

## Basic Information

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### Grant title

Adquisición de equipos para Fundación al Servicio del Enfermo de Cáncer - FASEC

### Type of Project

#### Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

### Primary Contacts

Name	Club	District	Sponsor	Role
Javier Ordóñez	Tomebamba-Cuenca	4400	Rotary Club	Host
Robert Pruitt	Cupertino	5170	Rotary Club	International

## Committee Members

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### Host committee

Name	Club	District	Role
Mateo Estrella	Tomebamba-Cuenca [ Rotary Club ]	4400	Secondary Contact
Alfredo Vega	Tomebamba-Cuenca [ Rotary Club ]	4400	Secondary Contact
Gustavo Muñoz González	Tomebamba-Cuenca [ Rotary Club ]	4400	Secondary Contact
Fernando Córdova	Tomebamba-Cuenca [ Rotary Club ]	4400	Secondary Contact

### International committee

Name	Club	District	Role
Mauri Okamoto-Kearney	Cupertino [ Rotary Club ]	5170	Secondary Contact International
Shylaja Nukala	Cupertino [ Rotary Club ]	5170	Secondary Contact International

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

A conflict of interest occurs when someone is in a position to make or influence a decision about a grant or award that could benefit them, their family, their business, or an entity in which they serve in a paid or voluntary leadership or advisory position.

**For each Rotary member who serves on the grant committee, list all relationships that the member has with any scholarship recipients, cooperating organizations, project vendors, or other individuals or organizations that will benefit from the grant.**

None

**Next, list all relationships that district officers and other members of the sponsor clubs or districts (other than the members of the grant committee) have with any award recipients, cooperating organizations, project vendors, or other individuals or organizations that would benefit from the grant.**

None

## 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?**

This project, proposed by the Rotary Club Tomebamba in Ecuador, aims to provide medical equipment to facilitate patient care by the Fundación al Servicio del Enfermo de Cáncer (FASEC). FASEC is a foundation dedicated to providing essential palliative care services, end-of-life care, and comprehensive support to patients who cannot afford private care. Its collaboration agreement with Hospital Santa Ines (HSI) enables expanded access to healthcare professional services and offers collaborative training in palliative therapies. However, its healthcare staff remain constrained by a lack of equipment to assist its patients to live out their remaining days in dignity.

FASEC is the foundation that owns the center and manages it through its volunteers. FASEC has a cooperation agreement with the Santa Ines hospital, which, through its corporate social responsibility policy, provides medical staff and some other staff members as well as other supportive activities that are described later and in the attached agreement and MOU. It is the intention of the HSI to renew the agreement when it expires; this is also stated in the MOU.

This project aligns with the Disease Prevention and Treatment Area of Focus, by strengthening health care systems and improving the capacity of local healthcare professionals.

Overview of Needs: Patients in the Austro region of Ecuador who suffer from chronic degenerative diseases and are unresponsive to medical treatments, face significant challenges in palliative care, leaving them without adequate care or institutional support. Patients do not receive the necessary attention from the public health system once their illness is considered beyond curative treatment. Most of these patients come from disadvantaged socioeconomic backgrounds, preventing them from financing adequate medical care at home or in residential treatment. Many of the patients do not have a solid support network to assist them in the

management of their illness. The pressure of caring for a severely ill family member without adequate resources can lead to family disintegration. All these factors lead to a crisis in care for patients facing the end of life.

Current challenges faced by these patients and their families include:

-- Lack of Healthcare Coverage: The public health system does not cover palliative care, leaving patients without necessary care beyond curative treatment.

-- Socioeconomic Disadvantage: Patients from low-income backgrounds cannot afford adequate medical care at home, resulting in inadequate management of symptoms and basic care needs.

-- Absence of Support Network: Many patients lack support from family or friends for daily care and management of illness.

-- Family Disintegration: Caregiver burden (financial and emotional stress) associated with palliative care can lead to family breakdown, especially in regions with high migration rates.

-- Diverse Pathologies: Palliative patients are not homogenous, many are oncology patients, others suffer from various degenerative disorders that result in poor prognosis or lifelong immobility. These various complex medical conditions require specialized care.

FASEC's biggest goal is to ensure that no patient is agonizing, in pain, suffering, or without comfort measures at home or in any medical unit. To achieve this, we need to communicate and support the Palliative Care law that was recently approved in our country. Another goal is to be able to receive patients undergoing iodine therapy, a practice that we cannot carry out due to the lack of protective equipment for staff and isolation for the patient. We hope that FASEC continues to contribute as an academic center for the training of professionals. We plan to increase home visits, as the best place for a human being to pass away is at home with the appropriate measures in place.

To continue working, the volunteer staff has been involved for over 44 years in charitable activities to raise funds and cover the needs of the palliative care population.

### Project Objectives

The objective of this Global Grant is to provide palliative care equipment to assist FASEC in providing care for the end-of-life needs of these fragile patients, ensuring equitable access to high-quality treatments and health services to those who are unable to pay for these services; the project will increase both the number of beds, the speed of care, which is no longer manual, and the optimization of time, which also allows them to care for patients at home. This equipment and training will also serve to protect the health and safety of healthcare providers in the facility by providing equipment to safely move and care for its patients.

Some specific initiatives include:

● Provide Specialized Medical Equipment: Acquire necessary medical equipment (specialized wheelchairs, hospital beds, oxygen concentrators, infusion pumps for pain medications, and other essential medical devices) for the daily care of patients.

● Train Healthcare Personnel: Strengthen FASEC healthcare providers' skills to deliver high-quality palliative care while reducing health and safety risks to healthcare staff. This involves training programs for doctors, nurses, and support staff in advanced palliative care techniques and medical equipment management.

With these efforts, FASEC will be better able to alleviate patient suffering through quality medical care, equip healthcare providers to provide better support to patients and families, and strengthen FASEC's operational capacity and resource optimization.

Additional Information about FASEC ( [www.fasec.org](http://www.fasec.org) )

Medical and administrative staff structure at FASEC:

Fasec's president is the legal representative, and she is accompanied by a Board of Directors composed of:

President, who presides over the sessions; Vice President, Secretary, Treasurer, and 3 members with their alternates.

Dr. Sebastián Medina Altamirano is the foundation's legal advisor, and he performs his duties voluntarily, meaning without financial compensation.

The resident physician is the head of the medical department: Dr. Erick Heredia, who follows the directives of Dr. Luis Mario Tamayo, president of the Santa Inés Hospital. He receives his salary.

The nursing department is part of the medical department, but it has a nurse coordinator, a role held by Lic. Maryorie Loor, who receives her salary.

The psychology department is coordinated by Dr. Anita Vélez, who receives her salary for her activities; in this department, volunteer psychologists collaborate.

The social work department is managed by Lic. Ana Gabriela Cabrera, who receives her salary.

The administrative department is managed by Ms. Gabriela Narváez, who is responsible for coordinating all operational activities; within this department, there is an accountant and maintenance staff.

For a patient to be accepted into FASEC, we conduct an interview with the patient, if their condition allows, or with the legal representative. The interview involves the doctor, social worker, and president.

The staff and volunteers are periodically trained through workshops, talks, and courses, both virtual and in-person. On some occasions, training is made available to healthcare professionals who wish to further their knowledge or specialize. One of FASEC's objectives, through agreements with universities, is to ensure that the specialty of Palliative Care reaches more people so they can understand that it is the best end-of-life option.

Number of patients that can be received at FASEC:

FASEC currently has an installed capacity of 20 beds; FASEC could accommodate 5 more beds, meeting the requirements of the MSP, the Ministry of Public Health of Ecuador. The project will increase these 5 beds; this is a 25% increase in the number of patients.

Currently FASEC has a waiting list; this situation is most of the year.

The new equipment will replace the equipment that is out of service, such as the anti-pressure ulcer mattresses, but it will also complement the current equipment.

The new equipment will help and serve the hospitalized patients at FASEC, and some of them, depending on the use, can be used in Home Visits, which is a program maintained by FASEC, since there are patients who do not require hospitalization but do need proper and appropriate home care.

Average length of the patients' hospitalization:

The approximate length of hospitalization ranges from 1 week to 6 months, depending on the physical and psychosocial conditions of the patient and their family.

Most patients are referred from SOLCA (Sociedad de Lucha Contra el Cáncer del Ecuador [www.solca.med.ec](http://www.solca.med.ec)), IESS (Ecuadorian Institute of Social Security), and the Vicente Corral Moscoso Public Hospital, through communication between the Social Work departments. They are also recommended by family members of patients who have been hospitalized or have passed away at FASEC. Lastly, another source of information is social media: Facebook, Instagram, and TikTok.

The monitoring and evaluation will be carried out by the local rotarians with help from the HSI staff that has a full time position monitoring KPIs that will be discussed in the respective section. Local rotarians have been always involved with FASEC helping them to continue serving the most in need for 44 years now.

## 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 of this area of focus will your project support?**

Improving the capacity of local health care professionals; Strengthening health care systems;

**How will you measure your project's impact? Find tips and information on how to measure results in the Global Grant Monitoring and Evaluation Plan Supplement. 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 individuals reporting better quality of health care services	Direct observation	Every three months	20-49
Number of medical and health professionals trained	Direct observation	Every year	20-49
Increase of number beds/patients	Direct observation	Every year	1-19
Improvement of patient and family satisfaction index	Surveys/questionnaires	Every three months	20-49

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

Yes

**Name of Individual or Organization**

Hospital Santa Ines will collect the necessary information for the project's evaluation and monitoring. This is part of the current agreement and collaboration with FASEC

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

Hospital Santa Ines is the best private hospital in Cuenca that has more than 50 years of operations. The agreement with FASEC includes the medical operation and services. They have a dedicated department that monitors the program and already creates monthly reports.

Training records for all trained personnel along with training materials will be kept in Grant files and submitted with Grant reports.

The HSI and its team are recognized by government entities such as the MSP and MIES, which validates their competence and commitment to quality healthcare.

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**Location and Dates**

Humanitarian Project

**Where will your project take place?****City or town**

Cuenca

**Province or state**

Azua

**Country**

Ecuador

**When will your project take place?**

2025-09-01 to 2026-06-01

## Participants

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### Cooperating Organizations (Optional)

Name	Website	Location
Hospital Santa Ines	<a href="https://cuenca.sisantaines.com/">https://cuenca.sisantaines.com/</a>	Av Daniel Córdova T 2-67 y Agustin Cueva Cuenca Ecuador

### Supporting Documents

- MOU\_FASEC\_HSI\_051525.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 HSI has already an agreement with FASEC (document attached in the supporting documents section). HSI provides medical attention, hospital care, nurses, psychology services, and medical management as part of its social responsibility program.

HSI has dedicated personal to monitor the attention and patient information that receive FASEC services.

### Partners (Optional)

List any other partners that will participate in this project.

### Rotarian Participants

### Describe the roles and responsibilities that the host and international sponsors will have in this project. Please be specific. Which sponsor will receive and manage the grant funds?

Partners of the Rotary Club Tomebamba: The Rotary Club Tomebamba will be responsible for the implementation and execution of the project. This includes planning, coordination, and supervision of all project-related activities.

Funds Management: The Rotary Club Tomebamba will receive and manage the grant funds. To ensure transparency and proper financial management, a separate dedicated bank account will be opened specifically for the project funds. All financial transactions related to the project will be conducted through this account,

ensuring clear and accurate control of the resources. The club has an accountant who will manage the project financials. The grant will have its own account and any payments will have to be approved by the project committee before the payment is issued.

Local Sponsor: Rotary Club Tomebamba

Roles and Responsibilities:

Project Execution: once the check is issued and signed by two local rotarians. There will be an invoices that allows the payment.

Coordination with FASEC Foundation: The Rotary Club Tomebamba will work closely with the Fundación al Servicio del Enfermo de Cáncer (FASEC) to ensure that all project needs and objectives are adequately addressed. This includes competitive bidding, evaluation and acquisition of equipment, organization of training sessions for all healthcare personnel, and monitoring of project activities' implementation.

Monitoring and Reporting: The Rotary Club Tomebamba will monitor the project's progress and coordinate and review regular reports generated by HSI on the progress and results obtained. These reports will be shared with all stakeholders, including the Rotary Club of Cupertino and the project beneficiaries.

Additionally, the local host will be responsible for:

- Ensuring purchase of desired equipment at the lowest possible market value, utilizing knowledge of local distributors and competitive bidding when possible
- Responsible for negotiating longest duration for maintenance contracts for durable equipment at lowest possible cost
- Fundraising for Grant
- Financial management and accounting, purchasing oversight, and reporting

Monitoring and Evaluation: RC Tomebamba will work with HSI and FASEC to define plan for collection of data to determine progress against clear metrics, using survey reports and training records. Additional data may be collected to show sustainability of the Grant's intervention.

International Sponsor: Rotary Club of Cupertino

Roles and Responsibilities:

Project Oversight: The Rotary Club of Cupertino will oversee the project. This includes the periodic review of financial and progress reports submitted by the Rotary Club Tomebamba, ensuring that the grant funds are used appropriately and efficiently.

Technical and Administrative Advisory: The Rotary Club of Cupertino will provide technical and administrative guidance on all project components. This includes guidance on the acquisition of medical equipment, implementation of training sessions, and long-term sustainability strategies.

Process and Results Review: Through scheduled visits and virtual meetings, the Rotary Club of Cupertino will review the implementation process and project results, ensuring that the established objectives are met, and the impact on the community is positive and lasting.

GG fundraising

Organize team of Rotarians to manage GG and ensure timely RI reporting

Collaborate with host club to manage GG activities and donor communications'

In summary, the Rotary Club Tomebamba will be responsible for the direct execution and funds management of the project, working in coordination with the FASEC Foundation to ensure goal achievement. Meanwhile, the Rotary Club of Cupertino will focus on oversight, technical and administrative advice, and support in additional fundraising, ensuring the project's proper implementation and sustainability.

**Describe how the partnership between the host and international sponsors was formed. What agreement have the sponsors made toward ensuring that the project will be implemented successfully? How will they manage any challenges that arise throughout the project?**

Rotary Clubs of Tomebamba and Cupertino have worked together on Global Grant for a domestic violence women's shelter and vocational training center that was highly successful. The Clubs are seeking to build on this past experience and strong relationship to initiate an additional Grant for this one-of-a-kind palliative care facility serving underserved population of Ecuadorians.

Fluid communication, transparent management and driven collaborators is our partnership strength.

## Budget

**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>
USD	1	17/11/2024

**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. Project budgets, including the World Fund match, must be at least 30,000 USD.

#	Category	Description	Supplier	Cost in USD	Cost in USD
1	Equipment	5 u - Patiente Lift SL CARRY CLASSIC 185 Brand: APEX MEDICAL S.L	CORPOIM PEX	16555	16555
2	Equipment	10 u - POSTURAL WHELLCHAIR ADULT MODELO:BME4120-A* . MARCA: SAFEMED	MEDstore	5630	5630
3	Equipment	10 u - SUCTION PUMP PORTATIL. AIDE: 7305P-D* MARCA: DRIVE	MEDstore	4290	4290
4	Equipment	8 u - OXYGEN TANK 680 LITROS+FL+HUM+COCHE REF.KI- KITOXI/120* MARCA: K&Y	MEDstore	1840	1840
5	Equipment	8 u - OXIGEN CONCENTRATOR 5 LITROS MOD. 525-DS* MARCA: DEVILBIS	MEDstore	9155	9155
6	Equipment	8 u - EQUIPMENT OXIGEN REGULATOR: MAN+FLUJO TANQUE 680 L.18302GDEL	MEDstore	699	699
7	Supplies	10 - ANATOMICAL CUSHION THERADONA DE 43X34X6CM - TM397	MEDstore	429	429
8	Equipment	25 - ORTHOPEDIC ANTI-BEDSORE MATTRESS 90*200*15CM	Dormilon	6038	6038

9	Supplies	15 u - KNEE PILLOWS	Dormilon	256.79	257
10	Supplies	20 u - 20 Seat cushions. Donut-shaped	Dormilon	718.75	719
11	Equipment	10 u - pulse oximeter	MEDstore	547.05	547
12	Supplies	5 u - transfer belt THERAPILOT MEDIUM - TM1600M* MARCA: THERAMA	MEDstore	164.62	165
13	Equipment	10 u - Recliner sofa	Colineal	5796	5796
14	Equipment	8 u - Electric bed for hospital (3 are for replacement, 5 to add capacity)	MEDstore	8643	8643
15	Equipment	3 u - Pediatric oximeter	MEDstore	294.57	295
16	Equipment	25 - Hospital mattress protector	Dormilon	575	575
17	Equipment	10 u - inflatable anti-bedsore mattress SafeMedic	MEDstore	493	493
18	Equipment	3 u - manual pedal exerciser	MEDstore	153	153
19	Equipment	2 u - digital electro stimulator	MEDstore	250	250
20	Project management	contingency	contingency	1753	1753
				Total budget:	64282
					64282

### Supporting Documents

- quotes\_2024.pdf
- quotes\_2025.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 Design ated Fund (DDF)	4400	1,500.00	0.00	1,500 .00
2	District Design ated Fund (DDF)	5170	18,268.00	0.00	18,26 8.00
3	Cash from Club	Tomebamba-Cuenca [ Rotary Club ]	1,000.00	50.00	1,050 .00
4	District Design ated Fund (DDF)	6970	3,000.00	0.00	3,000 .00
5	District Design ated Fund (DDF)	5150	3,500.00	0.00	3,500 .00
6	District Design ated Fund (DDF)	5440	5,000.00	0.00	5,000 .00
7	Cash from district	5440	2,500.00	125.00	2,625 .00
8	District Design ated Fund (DDF)	5580	2,500.00	0.00	2,500 .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 27,014.00 USD from the World Fund.

27014

### Funding Summary

<b>DDF contributions:</b>	33,768.00
<b>Cash contributions:</b>	3,500.00
<b>Financing subtotal (matched contributions + World Fund):</b>	64,282.00
<b>Total funding:</b>	64,282.00
<b>Total budget:</b>	64,282.00

## Sustainability

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### Humanitarian Projects

#### Project planning

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

In the Austro region of Ecuador, patients diagnosed with chronic, degenerative diseases and those unresponsive to medical treatments face enormous challenges. These patients, who require palliative care, are not attended to by the public healthcare system. The lack of coverage and institutional support leaves many of these patients without the necessary care to maintain a dignified quality of life in their final stages of life.

##### Current Situation of Palliative Patients

**Lack of Healthcare Coverage:** Patients with chronic and degenerative diseases do not receive the necessary attention from the public health system once their illnesses are considered beyond curative treatment. Many of these patients lack the resources to afford palliative care, which is not covered by the public health system in Ecuador. This means they must rely on their own resources, which are often insufficient to access palliative care.

**Precarious Socioeconomic Condition:** The majority of these patients come from disadvantaged socioeconomic backgrounds, preventing them from financing adequate medical care at home or in residences. This lack of financial resources results in inadequate management of their symptoms and basic care needs.

**Absence of Support Network:** Many patients do not have a solid support network to assist them in the daily management of their illness. The absence of family or friends who can provide emotional and physical support exacerbates their situation, leading to inadequate symptom management and social isolation.

**Breakdown Family Unit:** The pressure of caring for a severely ill family member without adequate resources can lead to family disintegration. The financial and emotional stress associated with caring for a palliative patient can result in the breakdown of the family unit, leaving the patient in an even more vulnerable situation. Additionally, in southern Ecuador, economic migration has resulted in many families being separated, leaving many patients who require palliative care without close family members to care for them.

**Diversity of Pathologies:** Palliative patients do not belong to a homogeneous group. Although many are oncology patients, others suffer from various degenerative or chronic disorders that result in poor prognosis or lifelong immobility. This diversity of pathologies requires a comprehensive and specialized approach to their care.

The project for acquiring medical equipment and supplies for FASEC aims to improve the quality of life and comprehensive care of terminal patients in palliative care, as well as their families. The specific objectives include:

**Provide Specialized Medical Equipment:** Acquire modern and necessary medical equipment for the management of palliative patients, ensuring they receive appropriate treatment for their symptoms and

conditions.

Nowadays the main need has been determined by FASEC and is related to equipment. Our grant is taking into consideration the needs assessment.

### Identified Specific Needs

#### Medical Equipment:

Wheelchairs, hospital beds, oxygen concentrators, infusion pumps, and other essential medical devices for the daily care of patients.

#### Training and Education:

Continuous training programs for doctors, nurses, and support staff in advanced palliative care techniques and medical equipment management.

#### Equipment Maintenance and Upgrading:

Preventive and corrective maintenance contracts to ensure the continuous functionality of medical equipment.

### Expected Impact

The project's impact will be measured in terms of the improvement in the quality of life of terminal patients, and FASEC's ability to provide comprehensive and sustainable palliative care. Specific measures will include:

Reduction of uncontrolled symptoms in patients.

Increased satisfaction and well-being of patients.

Improvement in the training and skills of healthcare personnel.

Community evaluation shows a clear and urgent need for intervention to improve the care and quality of life of palliative patients in the Austro region of Ecuador. Through the acquisition of specialized medical equipment and continuous training of healthcare personnel, FASEC's project will not only address the immediate needs of patients but also ensure a sustainable and long-term solution for the community. This project will not only alleviate the suffering of patients and their families but also strengthen social cohesion and the community's capacity to care for its most vulnerable members.

The ongoing collaboration with Hospital Santa Inés, its volunteers and strong mission/values will guarantee the project sustainability .

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

The equipment and medical supplies acquisition project for FASEC has been designed with a clear focus on long-term sustainability. Through continuous staff training, equipment maintenance strategies, income generation plans, and community engagement measures, it will ensure that project activities can be maintained and thrive even after grant funds are exhausted. These collective actions will ensure that the project's benefits endure and continue to improve the quality of life for patients and their families in the Austro region of Ecuador

The community assessment that identified the needs addressed in the project was conducted through a comprehensive process that included focus groups and direct observation of the day-to-day work with palliative care patients in the Cuenca community, Ecuador. This process allowed for precise identification of the most urgent and priority needs requiring immediate attention. The process followed is detailed below:

#### Focus Groups:

A focus group was organized with FASEC volunteers, medical staff, caregivers, and the families of palliative care patients in the community. During these focus groups, open and structured discussions were facilitated about the challenges and needs faced by palliative care patients and their caregivers in the care and management of the illness.

Participants' opinions, experiences, and suggestions were gathered to better understand specific difficulties and areas for improvement in palliative care.

#### Direct Observation:

Direct observation of the daily work of medical staff and caregivers in medical and community care settings was conducted. This observation provided detailed information about working conditions, available resources, and challenges faced in the provision of palliative care.

Areas where greater attention and support were needed were identified, such as the lack of adequate medical equipment, financial resource shortages, and the emotional burden experienced by caregivers.

#### Context Analysis:

After the focus group and observation, a conversation was held with the Project Committee of the Rotary Club Tomebamba, where the socioeconomic and health context of the Cuenca community, Ecuador, was analyzed to better understand the external factors affecting the provision of palliative care. The lack of government support and the scarcity of palliative care units in the public and private health network of Azuay were highlighted, exacerbating the situation and increasing the need for community intervention.

The needs assessment process was crucial for identifying the critical areas that required attention in the project for acquiring medical equipment and supplies for FASEC. The combination of focus groups, direct observation, and context analysis provided an in-depth understanding of the challenges and difficulties faced by palliative care patients and their caregivers in the Cuenca community. These needs, highlighted by the limited government support and lack of resources in the local health network, justified the community intervention and the implementation of sustainable solutions to improve the quality of life of those who need it most.

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

The members of the beneficiary community played a fundamental role in seeking solutions to address the identified needs. Their active and committed participation took various forms, significantly contributing to the effective design and implementation of the project. The ways in which they participated are detailed below:

#### Focus Groups:

Community members, including volunteers, palliative care patients, caregivers, and family members, participated in the focus group where they shared their experiences, challenges, and needs. Their contribution allowed for a deeper understanding of the problems they faced and helped identify specific solutions that responded to their needs and concerns.

#### Review and Feedback on Project Proposals:

They were given the opportunity to review and comment on project proposals, ensuring that they accurately reflected their needs and priorities. Their feedback allowed for adjustments and refinements in the action plan to ensure its relevance and effectiveness in the community context.

#### Volunteering and Support in Implementation:

Volunteers were involved in the project's implementation, providing their time and effort to support various activities. Their active participation in executing the project strengthened the sense of community belonging and collaboration, promoting a collective approach to effectively addressing the challenges.

The participation of the beneficiary community members was fundamental at all stages of the project, from needs identification to formulation and evaluation. Their active and committed contribution ensured that the proposed solutions were relevant, culturally appropriate, and sustainable, thus strengthening the community's capacity to face the challenges related to the care of palliative care patients.

The benefit is direct; the patients will benefit immediately from the equipment.

To engage the community and ensure its commitment to the project, the following measures will be taken:

**Community Participation:** Active participation of the community will be promoted at all stages of the project, from planning to implementation and evaluation.

**Awareness Campaigns:** Awareness and sensitization campaigns about the importance of palliative care and support for cancer patients will be conducted.

Community Forums and Meetings: Community forums and meetings will be organized to discuss the project's progress and receive feedback, ensuring that the community's needs and opinions are heard and integrated.

Volunteerism: FASEC is a foundation composed of volunteers who will continue their work, promoting service and contributing their time and skills to support project activities.

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

Rotary members and their relatives are volunteers in the project.

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### **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	Detailed planning and schedule development	2 weeks
2	Procurement of medical equipment and supplies	1 month
3	Implementation and training	1 month
4	Continuous monitoring and evaluation of project progress	1 year
5	Regular follow-up and feedback meetings	Monthly
6	Community and awareness events organized by RC Tomebamba with FASEC	once per quarter
7	Final project evaluation and report preparation	1 month

**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.**

Besides the Rotary volunteers, the FASEC project works with local agencies and NGOs; during the needs assessment the support efforts were coordinated so the grant addresses the needs that cannot be solved otherwise.

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

The project includes a comprehensive component of training and capacity development for FASEC staff for the use of the new equipment.

Awareness on End-of-Life Issues:

Public awareness events, such as open houses and media campaigns, will be organized to address taboo topics related to death, grief, and end-of-life care. These initiatives will seek to foster open conversations about the dying process and promote advanced care planning among the population.

The training, education, and outreach programs of the project are designed to strengthen the community's capacity in palliative care and foster greater understanding and support for terminal patients and their families. By providing appropriate resources and knowledge, we hope to improve the quality of life of the patients and promote a dignified and respectful death in our community.

**How were these needs identified?**

The training needs were identified through the focus group conducted and the conversations with the FASEC board.

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

To encourage the participation of family members and neighbors in the project, various approaches will be used that do not involve direct monetary compensation. Instead, the focus will be on aspects that highlight the importance and value of their participation in the project, as well as the positive contribution they can make to the community. Some of these incentives include:

Recognition and Appreciation: Participants' contributions will be publicly highlighted through recognition at community events, mentions in local media, and personal thanks from the project team.

Sense of Belonging: A collaborative and supportive environment will be promoted within the community, where participants feel part of a collective effort to improve the quality of life of palliative patients and their families.

Learning Opportunities: Opportunities for learning and personal development will be offered through the project's training and educational activities, allowing participants to acquire new skills and relevant knowledge.

The incentives for participation in the project will focus on non-monetary aspects that promote a sense of community, personal recognition, and a positive impact on the beneficiaries' quality of life. This will ensure active and committed participation of family members and neighbors at all stages of the project.

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

The members of the FASEC Board who will oversee the project activities once the grant-funded activities are completed.

These members of the FASEC Board will be responsible for ensuring the continuity and sustainability of the project activities once the grant funding ends, overseeing their implementation, and ensuring that the project's objectives and goals are effectively met.

RC Tomebamba volunteers will continue working with FASEC; this collaboration has been ongoing for several years now.

FASEC maintains a strategic alliance with Hospital Santa Inés, a private institution recognized and respected in our community for its excellence in medical care.

The collaboration with Hospital Santa Inés is fundamental to the success of our project, as they are responsible for the medical area and voluntarily provide resources and specialized support in the care of palliative patients.

Hospital Santa Inés has a multidisciplinary team of healthcare professionals, including doctors, nurses, social workers, and therapists, who have experience in managing patients in palliative care. This experience and knowledge will be of great value in complementing the training and care activities within the framework of our project.

The alliance with Hospital Santa Inés strengthens our ability to provide comprehensive and high-quality care to palliative patients in our community, leveraging their expertise and resources in the medical field.

Together, we work in coordination to ensure that patients and their families receive the best possible care during this crucial stage of their lives.

Attached is the agreement in place with HSI

## Budget

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

Yes

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

We will use local suppliers to acquire the budgeted equipment and materials. The process to select local suppliers was based on the following steps:

Market Research: A thorough market research was conducted to identify local suppliers offering the necessary equipment and materials for the project. Catalogs were reviewed, references consulted, and available options in the local market were evaluated.

**Supplier Evaluation:** Local suppliers were evaluated based on various criteria, such as the quality of the products offered, experience in supplying medical equipment and supplies, availability of stock, competitive pricing, and reputation in the market.

**Obtaining Quotations:** Quotations were requested from several local suppliers for the equipment and materials required in the project. The received quotations were compared in terms of prices, delivery conditions, and warranties offered.

**Supplier Selection:** Local suppliers that met the project requirements and offered the best conditions in terms of quality, price, and availability were selected. Priority was given to choosing suppliers with a strong track record and reputation in the local market.

**Contract Negotiation:** Contracts will be negotiated with the selected suppliers, establishing the terms and conditions for the acquisition of equipment and materials. Delivery deadlines, payment methods, and warranties will be agreed upon to ensure a satisfactory transaction.

**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.**

To ensure the maintenance and updating of acquired equipment, the following strategies will be implemented:

**Maintenance Contracts:** Preventive and corrective maintenance contracts will be established with medical equipment suppliers to ensure that the equipment functions properly in the long term.

**Basic Maintenance Training:** FASEC's technical staff will receive specific training in basic maintenance and troubleshooting to minimize downtime.

**Reserve Funds:** Specific reserve funds for equipment maintenance and updates will be created within the foundation, ensuring that resources are always available for necessary repairs or replacements.

**Volunteerism and Support Networks:** Volunteerism and the creation of support networks among families and caregivers will be promoted, fostering a self-help environment and community collaboration.

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

To achieve financial self-sustainability, the following income generation plans will be implemented:

-Differentiated Paid Services: FASEC offers its services for free to those most in need but also offers them to those who can afford it under a small symbolic contribution, generating additional income to be reinvested in the project.

-Fundraising Events: Fundraising events such as charity galas, solidarity races, and auctions will be organized to obtain additional resources.

-Donations and Grants: FASEC will continue to seek donations and grants from public and private entities, as well as individuals interested in supporting the cause.

**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.**

All the medical equipment that is locally supplied needs to have the Health Ministry approval.

**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.**

Yes, FASEC has a local funding source to maintain the project's results in the long term. This funding source is based on the annual fundraising activities carried out by the Foundation. These activities are essential to ensure FASEC's financial sustainability and enable the maintenance of the project's results over time.

The self-management activities that FASEC conducts annually include:

**Million Dollar Banquet:** This activity involves selling cards valued between \$5 and \$100 to citizens and collaborating businesses. The funds raised through this initiative significantly contribute to the Foundation's operational budget and are used to finance programs and services, including those related to palliative care.

**International Food Gastronomic Festival:** FASEC organizes a gastronomic festival where different foreign communities in the community participate, offering typical food from their countries of origin. This event not only promotes cultural diversity but also generates income through the sale of food and beverages, with funds allocated to financing the Foundation's programs and activities.

**Fight without Competing - Cycling Race:** A cycling race is held in which elite athletes, enthusiasts, and the general public participate in different categories, such as 90, 60, and 30 km. This race not only promotes a healthy lifestyle and sports practice but also provides an opportunity to raise funds through registrations and sponsorships from local companies.

These self-management activities are fundamental pillars in FASEC's financial strategy, as they provide regular and predictable income that sustains its operations throughout the year. Thanks to these initiatives, the Foundation can maintain the project's results in the long term and continue to provide quality services to the community in the field of palliative care and other areas of medical and social attention.

## Funding

### **Does your project involve microcredit activities?**

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

Yes

### **Please describe this funding source.**

FASEC operating budget will cover the maintenance of the equipment as described above

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

No

## Supporting Documents

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- Convenio\_FASEC\_\_HSI\_Y\_CLIMESANLAB.pdf
- flyer\_FASEC\_(7)[1].pdf

## Authorizations

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### Authorizations & Legal Agreements

#### **Legal agreement**

Global Grant Agreement - to be authorized by the primary contacts and club presidents (or DRFC chairs if district-sponsored)

This Global Grant Agreement (Agreement) is entered into by The Rotary Foundation of Rotary

International (TRF) and the grant sponsors (Sponsors). In consideration of receiving this Rotary Foundation Global Grant (Grant) from TRF, the Sponsors agree that:

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 Global Grants (Terms and Conditions) and will adhere to all policies therein.
3. The Sponsors shall defend, indemnify, and hold harmless Rotary International (RI) and TRF, including their respective directors, trustees, officers, committee members, employees, agents, associate foundations and representatives (collectively Rotary), 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 Rotary 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, government regulation, war, fire, riot, civil unrest, hurricane, earthquake, or other natural disasters, acts of public enemies, curtailment of transportation facilities, political upheavals, civil disorders, outbreak of infectious disease or illness, 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 to TRF 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 from the Sponsors 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 their 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 may use information contained in this application and subsequent reports for promotional purposes, such as in Rotary magazine, in Rotary Leader, on rotary.org and on social media. For any and all photographs submitted with any application or follow-up report, the Sponsor hereby grants to Rotary an unlimited, perpetual, worldwide right and license to use, modify, adapt, publish, and distribute the photograph(s) in any media now known or hereafter devised, including but not limited to, in Rotary publications, advertisements, and Websites and on social media channels. The Sponsor represents and warrants that (a) each adult appearing in the photograph(s) has given her/his/their unrestricted written consent to the Sponsor to photograph them and to use and license their likeness, including licensing the photograph(s) to third parties, (b) the parent or guardian of each child under age 18 or each person who lacks legal capacity appearing in the photograph(s) has given unrestricted written consent to the Sponsor to photograph the child or individual and to use and license their likenesses, including licensing the photograph(s) to third parties, and (c) it is the copyright owner of the photograph(s) or that the copyright owner of the photograph(s) has given the Sponsor the right to license or sublicense the photograph(s) to Rotary.

16. Privacy is important to Rotary and any personal data that the Sponsor shares with Rotary will only be used for official Rotary business. The Sponsor should minimize the personal data of Grant beneficiaries that it shares with TRF to only personal data that TRF specifically requests. Personal data that is shared with TRF will be used to enable the Sponsor's participation in this Grant process, to facilitate the Sponsor's Grant experience and for reporting purposes. Personal data provided to TRF may be transferred to Rotary service providers (for example, affiliated entities) to assist Rotary in planning Grant-related activities. By applying for a grant, the Sponsor may receive information about the Grant and supplementary services via email. For further information about how Rotary uses personal data, please contact [privacy@rotary.org](mailto:privacy@rotary.org). Personal data provided to TRF or collected on this form is subject to [Rotary's Privacy Policy](#).

17. The Sponsors agree to share information on best practices when asked, and TRF may provide their contact information to other Rotary members who may wish advice on implementing similar activities.

18. 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.

19. To the best of our knowledge and belief, all relationships between grant committee members, district officers, and other members of the sponsor clubs or districts and any scholarship recipients, cooperating organizations, project vendors, or other individuals or organizations that will benefit from the grant have been disclosed in this application. Except as disclosed here, neither we nor any person with whom we have or had a personal or business relationship will benefit or intends to benefit from Rotary Foundation grant funds or have any interest that may represent a potential conflicting interest. A conflict of interest occurs when someone is in a position to make or influence a decision about a grant or scholarship that could benefit them, their family, their business, or an entity in which they serve in a paid or voluntary leadership or advisory position.

### **Primary contact authorizations**

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This Global Grant Agreement (Agreement) is entered into by The Rotary Foundation of Rotary International (TRF) and the grant sponsors (Sponsors). In consideration of receiving this Rotary Foundation

Global Grant (Grant) from TRF, the Sponsors agree that:

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### **District Rotary Foundation chair authorization**

I hereby certify that this global grant application is complete, meets all Foundation guidelines, is eligible for funding, and that the sponsoring club and/or district is qualified.

### **All Authorizations & Legal Agreements Summary**

## Primary contact authorizations

Name	Club	District	Status	
Javier Ordóñez	Tomebamba-Cuenca [ Rotary Club ]	4400	Authorized	Authorized on 15/05/2025
Robert Pruitt	Cupertino [ Rotary Club ]	5170	Authorized	Authorized on 16/05/2025

## District Rotary Foundation chair authorization

Name	Club	District	Status	
Savita Vaidhyanathan	Cupertino [ Rotary Club ]	5170	Authorized	Authorized on 16/05/2025
Fressia Abad	Machala Moderno [ Rotary Club ]	4400	Authorized	Authorized on 16/05/2025

## DDF authorization

<b>Name</b>	<b>Club</b>	<b>District</b>	<b>Status</b>	
Fressia Abad	Machala Moderno [ Rotary Club ]	4400	Authorized	Authorized on 16/05/2025
Daniel León Gándara	Tsachila de Santo Domingo [ Rotary Club ]	4400	Authorized	Authorized on 19/05/2025
Savita Vaidhyanathan	Cupertino [ Rotary Club ]	5170	Authorized	Authorized on 16/05/2025
GF Duerig	Livermore Valley [ Rotary Club ]	5170	Authorized	Authorized on 16/05/2025
Richard Turnbull	St. Augustine Beach [ Rotary Club ]	6970	Authorized	Authorized on 16/05/2025
Mickey Ulmer	Flagler Beach [ Rotary Club ]	6970	Authorized	Authorized on 16/05/2025
Gary Chow	South San Francisco [ Rotary Club ]	5150	Authorized	Authorized on 16/05/2025
Steven Wright	Pacifica [ Rotary Club ]	5150	Authorized	Authorized on 16/05/2025
Chris Woodruff	Greeley (Centennial) [ Rotary Club ]	5440	Authorized	Authorized on 20/05/2025
Julie Johnson Haffner	Loveland [ Rotary Club ]	5440	Authorized	Authorized on 22/05/2025
Timothy LeClair	Fargo-Moorhead AM [ Rotary Club ]	5580	Authorized	Authorized on 20/05/2025
Kay Parries	Moorhead [ Rotary Club ]	5580	Authorized	Authorized on 20/05/2025

## Legal agreement

Name	Club	District	Status	
Mateo Estrella	Tomebamba-Cuenca [ Rotary Club ]	4400	Accepted	Accepted on 16/05/2025
Kathleen Yates	Cupertino [ Rotary Club ]	5170	Accepted	Accepted on 15/05/2025