Governor Authorization
Rotary Club of Westlake Village, Sunrise	\$2,000					
District 1240 DDF		\$4,250				
Rotary Club of Westlake Village, Sunrise	\$2,500					
Rotary Club of Llanos Valley	\$100					
Rotary Club of Simi, Goleta	\$1,000					
Rotary Club of Oxford, Sunrise	\$400					
Adopted total sponsor fund	\$4,400					
Subtotal, Cash and DDF	\$47,650	\$4,250				
TOTAL Cosponsor contributions	\$15,000					
Total funds requested from TRF						

**HOSPITAL SAN FELIPE Y ASILO DE INVALIDOS**  
**TEGUCIGALPA, M. D. C., HONDURAS, C. A.**  
**DIRECCION**

Tegucigalpa M.D.C. 8 de Septiembre del 2008

SEÑOR  
GUILLERMO VALLE MARICHAL  
PRESIDENTE DEL  
CLUB ROTARIO DE TEGUCIGALPA  
PRESENTE

Estimado Señor Valle:

Sirva la presente para reiterarles nuestro apoyo para las fechas programadas y convenidas con el Club Rotario de Tegucigalpa para el año 2009 en la Operaciones de Pié Equinovaro. Nuestro compromiso es facilitar los quirófanos, el apoyo de los médicos, personal de enfermería, sala de recuperación, observación, aéreas de hospitalización y tratamiento post-operatorio de los pacientes operados por lo mínimo de tres meses posteriores a la operación.

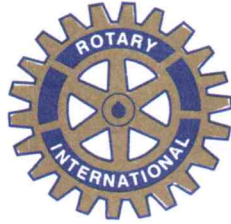
Sin otro particular, es grato suscribirme de usted.

ATENTAMENTE



**DR. JESÚS ORLANDO MOLINA GIRARD**  
**DIRECTOR.**





## Club Rotario de Tegucigalpa

Tegucigalpa, 10 of September, 2008

### Letter of Endorsement

The Rotary Club of Tegucigalpa No. 7237 District 4250 fully endorses the Public Hospital San Felipe, located in Tegucigalpa, Honduras as a responsible institution, serving poor people of Honduras for over 100 years.

This Hospital has the best reputation in our community and has served as our cooperating organization in previous projects, acting always in a responsible and cooperating way.

Our Rotary Club is confident the Hospital San Felipe will fulfill their obligation related to this important Project.

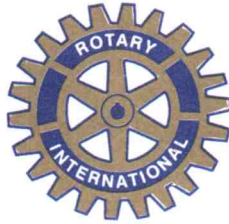
Yours in rotary Service,

  
Guillermo Valle Marichal  
President  
Rotary Club of Tegucigalpa



***Dar de sí antes de pensar en sí***





## Club Rotario de Tegucigalpa

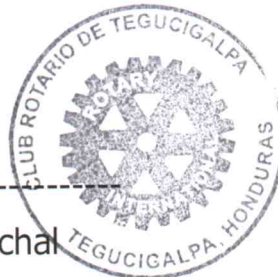
### TO WHOM IT MAY CONCERN

THE ROTARY CLUB OF TEGUCIGALPA hereby states that the visiting medical brigade of the Baja Project for Crippled children is working according to Honduran laws and with the specified permission of the Ministry of Public Health of Honduras.

This project is highly appreciated and valued by the Honduran Government and person concerned.

Tegucigalpa, 10<sup>th</sup> of September 2008.

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Guillermo Valle Marichal  
President Rotary Club of Tegucigalpa



***Dar de sí antes de pensar en sí***

## AUTHORIZATION

**Explanation:** Authorizations ensure that both partners are aware of, and interested in, pursuing the described project. By signing below, the current club presidents for club-sponsored projects and current district grants subcommittee chairs for district-sponsored projects, 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) 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/district agrees to undertake this project as an activity of the club/district.
- We ensure all cash contributions (as detailed in Project Financing) will be forwarded to TRF or directly to the project account after Trustee approval of the grant.
- RI and TRF 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, etc.
- The partners agree to share information on best practices when asked, and TRF 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 TRF 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.)

Host Partner		International Partner	
<input checked="" type="checkbox"/> Club president (club-sponsored) <input type="checkbox"/> District grants subcommittee chair (district-sponsored)		<input checked="" type="checkbox"/> Club president (club-sponsored) <input type="checkbox"/> District grants subcommittee chair (district-sponsored)	
Name	Rolando Machado <i>GullermedeVall</i>	Name	Randy Strong
Title	Club President	Title	<del>Club President</del> INTERNATIONAL CHAIR
Rotary Club	Tegucigalpa	Rotary Club	Westlake Village Sunrise
District	4250	District	5240
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	Sept. 8/2008	Date	9-5-08

Primary Contact		Primary Contact	
Name	Rolando Machado	Name	Randy Strong
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	Sept 8, 2008	Date	9-5-08
Project Contact #2		Project Contact #2	
Name	Sergio Vargas	Name	Evie Greene
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	Sept 8, 08	Date	9-5-08
Project Contact #3		Project Contact #3	
Name	Helmut Seidel	Name	Jon Morse
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	Sept 8/2008	Date	9-5-08

Date		Date	
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#### 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: Baja Project for Crippled Children

Street address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country: USA

Office phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: doctoers@ca.fr.com Web address: www.bajaproject.org

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 host partner confirming that the cooperating organization works within that country's laws

#### FINAL REPORT

**Explanation:** Although both partners are responsible for completing progress and final reports, the Trustees require that one partner take primary responsibility for submitting the final report to TRF. It is recommended that the club or district receiving the funds should take primary responsibility.

"By signing below, our club/district accepts primary reporting responsibility."

Print name: Rolando Machado

Signature: 

Rotary club: Tegucigalpa

District: 4250

#### DISTRICT GRANTS SUBCOMMITTEE CHAIR REVIEW

**Explanation:** The Trustees require that the district grants subcommittee chair (DGSC) from either the host or international sponsor district certifies the application as complete. If the application is not complete or eligible, it will be returned to the host partner 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 guidelines, and is eligible for funding."

Print name of DGSC: Dan Giordano

Signature: \_\_\_\_\_

District: 5240

Date: \_\_\_\_\_

#### COMPLETION CHECKLIST

Before submitting your Matching Grants Application, please take a moment to review this checklist. If you have any questions or concerns, please contact the humanitarian Grant Coordinator for the project location.

[ ] Does the project meet **all** grant policies and guidelines (see *The Guide to Matching Grants* [144-EN] or the RI Web site at [www.rotary.org](http://www.rotary.org))?

[ ] Does the project description clearly state how the project will assist those in need?



2008-09 District 5240

## Matching Grant Transfer Form



***For Transferring Club Allocated Matching Grant  
Funds to ANOTHER D-5240 Club for a Matching  
Grant***

District 5240 allocates a portion of SHARE Funds from The Rotary Foundation to Clubs for Matching Grants, based on a percentage of the Club's contributions to the Annual Programs Fund (APF) for the past 3 years and 7 months. Clubs can partner with other clubs within District 5240 for additional DDF.

***This form is used as authorization to transfer some or all of a club's DDF allocation to another club.***

PLEASE PRINT:

Individual completing this Form:

**Bruce Thomas**

**805-778-1160**

**09/18/2008**

Name

Daytime Phone

Today's Date

Rotary Club of: **Moorpark**

PLEASE TRANSFER DDF FROM: Rotary Club of **Moorpark**

For the purpose of: **Operation Footprint**

**Bruce Thomas**

Digitally signed by Bruce Thomas  
DN: cn=Bruce Thomas, o=Rotary Club  
of Moorpark, email=Bruce12721@aol.com,  
c=US  
Date: 2008.09.18 15:48:52 -0700

**1000**

**09/18/2008**

Club President's Signature

Amount to Transfer \$

Today's Date

PLEASE TRANSFER DDF TO: Rotary Club of **Westlake Village Sunrise**

***Please Forward this Form with the Matching Grant Application to the District Grants Chair  
Dan Giordano (661) 834-1065 dgiordano@bak.rr.com***

# Matching Grant Transfer Form 2008-09 District 5240



***For Transferring Club Allocated Matching Grant  
Funds to ANOTHER D-5240 Club for a Matching  
Grant***

District 5240 allocates a portion of SHARE Funds from The Rotary Foundation to Clubs for Matching Grants, based on a percentage of the Club's contributions to the Annual Programs Fund (APF) for the past 3 years and 7 months. Clubs can partner with other clubs within District 5240 for additional DDF.

***This form is used as authorization to transfer some or all of a club's DDF allocation to another club.***

PLEASE PRINT:

Individual completing this Form:

Max Copenhagen  
Name

805-312-5506  
Daytime Phone

9/25/08  
Today's Date

Rotary Club of: Camarillo (noon)

PLEASE TRANSFER DDF FROM: Rotary Club of Camarillo

For the purpose of: Operation Footprint, Honduras

Dan Mayer  
Club President's Signature

\$1414.  
Amount to Transfer \$

9/25/08  
Today's Date

PLEASE TRANSFER DDF TO: Rotary Club of Westlake Village Sunrise

***Please Forward this Form with the Matching Grant Application to the District Grants Chair  
Dan Giordano (661) 834-1065 dgiordano@bak.rr.com***