

# Global Grant Application

**GRANT NUMBER**  
GG1981156

**STATUS**  
Approved

## Basic Information

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### Grant title

Collipulli Mobile Dental Unit

### Type of Project

#### Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

### Primary Contacts

Name	Club	District	Sponsor	Role
Kathleen Yates	Cupertino	5170	Club	International
Claudio Sandoval Francois	Collipulli	4355	Club	Host

## Committee Members

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### Host committee

Name	Club	District	Role
Francisco Pérez Díaz	Collipulli	4355	Secondary Contact
Raul Cares Gangas	Collipulli	4355	Secondary Contact

### International committee

Name	Club	District	Role
Peter Troop	Cupertino	5170	Secondary Contact International

**Do any of these committee members have potential conflicts of interest?**

No

# Project Overview

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## Tell us a little about your project. What are the main objectives of the project, and who will benefit from it?

Michael Picchetti, a native of Cupertino and a former honorary member of Cupertino Rotary brought this project idea to Cupertino RC. Now living in Chile, Michael has become aware of the difficulty that the local indigenous Mapuche population faces in accessing basic health services in the small Chilean municipality of Collipulli (population 22,000). Conversations between Mr. Picchetti and local Mapuche leaders indicate that an area of special need is dental hygiene. These conversations led to the idea of acquiring a mobile dental unit that could travel to the remote Mapuche villages to provide basic dental services to these needy populations. The project will consist of the purchase by the Municipality of Collipulli of a modified trailer that includes a complete single-seat dental clinic set-up, including mobile x-ray capability. Staffing and the operating costs of the mobile dental unit will be provided by the municipal government. We estimate that the mobile unit will be used for approximately 3 trips each week, seeing 8-10 patients with each trip. This GG has a budget of \$36,617.

## Areas of Focus

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### Which area of focus will this project support?

Disease prevention and treatment

## Measuring Success

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Disease prevention and treatment

### Which goals will your activity support?

Strengthening health care systems;

### How will you measure your project's impact? You need to include at least one standardized measure from the drop-down menu as part of your application.

Measure	Collection Method	Frequency	Beneficiaries
Number of recipients of disease prevention intervention	Grant records and reports	Every month	50-99
Number of individuals reporting better quality of health care services	Surveys/questionnaires	Every month	50-99

### Do you know who will collect information for monitoring and evaluation?

Yes

### Name of Individual or Organization

Municipal Health Dept, Collipulli, Chile

### Briefly explain why this person or organization is qualified for this task.

The services will be delivered by this organization, so the data can be collected in process.

## Location and Dates

## Humanitarian Project

### Where will your project take place?

#### City or town

Area surrounding Collipulli, Chile

#### Country

Chile

### When will your project take place?

2019-01-01 to 2019-12-31

#### Province or state

Ninth Region

## Participants

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### Cooperating Organizations (Optional)

Name	Website	Location
Minsitry of Health	<a href="http://www.sitio.municipalidadcollipulli.cl/">http://www.sitio.municipalidadcollipulli.cl/</a>	MUNICIPALIDAD COLLIPULLI / AVENIDA SAAVEDRA SUR #1355 TELEFONOS 2918466 / 2993052 Collipulli Chile

### Supporting Documents

- CARTA\_COMPROMISO.pdf
- Davis\_signature.pdf

### Do any committee members have a potential conflict of interest related to a cooperating organization?

No

### Why did you choose to partner with this organization and what will its role be?

The Ministry of Health is responsible to provide dental care through municipal clinics, with trained staff and all necessary operating supplies. The Ministry has agreed to extend their operations into the field with the mobile clinic contemplated in this project, so our partnership with the Ministry of Health is an efficient and effective way of bringing access to the rural Mapuche population that we intend to serve.

### Partners (Optional)

List any other partners that will participate in this project.

### Rotarian Participants

### Describe the role that host Rotarians will have in this project.

A minimum of once a month, members of the Collipulli club will accompany the mobile unit and participate in providing preventative care for both dental and other illnesses that affect adults and children. There are

two dentists in the club and two nurses among family members and others that will participate. They will use teaching pamphlets put out by the national and municipal health agencies as well as talks given by Rotary members that work in the area of health.

**Describe the role that international Rotarians will have in this project.**

International Rotarians will participate through the funding this project. We also intend to organize a trip to observe field operations and cement relationships between members of the participating clubs.

## Budget

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**What local currency are you using in your project's budget?**

The currency you select should be what you use for a majority of the project's expenses.

<b>Local Currency</b>	<b>U.S. dollar (USD) exchange rate</b>	<b>Currency Set On</b>
CLP	680	13/11/2018

**What is the budget for this grant?**

List each item in your project's budget. Remember that the project's total budget must equal its total funding, which will be calculated in step 9. Every global grant includes a match of at least \$15,000 from The Rotary Foundation's World Fund. Project budgets, including the World Fund match, must be at least \$30,000.

#	Category	Description	Supplier	Cost in CLP	Cost in USD
1	Equipment	Mobile Dental unit with permit	PlusSalud	17500000	25735
2	Equipment	RX Camera	PlusSalud	4200000	6176
3	Equipment	Dental Instruments	PlusSalud	2020000	2971
4	Signage	Signage for Van	PlusSalud	340000	500
5	Project management	Contingency	N/A	159800	235
			Total budget:	24219800	35617

**Supporting Documents**

- Carro\_valor\_con\_instrumental\_y\_rayos\_11\_13\_18.pdf
- User\_Surveys.pdf

## Funding

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**Tell us about the funding you've secured for your project. We'll use the information you enter here to calculate your maximum possible funding match from the World Fund.**

#	Source	Details	Amount (USD)	Support*	Total
1	District Designated Fund (DDF)	4355	5,000.00	0.00	5,000.00
2	District Designated Fund (DDF)	5170	12,500.00	0.00	12,500.00
3	Cash from Club	Collipulli	500.00	0.00	500.00

\*Whenever cash is contributed to the Foundation to help fund a global grant project, an additional 5 percent is applied to help cover the cost of processing these funds. Clubs and districts can receive Paul Harris Fellow recognition points for the additional expense.

### How much World Fund money would you like to use on this project?

You may request up to 17,750.00 USD from the World Fund. 17617

### Funding Summary

<b>DDF contributions:</b>	17,500.00
<b>Cash contributions:</b>	500.00
<b>Financing subtotal (matched contributions + World Fund):</b>	35,617.00
<b>Total funding:</b>	35,617.00
<b>Total budget:</b>	35,617.00

## Sustainability

### Humanitarian Projects

#### Project planning

#### Describe the community needs that your project will address.

The Mapuche Indian population has limited access to Municipal health services ( which they are qualified to receive), due to the distances they must travel in order to reach clinic facilities and a limited number of transportation options. Therefore, they often opt not to obtain basic preventative services that can help protect their health over the long run. A good example is dental hygiene and basic tooth/gum repair. With a high incidence of diabetes in the community, this can be a very dangerous choice. The mobile dental unit will bring the dental services of the Municipal Health Dept. to the Mapuche villages and schools, in order to provide better access to the population for this important care.

#### How did your project team identify these needs?

Meetings were held with Mapuche leaders to identify the type and scope of the needs. A survey was conducted with responses gathered from 139 individuals of varying age and gender. A summary of the survey results is pasted in below:

Summary of Key Community Assessment Survey Results  
(139 Respondents)

How would you qualify your present dental health?

Bad 55

Some Problems 82

Good 2

What dental problems do you have? (multiple answers allowed)

Cavities 88  
 Need Cleaning 57  
 Need Fillings 49  
 Missing Teeth 42  
 Need prosthetics 20  
 Other issues (loose or sensitive teeth; broken teeth, etc) 13

How important is dental health to you?

Very 135  
 Somewhat 4  
 Not Very 0

Age

2-10 =24  
 11-29 =40  
 30-40 =46  
 50+ =29

Gender

Male 65  
 Female 74

**How were members of the benefiting community involved in finding solutions?**

Mapuche leaders held meetings with the population and then worked with Rotarians to develop a proposed approach to the challenges of providing care

**How were community members involved in planning the project?**

See above and the full survey results document that is uploaded in the "budget" section

**Project implementation**

**Summarize each step of your project's implementation.**

Do not include sensitive personal data, such as government ID numbers, religion, race, health information, etc. If you include personal data, you are responsible for informing those whose personal data is included that you are providing it to Rotary and that it will be processed in accordance with Rotary's [Privacy Policy](#).

#	Activity	Duration
1	Mobile unit will be purchased with funds from this global grant	1 month
2	A schedule of operations will be developed by the Minsitry of Health	coincident to purchase process
3	Ministry of Health will make weekly trips to various schools and Mapuche villages. Rotarians from the Collipulli club will accompany the trips about once per month	1 year
4	Training	1 year
5	Monitoring & Evaluation	6 months

**Will you work in coordination with any related initiatives in the community?**

Yes

**Briefly describe the other initiatives and how they relate to this project.**

This project will be operated through a partnership with the Municipal Ministry of Health, which operates

clinics in Collipulli. This mobile unit will in essence become an extension of those clinics, allowing the care to be taken to the remote populations who otherwise cannot easily access the existing clinics.

**Please describe the training, community outreach, or educational programs this project will include.**

The community outreach will entail working with Mapuche leadership to establish a schedule of operations that is acceptable for the patients being served.

**How were these needs identified?**

The needs were identified through meetings with the Mapuche leaders, and also through the administration of a survey of the population. 139 responses were collected. These are attached to this application through the document upload feature.

**What incentives (for example, monetary compensation, awards, certification, or publicity), will you use, if any, to encourage community members to participate in the project?**

We do not intend to be using any monetary incentives or compensation for participation in this project.

**List any community members or community groups that will oversee the continuation of the project after grant-funded activities conclude.**

The Municipal Ministry of Health and the Collipulli Rotary club will continue to monitor this project after the van is purchased and the first year of operations has concluded.

**Budget**

**Will you purchase budget items from local vendors?**

Yes

**Explain the process you used to select vendors.**

Multiple sources were pursued. Vendors of new and used vehicles were consulted and this vendor was determined to be the best source to work with in order to provide an adequately-equipped mobile unit at the most economical cost.

**Did you use competitive bidding to select vendors?**

Yes

**Please provide an operations and maintenance plan for the equipment or materials you anticipate purchasing for this project. This plan should include who will operate and maintain the equipment and how they will be trained.**

The mobile dental unit will be staffed and operated by the Municipal Ministry of Health.

**Describe how community members will maintain the equipment after grant-funded activities conclude. Will replacement parts be available?**

We anticipate that the mobile dental unit will continue to be operated by the Municipal Ministry of Health for the life of the unit. Replacement parts will be available.

**If the grant will be used to purchase any equipment, will the equipment be culturally appropriate and conform to the community's technology standards?**

Yes

**Please explain.**

The mobile unit will use standard dental tech tools. Please see the equipment list included in the bid.

**After the project is completed, who will own the items purchased by grant funds? No items may be owned by a Rotary district, club, or member.**

The Municipal Ministry of Health will be the owner and operator of the mobile unit.

## Funding

**Does your project involve microcredit activities?**

n/a

**Have you found a local funding source to sustain project outcomes for the long term?**

Yes

**Please describe this funding source.**

The Municipal Ministry of Health has committed to provide the staff and the operating costs necessary to sustain this mobile unit.

**Will any part of the project generate income for ongoing project funding? If yes, please explain.**

No--it is not intended that fees would be charged or any revenue would come specifically from this initiative. The Municipal Ministry of Health is a governmental unit with public funding.

## Authorizations

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### Authorizations & Legal Agreements

#### Legal agreement

Global Grant Agreement

I confirm and agree to the following:

1. All information contained in this application is, to the best of our knowledge, true and accurate.
2. We have read the Terms and Conditions for Rotary Foundation District Grants and Global Grants ("Terms and Conditions") and will adhere to all policies therein.
3. The grant sponsors ("Sponsors") shall defend, indemnify, and hold harmless Rotary International (RI) and The Rotary Foundation (TRF), including their directors, trustees, officers, committees, employees, agents, associate foundations and representatives (collectively "RI/TRF"), from and against all claims, including but not limited to claims of subrogation, demands, actions, damages, losses, costs, liabilities, expenses (including reasonable attorney's fees and other legal expenses), awards, judgments, and fines asserted against or recovered from RI/TRF arising out of any act, conduct, omission, negligence, misconduct, or unlawful act (or act contrary to any applicable governmental order or regulation) resulting directly or indirectly from a Sponsor's and/or participant's involvement in grant-funded activities, including all travel related to the grant.
4. The failure of the parties to comply with the terms of this Agreement due to an act of God, strike, war, fire, riot, civil unrest, hurricane, earthquake, or other natural disasters, acts of public enemies, curtailment of transportation facilities, political upheavals, acts of terrorism, or any similar cause beyond the control of the parties shall not be deemed a breach of this Agreement. In such an event, the Agreement shall be deemed terminated and the Sponsors shall refund all unexpended global grant funds within 30 days of termination.



5. TRF's entire responsibility is expressly limited to payment of the total financing amount. TRF does not assume any further responsibility in connection with this grant.
6. TRF reserves the right to cancel the grant and/or this Agreement without notice upon the failure of either or both of the Sponsors to abide by the terms set forth in this Agreement and the Terms and Conditions. Upon cancellation, TRF shall be entitled to a refund of any global grant funds, including any interest earned, that have not been expended.
7. The laws of the State of Illinois, USA, without reference to its conflicts of laws principles, shall govern all matters arising out of or relating to this Agreement, including, without limitation, its interpretation, construction, performance, and enforcement.
8. Any legal action brought by either party against the other party arising out of or relating to this Agreement must be brought in either, the Circuit Court of Cook County, State of Illinois, USA or the Federal District Court for the Northern District of Illinois, USA. Each party consents to the exclusive jurisdiction of these courts, and their respective appellate courts for the purpose of such actions. Nothing herein prohibits a party that obtains a judgment in either of the designated courts from enforcing the judgment in any other court. Notwithstanding the foregoing, TRF may also bring legal action against Sponsors and/or individuals traveling on grant funds in any court with jurisdiction over them.
9. This Agreement binds and benefits the parties and their respective administrators, legal representatives, and permitted successors and assigns.
10. If any provision of this Agreement is determined to be illegal, invalid or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
11. Sponsors may not assign any of its rights under this Agreement except with the prior written consent of TRF. Sponsors may not delegate any performance under this Agreement without the prior written consent of TRF. Any purported assignment of a Sponsor's rights or delegation of performance without TRF's prior written consent is void.
12. TRF may assign some or all of its rights under this Agreement to an associate foundation of TRF. TRF may delegate any performance under this Agreement to an associate foundation. Any other purported assignment of TRF's rights or delegation of performance without the Sponsors' prior written consent is void.
13. Sponsors will comply with all economic and trade sanctions, including those implemented by the Office of Foreign Assets Control (OFAC) of the United States Department of Treasury, and will ensure that they do not support or promote violence, terrorist activity or related training, or money laundering.
14. This Agreement constitutes the final agreement between the parties. No amendment or waiver of any provision of this Agreement shall be effective unless it is in the form of a writing signed by the parties.
15. Rotary International (RI) and TRF may use information contained in this application and subsequent reports to promote the activities by various means such as The Rotarian, Rotary Leader, rotary.org, etc. Unless indicated otherwise in writing, by submission of the photos, the parties hereby grant to RI and TRF the worldwide right to publish and use the photos, including but not limited to, in RI and TRF publications, advertisements, and Web sites and on social media channels and to license use to others, including, but not limited to, media outlets and its partners and through RI's online image database, for the purposes of promoting Rotary. By submitting the photos, the parties represent and warrant that all persons appearing in the photos have given their unrestricted written consent to use their likenesses and to license use to third parties.
16. The Sponsors agree to share information on best practices when asked, and TRF may provide their contact information to other Rotarians who may wish advice on implementing similar activities.
17. The Sponsors will ensure that all individuals traveling on grant funds have been informed of the travel policies stated in the Terms and Conditions and have been made aware that they are responsible for obtaining travel insurance.

## Primary contact authorizations

### Application Authorization

By submitting this global grant application, we agree to the following:

1. All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the activities as presented in this application.
2. The club/district agrees to undertake these activities as a club/district.
3. We will ensure all cash contributions (as detailed in the grant financing) will be forwarded to The Rotary Foundation (TRF) or sent directly to the global grant bank account after Trustee approval of the grant.
4. Rotary International (RI) and TRF may use information contained in this application to promote the activities by various means such as The Rotarian, the RI international convention, RVM: The Rotarian Video Magazine, etc.
5. We agree to share information on best practices when asked, and TRF may provide our contact information to other Rotarians who may wish advice on implementing similar activities.
6. To the best of our knowledge and belief, except as disclosed herewith, neither we nor any person with whom we have or had a personal or business relationship are engaged, or intend to engage, in benefiting from TRF grant funds or have 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.

## All Authorizations & Legal Agreements Summary

### Primary contact authorizations

Name	Club	District	Status	
Kathleen Yates	Cupertino	5170	Authorized	Authorized on 05/12/2018
Claudio Sandoval Francois	Collipulli	4355	Authorized	Authorized on 10/12/2018

### District Rotary Foundation chair authorization

Name	Club	District	Status	
Russell Hobbs	Santa Cruz	5170	Authorized	Authorized on 21/12/2018
María Ester López Orellana	Gonzalo Arteché Los Angeles	4355	Authorized	Authorized on 07/12/2018

### DDF authorization

<b>Name</b>	<b>Club</b>	<b>District</b>	<b>Status</b>	
Boris Solar Ravanal	Santa Bárbara	4355	Authorized	Authorized on 14/12/2018
María Ester López Orellana	Gonzalo Arteché Los Angeles	4355	Authorized	Authorized on 07/12/2018
Timothy Lundell	Los Gatos Morning	5170	Authorized	Authorized on 21/12/2018
Russell Hobbs	Santa Cruz	5170	Authorized	Authorized on 21/12/2018

### **Legal agreement**

<b>Name</b>	<b>Club</b>	<b>District</b>	<b>Status</b>	
Claudio Sandoval Francois	Collipulli	4355	Accepted	Accepted on 10/12/2018
Helene Davis	Cupertino	5170	Accepted	Accepted on 05/12/2018