

District 5580 World Community Service (WCS) Matching Grant Application

FOR DISTRICT 5580 USE ONLY (once Grant is approved)

District Grant No. WCS -13.2.08

Date Approved: [Click here to enter a date.](#)

District Grant Subcommittee Chair Signature: _____

District Rotary Foundation Chair Signature: _____

Explanation: Matching grants support the humanitarian service projects of Rotary Clubs and Districts. In this section, describe in detail the humanitarian need your project will address, the intent of the project, how the project will be implemented, and how Rotarians will be directly involved in the project (involvement is required by both the Host Club and International Partnering Club).

The project objective is to build a medical clinic in the rural Bolivian mountain community of Gitarrani that will serve 985 people who live in four small surrounding communities of Chunca Cancha Bajo, Tranquitas, Gitarrani and Chunca Cancha Alto (that currently have only a one-room adobe structure in which a nurse attends patients) and expand the small San Jacinto medical outpost into a full medical clinic to provide additional health services. These small communities are located in the municipality of Icla, which is the same region where District 5580 Rotary Clubs have worked in partnership with Mano a Mano to construct clinics in the villages of Candalaria, Sumala, El Rodeo, Cantar Gallo and the medical outpost in San Jacinto. This project will complete the network of clinics to serve the entire municipality of Icla. When completed, the Gitarrani and San Jacinto Community Clinics will provide these services: Community outreach; preventive services such as health education, family planning, outreach, immunizations, pre and post natal care, and well child checks; obstetrics; acute care for illness and accidents; and case management for chronic diseases. The clinics will each be staffed by a Bolivian physician and nurse. The buildings will each include exam rooms for the physician, nurse and dentist, a delivery room, two inpatient beds, kitchen, two bathrooms, and living quarters for clinic personnel. Mano a Mano will be managing the project and providing skilled construction workers and supervision of volunteers. Mano a Mano is a 501 C3 charitable, non-profit organization located in Minneapolis MN and has a staff and permanent presence in Cochabamba. Mano A Mano has considerable experience in managing the construction of similar medical clinics. In fact Mano a Mano has built 100 clinics in Bolivia to date. The Tunari Rotary Club of Cochabamba will work with Mano a Mano to monitor and facilitate the construction of the building. Rotarians from District 5580 will maintain communication and co-ordination by telephone, e-mail and two trips planned during the building process.

Please note: This is a multi-club projected with funds and participation from the following District 5580 Rotary Clubs:

- Harbortown Rotary
- Superior Rotary
- Skyline Rotary
- FM AM Rotary
- Fargo Rotary
- Moorhead Rotary
- Fargo West Rotary

Please provide the name of the project site, the city or village, state or province, and country. Provide a detailed map of the area or provide GPS (Global Positioning Site) coordinates.

The map showing the location of the two project sites is attached.

List multiple locations, if applicable.

Project Site: Gittarani and San Jacinto (two separate villages)

City/Village: Municipality of Icla

State/Province: Chuquisaca

Country: Bolivia

GPS coordinates (if no map is provided): [Click here to enter text.](#)

Provide name of ownership of property that structure on which structure is to be built.

The community of Gittarani owns the property on which the Gittarani Community Clinic will be built.

The community of San Jacinto owns the property on which the San Jacinto Community Clinic will be built.

Provide a blueprint/detailed drawing of the proposed structure as an attachment. Drawing is attached.

Describe the project and the need it will address, including the intended beneficiaries and how the project will benefit the community in need.

THE NEED Bolivia's need for assistance is acute. Ninety-four percent of rural Bolivians live below subsistence level (income necessary to provide a healthy diet), with 63% having no access to medical care. The majority of rural Bolivians are essentially excluded from the formal economic structure of the country. Rural family income varies from \$200 - \$300 (U.S.) annually. Only 16% of these families have access to electricity, with only 15% having an available source of water (not potable) near their homes.

Medical care is either geographically inaccessible or too expensive for most rural families. The impact of poverty falls especially hard on Bolivia's children. Seventy percent of children under the age of five are malnourished. Up to 8% of rural Cochabamba infants die at or within a few days of birth; one-third of rural children die before age one, most from gastrointestinal infections and diarrhea that can be prevented through proper hygiene, and from diseases for which effective vaccines are available. Bolivia's maternal death rate during childbirth of 520 per 100,000 births (compared to 37 in neighboring Chile) is the highest in Latin America, a rate that can be reduced dramatically through appropriate pre and post natal care and attended deliveries.

PROJECT GOALS AND PLANS Mano a Mano's primary goals are to increase Bolivian capacity to provide health care and related services to the impoverished in order to:

1. reduce infant and maternal mortality
2. improve the health status of all family members

Mano a Mano's community health clinic program provides the primary vehicle through which these goals are accomplished. To date, Mano a Mano has constructed 130 community medical clinics in Bolivia as part of this program.

San Jacinto is located 570 Km from the city of Cochabamba in the department (state) of Chuquisaca, in the municipality of Icla. Mano a Mano – Bolivia chose its smallest clinic design for the San Jacinto clinic, constructed in 2005, based on the amount of available funding and the limited support of the municipal government.

San Jacinto is a rapidly growing agricultural community in which sheep are raised, in addition to basic crops such as corn and potatoes. The majority of its residents are subsistence farmers. The population of San Jacinto and four surrounding communities that receive services from the San Jacinto clinic totals more than 5,000 inhabitants.

The San Jacinto center has a full time doctor and a part time nurse. Due to its size limitations the clinic is not able to provide all of the services needed by the community. For example the municipal government of Sucre has chosen not to provide dental equipment or a dentist for this center until it can be expanded to accommodate the required equipment and staff. An additional serious impediment created by the clinic's limited size relates to being recognized as an official center that receives support from the government. Because the region's health officials in Sucre could not recognize the San Jacinto facility due to its size limitations, it is not eligible to receive services that the government provides to indigent patients covered by its programs. Expansion will remedy these two serious limitations.

The municipal government of Icla, Sucre government officials, and San Jacinto community leaders are very supportive of the expansion of their center. Local government officials and residents have indicated that they will contribute all the needed unskilled labor and close to 40% of the funding needed to cover the cost.

The expanded San Jacinto clinic incorporates overnight beds, a birthing room, a dental room, an education room and living quarters for both the physician and the nurse.

The village of Guitarrani and its surrounding communities have a population of 985 subsistence farmers and their families. These communities lie in a mountainous area that is located 22 kilometers away from the closest health clinic and 64 kilometers from the municipal center of Icla. The city of Sucre, a five hour drive from Guitarrani has the nearest hospital. During the rainy season travel by road is essentially impossible. The municipality of Icla has attempted to address the urgent health needs of these communities by improvising a small clinic in a very marginal one-room adobe building and staffing it with a nurse. Mano a Mano intends to construct its standard modern brick and cement clinic to replace this adobe structure.

For the San Jacinto expansion the municipal government will continue to pay the clinic physician's salary and the Health Ministry will continue to cover the nurse's salary. The Guitarrani clinic will be staffed by a full time nurse whose salary will be paid by the municipality and will share a physician with one of the other clinics.

[Click here to enter text.](#)

Provide the estimated length of time needed to complete the project.

The timeline for the project is attached.

Describe how the benefiting community will maintain this structure or project (financing of maintenance, etc.) after grant funding has been fully expended and who will be responsible for sustainability of the structure.

Mano a Mano clinics have a strong reputation in Bolivia for providing high quality health care to the rural poor. Prior to opening, Mano a Mano – Bolivia staff and volunteers supply the clinics with medical inventory shipped to them from Minnesota, then re-supply them as needed. Physicians in Mano a Mano – Bolivia’s central office in Cochabamba supervise clinic staff via short-wave radio and on-site visits and provide exemplary continuing medical education for them through several workshops each year. To ensure that quality of care remains high after clinics reach the stage of financial independence, they continue to receive medical supplies and to participate in the continuing education program. Both the community leaders and the Municipal government assume full responsibility for the maintenance of their new facility. Small fees that are charged for patient visits are managed by these two groups in maintaining and overseeing the facility. Mano a Mano will stay involved in making sure that a facility maintenance schedule is carried out. Mano a Mano will also provide the sponsoring Rotary Clubs with annual reports of patient visits.

Describe specific activities of the Host and International Partners in implementing the project.

Mano a Mano will be managing the project and providing skilled construction workers and supervision of volunteers. Mano a Mano is a 501 C3 charitable, non-profit organization located in Minneapolis MN and has a staff and permanent presence in Cochabamba. Mano A Mano has considerable experience in managing the construction of similar medical clinics. In fact Mano a Mano has built 100 clinics in Bolivia to date. The Tunari Club of Cochabamba will work with Mano a Mano to monitor the construction of the building. Rotarians from District 5580 will maintain communication and co-ordination by telephone, e-mail and a trip to the project site is planned during the building process.

What will the Rotarians who are members of the partner clubs do during the project? Please note that financial support is not considered active involvement. (Refer to ***Matching Grant Application Instructions*** for suggestions.) Volunteer work opportunities will be provided. Rotarians can participate working on the construction of the clinic....doing any one of all the tasks...such as, digging the foundation, selecting materials, sifting sand, mixing cement, transporting materials closer to the master builders, transporting water for the project, helping lift beams into place, working on the landscaping and cleaning the facility. Depending when or at what point of the project Rotarians travel, Mano a Mano Bolivia will find tasks for all those individuals interested in participating in the construction of the clinic. Members of the local communities of Guitarrani and San Jacinto are capable and willing to do all of the work described above. Rotarians will supplement their effort by doing any work necessary during the period of the visit to the project site. Rotarians will primarily be inspecting and evaluating the project, developing relationships with community members, strengthening relationships with Mano a Mano and the Tunari Rotary Club of Cochabamba and developing media to generate favorable publicity for Rotary. The Rotary clubs participating in this project are planning a trip to Bolivia in the March-April 2013 time frame and identifying a hands-on activity for the project during that period of time will be part of the project planning.

Explanation: The **Host Partner** is the **Club or District in the project country**. A committee of at least **three (3) Rotarians** must be established to oversee the project. The primary project contact must be a member of the primary Club identified below. The **Project Committee** must be composed of members of the sponsoring Rotary Club or NGO for Club-sponsored projects or District for District-sponsored projects. The committee members must be committed for the duration of the grant process. Please provide the primary address for all committee members, as all D5580 information will be sent to this

address. It is **required** that the primary contact (who receives all information from D5580) have an email address to expedite communication.

Primary Rotary Club/District/ or NGO

NGO: Mano a Mano International Partners

Primary Contact:

Name : Dan Narr
Position: Executive Director
Address: 774 Sibley Memorial Highway
City Mendota Heights,
State MN 55118 USA
E-mail dan@manoamano.org
Cell phone 612-325-2016
Office phone 651-457-3141
WebSite www.manoamano.org

Project Contact #2:

Name Jose' Velasquez
NGO: Mano a Mano Medical Resources
Position President
Address Casilla 3889
City Cochabamba
Country Bolivia
E-mail josevelasquez@manoamanobolivia.org
Office phone (+591) (+4) 4722584
Fax (+591) (+4) 4722585

Project Contact #3:

Name Gonzalo Bernal Iporre
Club Tunari Rotary Club (26892)
District 4690
Position Presidente Servicio Internacional
Address Rotary Tunari
City Cochabamba
Country Bolivia
E-mail gbernal@rotarytunari.org.bo
Office phone (591) 4451195

Explanation: The **International Partner** is the Club or District outside the project country. In this case, **the International Partner would be a Club in District 5580.** A committee of at least three (3) Rotarians must be established to oversee the project. The primary contact must be a member of the primary Club identified below. The project committee must be composed of members of the sponsoring Rotary Club(s) for Club-sponsored projects or District-sponsored projects. The committee members must be committed for the duration of the grant process. Please provide the primary address for all committee

members, as all D5580 information will be sent to this address. It is **required** that the primary contact (who receives all information from D5580) have an email address to expedite communication.

Primary Contact #1:

Name :	Michael Cochran
Member ID	1682414
Club	Harbortown Rotary of Duluth, MN
Rotary position	International Committee Member, Past-President
Address	13000 Water St.
City	Duluth
State Postal code	MN, 55808
E-mail	r0wmaster@hotmail.com
Home phone	218-626-3415

Project Contact #2:

Name	Warren Bender
Member ID	08148803
Club	Rotary Club of Superior (club # 40)
Rotary position	President
Address	2428 Ogden Ave
City	Superior
State/ Postal code	WI 54880
E-mail	bttt817@hotmail.com
Home phone	715 394-7453
Cell phone	218 590 4464

Project Contact #3:

Name	Karl Everett
Member ID	6645429
Club	Harbortown Rotary of Duluth, MN
Rotary position	International Committee Chair, Club Board of Directors
Address	1613 Fern Ave.
City	Duluth
State/ Postal code	MN 55811
E-mail	karl_everett@q.com
Home phone	218-724-3134
Cell phone	218-491-3422

Explanation: Official Exchange Rates can be found at:
www.rotary.org/newsroom/downloadcenter/support/rates.html. Please use the most recent rate.

NOTE: The host club/district contributions are NOT matched by D5580.

ITEMIZED BUDGET TO BE COMPLETED BELOW:

THE ITEMIZED BUDGET IS ATTACHED

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Subtotal all items in country currency: [Click here to enter text.](#)

Exchange rate used US \$1 = \$6.8 Bolivianos

Explanation: Clearly list all financing in US dollars in the section below, noting which funds will be contributed in cash and which will be contributed from D5580 WCS funds. Use of WCS must be approved by the Grants Subcommittee and authorized by the District Rotary Foundation Chair. **The Host Club or District must provide at least \$100 in cash**, and it is highly recommended that they match as much as possible with “in kind” donations of sweat equity whenever possible.

Note: *A project bank account must be established in District 5580 or Host Country before WCS Grant Funds will be distributed. When established and total club/cash contributions have been deposited into the account, the WCS Grant matching funds will be sent directly to the project bank account.*

Host Club (Project Country) cash donation: \$44,855 (From Mano a Mano International Partners, which includes community contributions and government contribution. The breakdown is provided in the attached budget.)

D5580 Rotary Club(s) or District outside the Project Country:

- Harbortown Rotary
- Superior Rotary
- Skyline Rotary

- **FM AM Rotary**
- **Fargo Rotary**
- **Moorhead Rotary**
- **Fargo West Rotary**

Cash (US\$): \$17,500

Subtotals, Cash: \$62,355

Total Cosponsor Contributions: \$62,355

Total Funds requested from D5580 WCS Fund: \$17,500

Additional outside funding not matched by WCS fund: [Click here to enter text.](#)

Total Project Financing (Must equal budget): \$79,855

Explanation: Before an application is submitted to D5580, project partners should discuss various planning details. The questions and statements below are a guide to aid project planning. Note that a Rotary Club/District or Rotarian may not own anything purchased with grant funds.

- Identify who will own equipment and maintain, operate and secure items purchased with grant funds.
- Will training in use and maintenance of technical equipment be provided? If so, who will provide such training?
- Is software necessary to operate any items? If so, has software been provided?
- Indicate what arrangements have been made for customs clearance if items will be purchased and shipped from outside the project country.
- Provision of plumbing and electrification to structures where people live or work may be funded with WCS funds. Have plumbing or electrification for equipment and appliances in existing buildings (hospitals, schools, libraries, orphanages, etc.) been considered and funded?

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 Chair for District-sponsored projects, as well as the committee members, agree to the criteria listed and affirm their support of the projects.

All Rotary Clubs, Districts and Rotarians involved in this project are responsible to D5580 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 the proper bank account after approval of the grant.
- District 5580 may use information contained in this Application to promote the project by various means, such as the D5580 Website, the District Newsletter and other publications of the District.
- The partners agree to share information on the best practices when asked, and D5580 may provide partners' contact information to other Rotarians who may wish advice on implementing similar projects.

Before submitting your Matching Grant Application, please take a moment to review this checklist.

- ✓ Does the project meet all grant policies and guidelines?
- ✓ Does the project description clearly state how the project will assist those in need?
- ✓ Are the activities of the host and international partners clearly explained?
- ✓ How will Rotarians be actively involved in the project?
- ✓ Have both the host and international partners created committees to oversee the project?
- ✓ Are these individuals correctly listed on the Application with their complete contact information?
- ✓ Is a detailed, itemized budget included in the Application?
- ✓ Is ownership of the property on which the structure will be located clearly stated?
- ✓ Is a blueprint/detailed drawing of the structure included?
- ✓ Are all partner contributions listed in the application, noting which are from the WCS fund?
- ✓ Have the Club Presidents from the host and international partners provided their authorizing signatures?

If a cooperating organization is involved, please make sure the following letters are included with the Application:

- ✓ Letter from the organization specifically stating its responsibilities, how it will interact with Rotarians, and agreeing to cooperate in any financial review of the project.
- ✓ Has the District Grants Subcommittee Chair of D5580 certified that the Application is complete and eligible?

***** Have the partners made copies of all documents for their files prior to submitting them to D5580?**

***** Completed Applications should be sent to:**

- ✓ District 5580 Office: bigfish@uslink.net
- ✓ Grants Subcommittee Chair (See Member Roster on Grants Website)

If you have any questions or concerns, please contact the Grants Subcommittee Chair.

- To the best of my knowledge and believe, except as disclosed herewith, neither I nor any person with whom I have or have had a personal or business relationship, is engaged or intends to engage in benefiting from D5580 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 D5580 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 D5580. (**NOTE:** Any and all exceptions must be explained in an attached statement.)

Host Partner

Name: Dan Narr

Title: Executive Director

NGO: Mano a Mano International Partners

Signature: _____



Date: 10/16/2012

International Partner

Club President (Club-sponsored)

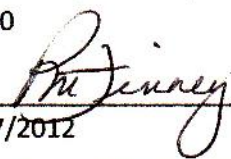
District Grants Subcommittee Chair (District-sponsored)

Name (print): Patricia Finney

Title: President

Rotary Club: Harbortown Rotary Club of Duluth Minnesota

District 5580

Signature: 

Date: 10/17/2012

Explanation:

A **cooperating organization** (for example, an NGO) 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 cooperation organization. If this project involves a cooperating organization (neither a Rotary Club nor the beneficiary of the project), provide the following:

Name of organization: Mano a Mano International Partners
Street Address: 774 Sibley Memorial Highway
City, State Postal code: Mendota Heights, MN 55118 USA
Office phone: 651-457-3141
E-mail: dan@manoamano.org
Web address if available: www.manoamano.org

Also, have the project contact provide the Project Contact information as listed above.

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.

Explanation: Although both partners are responsible for completing the Interim and Final reports, **D5580 requires that one (1) partner take primary responsibility for submitting the Final Report to D5580. It is recommended that the primary project Club in D5580 takes this responsibility.**

By signing below, our Club accepts Primary Reporting responsibility.

Print Name: Patricia Finney

Signature: 

Rotary Club Name: Harbortown Rotary Club of Duluth Minnesota
District 5580



mano a mano International Partners

Creating Partnerships for Health and Economic Well-Being

Mano a Mano's Responsibilities and Interaction Process with Rotary

1. The Mano a Mano International Partners office in Minnesota approaches a U.S.-based Rotary Club with an invitation to travel to Bolivia to view a partner on a project.
2. Staff of its Bolivian counterpart organization approaches a Rotary Club in Bolivia with an invitation to consider partnering with Mano a Mano and the U.S. Club on a project.
3. If the Clubs in the U.S. and Bolivia wish to partner on a project, the U.S. office prepares a project funding proposal in close collaboration with staff of its Bolivian counterpart organization and submits it to the Rotary Club in the U.S.
4. Staff in Bolivia provides Bolivian Rotarians with the purpose, goals, design, implementation method and cost of the project.
5. The Bolivian Rotary Club issues a letter of support for the project.
6. Mano a Mano invites Rotarians to travel to Bolivia to meet with Rotarians there and to view the project site.
7. If funding is approved, the Mano a Mano counterpart organization proceeds to implement the project with Bolivian Rotarians making regular site visits to inspect the work and review the expenditure of funds.
8. Throughout the project, Mano a Mano provides Rotarians in both countries with periodic updates on the progress toward project completion. Bolivian Rotarians also join meetings with Mano a Mano staff in Bolivia and the residents of the community that will benefit from the project. During these meetings staff explains the project details to community residents and enlists their contribution of volunteer labor required to complete the project.
9. When the project is completed, Bolivian Rotarians complete an audit through visual inspection of the project itself and review of all expenditures. The visual inspection ensures that materials purchased for the project are actually being used for the project.
10. The project is officially dedicated and opened with Bolivian Rotarians participating in the ceremony. U.S. Rotarians are also invited to participate.
11. Mano a Mano's Minnesota staff presents a final report on the project and expenditure of funds to the supporting Rotary Club.

Sincerely,

Dan Narr
Executive Director

774 Sibley Memorial Highway, Mendota Heights, MN 55118 USA

phone 651.457.3141 fax 651.450.9935 email manoamano@manoamano.org

www.manoamano.org Facebook www.facebook.com/manoamanointl

COMPLETION OF ICLA HEALTH CLINIC NETWORK
PROJECT BUDGET: 8/2012

INCOME

Rotary Clubs	\$ 35,000.00
Municipality	\$ 23,956.04
Mano a Mano - individual gifts	\$ 6,580.00
Communities - Cash	\$ 3,994.10
Mano a Mano - other contributions	\$ 10,325.00
	\$ 79,855.14

EXPENSES	San Jacinto Pesos	Guitarrani Pesos	Combined Pesos	Rotary Line items Pesos
Materiales/MATERIALS	93,888.00	134,850.00	228,738.00	
Agregados/GRAVEL, SAND	11,250.00	15,450.00	26,700.00	26,700.00
Ladrillo/BRICKS	14,000.00	18,500.00	32,500.00	32,500.00
Cemento/CEMENT	15,200.00	19,000.00	34,200.00	34,200.00
Techos/ROOF	13,858.00	18,568.00	32,426.00	32,426.00
Pisos/FLOORING	12,000.00	18,250.00	30,250.00	30,250.00
Electricidad/ELECTRICITY	5,000.00	8,100.00	13,100.00	13,100.00
Plomería y sanitaria/PLUMBING	12,800.00	18,400.00	31,200.00	31,200.00
Carpentería de madera/CARP WOOD	7,180.00	15,350.00	22,530.00	22,530.00
Carpentería de metal/METAL WORK	500.00	832.00	1,332.00	1,332.00
Letrero/SIGN	1,600.00	1,600.00	3,200.00	3,200.00
Transporte contratado/TRANSPORT	500.00	800.00	1,300.00	1,300.00
Equipamiento/EQUIPMENT	29,120.00	50,800.00		
Mobiliario/FURNISHINGS	21,620.00	43,300.00		
Artículos de limpieza/CLEANING MATL	5,000.00	5,000.00		
Transporte/TRANSPORT	2,000.00	2,000.00		
Refrigerio/FOOD AND DRINKS	500.00	500.00		
Medical equipment from U.S.	15,000.00	35,000.00		
Initial Distribution of Supplies	4,262.00	5,000.00	9,262.00	9262
Ongoing Supplies Distribution	10,738.00	30,000.00		
Mano de obra/LABOR	44,825.00	53,500.00		
Albañiles/MASTER BUILDERS	30000	35,000.00		
Peones/HELPERS	6,500.00	7,500.00		
Alimentación/FOOD	500.00	500.00		
Ropa/CLOTHING	1,000.00	1,000.00		
Capacitación/TRAINING	6,825.00	9,500.00		
Supervisión and transport	4,608.00	27,500.00		
Inspector de obra/ON SITE INSPECTO	2,608.00	16,000.00		
Transporte/TRANSPORT	1,200.00	9,000.00		
Refrigerios/FOOD AND DRINKS	800.00	2,500.00		
Inauguración/DEDICATION	4,300.00	5,800.00		
Transporte/TRANSPORT	2,000.00	3,500.00		
Refrigerios/FOOD AND DRINKS	1,000.00	1,000.00		
Invitaciones/INVITATIONS	1,300.00	1,300.00		
Total	191,741.00	307,450.00		
<i>Inflación/INFLATION</i>	<i>8.67</i>			
Total	208,364.94	307,450.00		
<i>Tipo de cambio/EXCHANGE RATE</i>	<i>6.80</i>	<i>6.80</i>		
Total dólares	30,641.90	45,213.24		
US ADMIN	1500	2500		
TOTAL COST OF PROJECTS	32,141.90	47,713.24	Rotary (Pesos)	\$ 238,000.00
TOTAL - DOLLARS	79,855.14		Rotary Contribution	\$ 35,000.00

13.2.07 – Added Note

Note: Community contributions come directly from residents in the small villages where the projects are located. The Municipality is a unit of government (similar to our counties) that is responsible for many small communities. The municipality has some taxing authority and receives some funds from the Bolivian government to provide rural health care. Although the community contributions are the smallest part of the overall funding sources, it is a very significant contribution for these subsistence farmers who have very little cash income.

Clinic Construction Schedule

Mano a Mano International Partners



Initial Process for a Community to Request a Project in Bolivia

1. A community has decided that they want and need a clinic and approaches Mano a Mano Bolivia in Cochabamba to request a clinic project.
2. Mano a Mano Bolivia works with the community and local municipality to determine if a clinic would be feasible in their community.
3. If a clinic is determined to be a good fit, the community is put on the waiting list until funding becomes available.

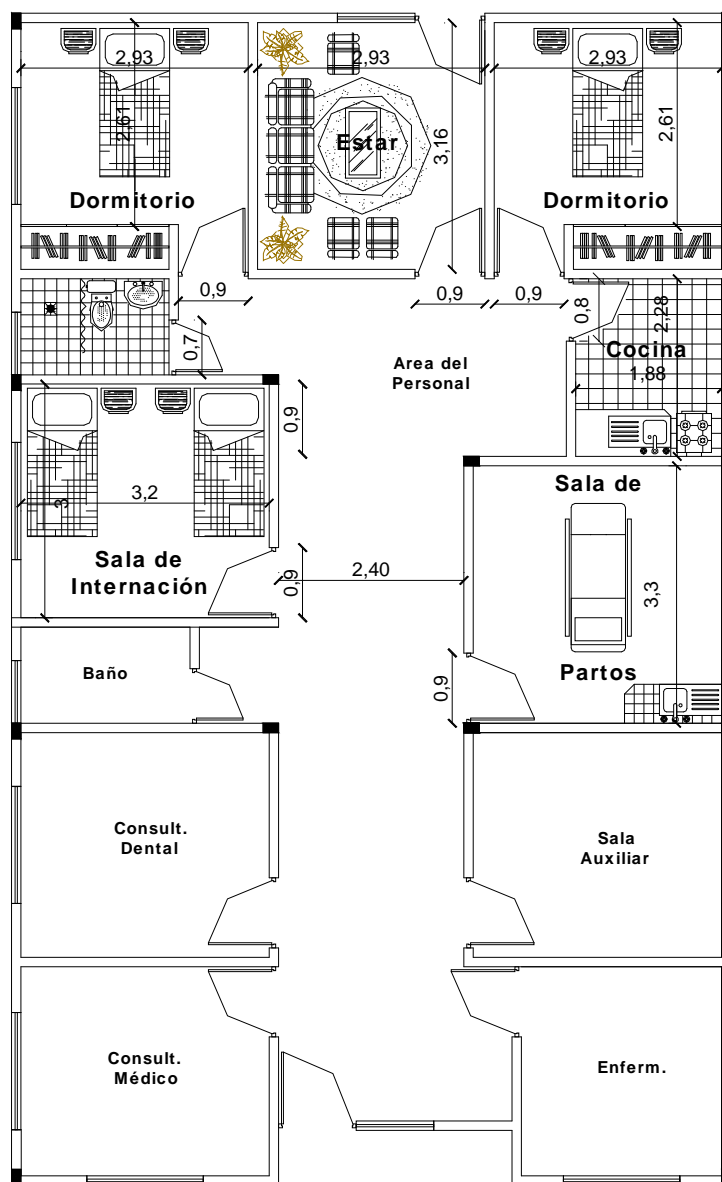
Construction Process Once Funding is in Place


Approximately 15 months from start to finish

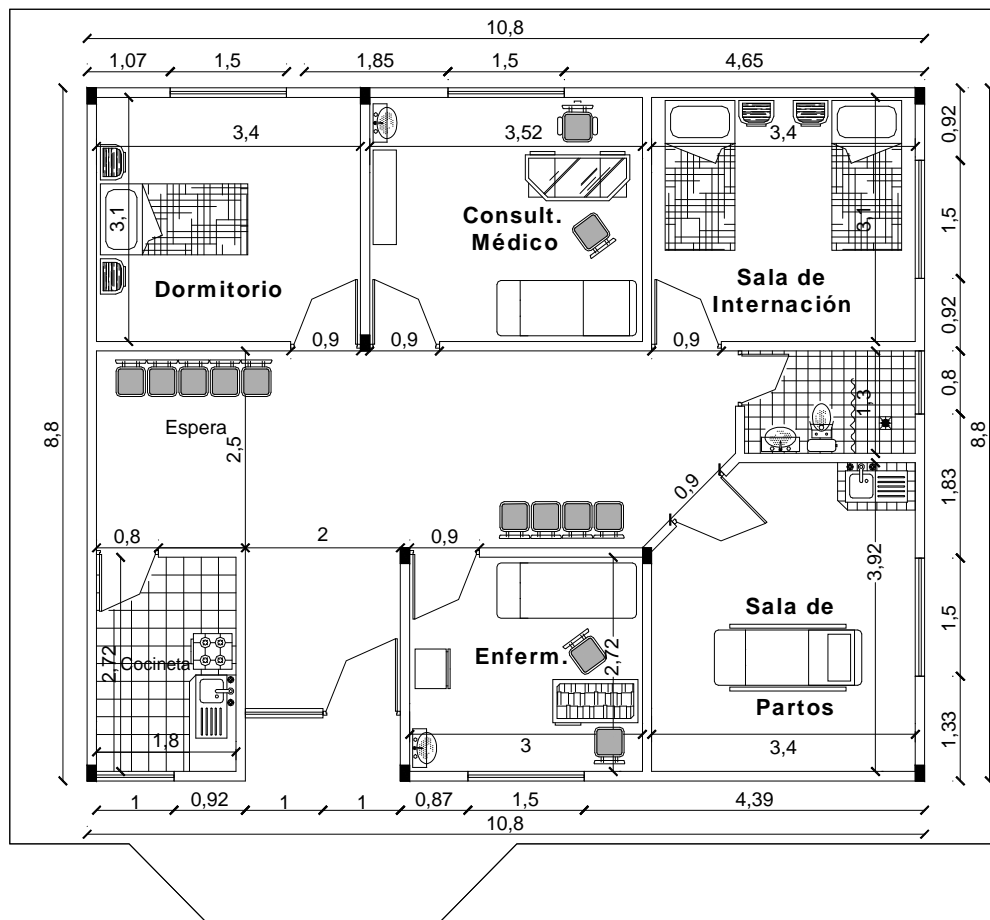
- Months 0-3 – Signed Agreement. Mano a Mano Bolivia works with community leaders and local officials to reach an agreement (the “convenio firmado”) that defines roles and responsibilities for everyone involved during the process.
- Months 3-6 – Organizing the Community. Mano a Mano Bolivia organizes the community to prepare them for the construction process (finding volunteers to cook meals for the construction workers, setting up a volunteer work schedule, preparing the plot of land for construction, determining what materials are available locally, etc.).
- Months 6-10 – Construction. Mano a Mano Bolivia hires skilled construction workers to work alongside its on-staff architect and local community volunteers to build the clinic. Construction takes roughly 4 months. We do not typically build in January through March due to the rainy season in Bolivia, which greatly impedes travel and construction.
- Months 9-10 – Medical Staff is Hired. These positions are paid for by the Bolivian Health Ministry or another source as agreed to in the convenio firmado.
- Months 10-12 – Establishing Protocols. After construction is complete, protocols are put in place by Mano a Mano for daily clinic operations and the clinic is turned over to the community to manage. Mano a Mano Bolivia always continues to provide on-going health education for all medical staff, medical supplies and equipment donated and shipped from the US, and weekly communications with our central office to touch base and troubleshoot any issues.
- Months 10-15 – Training Health Promoters. Mano a Mano Bolivia works on identifying and organizing a group of health promoters (usually 10-12 volunteers), who are trained in basic first aid and providing outreach to the community.




ELEVACIÓN POSTERIOR

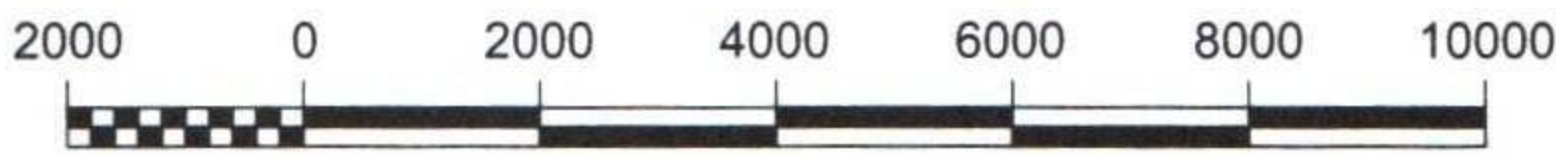


<u>PROYECTO:</u>			Propuesta de Ampliacion : Puesto de Salud SAN JACINTO			<u>LAMINA</u>		
<u>SUPERFICIE:</u>		70,00 M2	<u>ESCALA:</u>		1 : 100		<u>CONTENIDO:</u>	PLANTA TIPO ELEVACION POSTERIOR
<u>DERECHO DE AUTORIA:</u>			 Mano a Mano Bolivia Voluntariado de apoyo a la salud y desarrollo social <small>Permisión Judicial R.P. Nº 311089</small>		<u>APOYO TECNICO:</u>		Arq. ELIZABETH MONTAÑO V.	



<u>PROYECTO:</u> Puesto de Salud : GUITARRANI			<u>LAMINA</u>
<u>SUPERFICIE:</u> 95,00 M2	<u>ESCALA:</u> 1 : 100	<u>CONTENIDO:</u> PLANTA TIPO ELEVACION PRINCIPAL	
<u>DERECHO DE AUTORIA:</u> <div><div>Mano a Mano Bolivia Voluntariado de apoyo a la salud y desarrollo social <small>Proyecto impulsado por UNICEF</small></div></div>		<u>APOYO TECNICO:</u> Arq. ELIZABETH MONTAÑO V.	

ICLA
4ta. Sección
Provincia ZUDANEZ

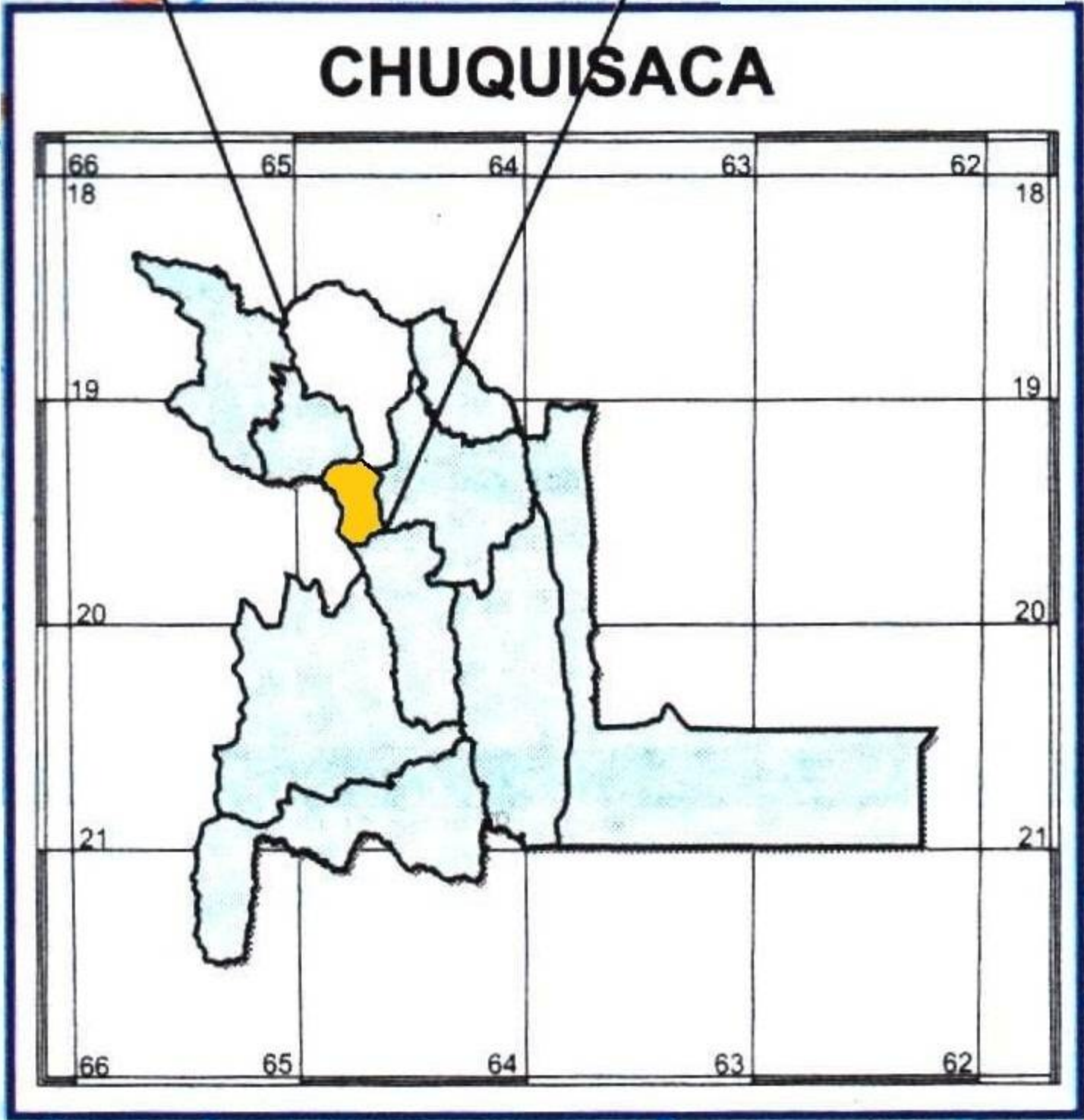
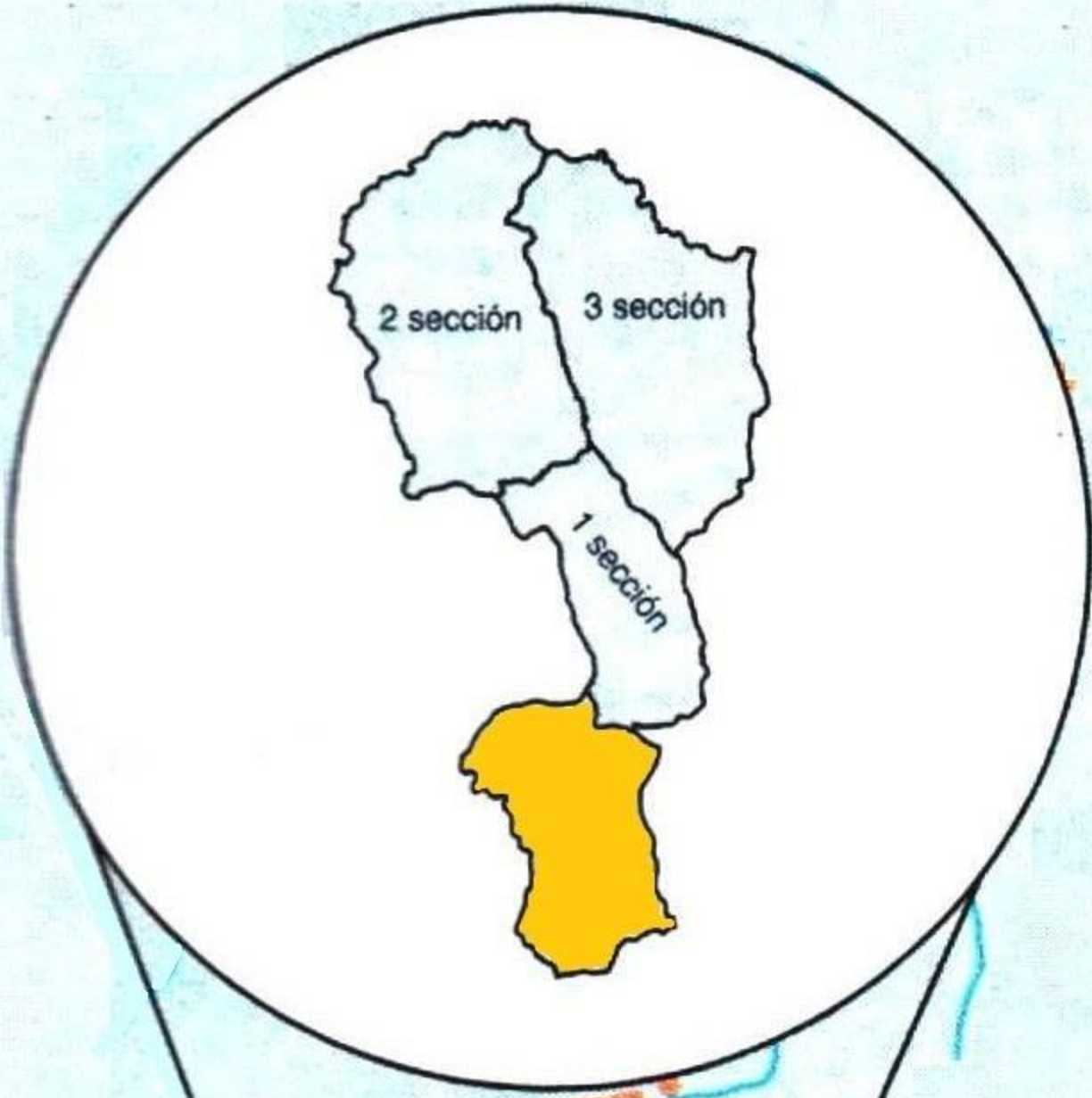


Provincia
Yamparaez

1ra. Sección
(Zudañez)

Provincia
Tomina

Provincia
Azurduy



Proyecto	Comunidad	Principal Financiador	Año de ejecución
Nº 43	Thaqo Pampa	Geneva Global	2004
Nº 44	Uyuni (Icla)	Geneva Global	2004
Nº 54	Sumala	Rotary Club	2005
Nº 55	Candelaria	Rotary Club	2005
Nº 56	San Jacinto	Rotary Club	2005
Nº 93	Cantar Gallo	Rotary Club	2008
Nº 108	Rodeo	Rotary Club	2010