

Grant Title - NEONATAL AREA EQUIPMENT OF THE MATERNITY HOSPITAL “PEDRO MARTINETTI NAVAS” in Quevedo

Status - Authorizations Required

District Number 4400 (Qualified)

**OBJECTIVES**

WELCOME TO THE GLOBAL GRANT APPLICATION

Your application has been assigned the reference number GG1744216 , which you can use for tracking and when communicating with The Rotary Foundation or colleagues.

**PLANNED ACTIVITIES**

**In a few short sentences, tell us your objectives for this global grant.**

Improve the medical service for a very transcendental moment in life such as birth.

Avoid serious complications such as hypoxia or neonatal asphyxia that can provoke irreversible conditions like child brain paralysis.

Reduce neonatal mortality levels of low income populations

**Who will benefit from this global grant? Provide the estimated number of direct beneficiaries.**

Neonates and children of pregnant mothers from the city of Quevedo, specially the San Camilo parish with an estimated population of 70.000 inhabitants. Also inhabitants from adjacent cantons like Quinsaloma and Valencia, offering high quality medical service to an extra approximate population of 30. 000 people.

**Which of the following activities will this global grant fund?**

Humanitarian project

**Humanitarian Project**

**Where will your project take place?**

**Community:** Maternity Hospital Pedro Martinetti Navas

**City or Village:** Quevedo, Province of Los Ríos

**Country:** Ecuador

**When do you anticipate your project will take place?**

**From:**2016-11-07 **Until:** 2016-12-19

**Outline your project implementation schedule.**

No.	Activity	Duration
1	Equipment delivery	1 month
2	Equipment installation and simultaneous training	2 weeks
3	Money release for the project	2-3 months approximately

**SUSTAINABILITY**

**What community needs will your project address and how were these needs identified? Provide any relevant data or survey results**

The Club has been sponsoring this Maternity Hospital for about 20 years through its Children in Hands of Rotary Foundation, and provided the equipment for the intensive care unit, which at present has become useless. This is why this project has been designed to replace the existing equipment.

Grant Title - NEONATAL AREA EQUIPMENT OF THE MATERNITY HOSPITAL “PEDRO MARTINETTI NAVAS” in Quevedo

Status - Authorizations Required

District Number 4400 (Qualified)

**Detail how your project will address these community needs.**

As detailed above

**How were members of the local community involved in planning the project? Does your project align with any current or ongoing local initiatives?**

As stated above, the Club has been working with this hospital for many years and so, the hospital personnel and the community are totally aware of this project, since they have been asking for it.

**Describe any training, community outreach, or educational programs, if applicable, and who will conduct them. How will recipients be selected?**

The provider of the equipment will give the corresponding updating training in the use of the new equipment. The recipients will be hospital medical staff in charge of operating the equipment.

**Areas of Focus**

**Maternal and child health**

**Which goals will your activity support?**

Reducing the mortality and morbidity rate for children under the age of five

**How will you meet these goals?**

By providing intensive care treatment for newborns of the hospital and from other surrounding areas that otherwise would die since there are not similar available services in the near towns.

**How will you measure your impact?**

No.	Measure	Measurement Method	Measurement Schedule	Target
1	Number of communities that report decreased mortality rates of children under age 5	Direct observation	Every three months	50-99

**Who will be responsible for collecting information for monitoring and evaluation?**

The hospital medical and administrative staff and the Club members in charge of the project

**Participants**

**Primary Contacts**

Name	Club	Role	Sponsored by	Serving as
Randall Schiltz	Alpharetta	(Primary Contact)	Club	International
Gerardo Piedra Trejo	Quevedo	(Primary Contact)	Club	Host

**Committee Members**

#	Name	Club	Role
1	Gina Mejia Alarcon	Quevedo	(Secondary Host Contact)
2	Martha Tapia Vera	Quevedo	(Secondary Host Contact)

#	Name	Club	Role
---	------	------	------

Grant Title - NEONATAL AREA EQUIPMENT OF THE MATERNITY HOSPITAL “PEDRO MARTINETTI NAVAS” in Quevedo

Status - Authorizations Required

District Number 4400 (Qualified)

1	Jason Binder	Alpharetta	(Secondary International Contact)
2	Scott Doll	Alpharetta	(Secondary International Contact)

No Rotarian who has a vested interest in the activity (e.g., an employee or board member of a cooperating organization, owner of a store where project goods will be purchased, trustee of a university that a scholar plans to attend) may serve on the grant committee. If any potential conflict of interest exists, disclose it here.

**Cooperating Organization**

No.	Name	Website	Street address or P.O. box	City	Country
-----	------	---------	----------------------------	------	---------

Describe your process for selecting this organization. What resources or expertise will this organization contribute?

**VOLUNTEER TRAVELER(S)**

No.	Name	Email
-----	------	-------

Identify the responsibilities of the volunteer traveler(s) and the specific tasks that each individual will complete.

**PARTNERS**

List any additional partners who will participate and identify their responsibilities. This may include Rotary clubs, Rotaract clubs, Rotary Community Corps, or individuals.

**ROTARIAN PARTICIPATION**

Describe the role of the host Rotarians in this activity and list their specific responsibilities.

Dr. Gerardo Piedra Trejo – TRF Committee President: General supervision of the project

Dra. Gina Mejia Alarcon – Chief of the Pediatric Department of the Maternity Hospital: Monitoring and evaluation of the collected information of the project

CPA. Martha Tapia Vera: In charge of project financial management

Describe the role of the international Rotarians in this activity and list their specific responsibilities.

Provide the agreed part of the financing needed for the project. Supervise the advance of the project. Verify expenditures and require reports on them. Visit the project to verify its advance

**SUSTAINABILITY**

Describe the role that members of the local community will play in implementing your project. What incentives (e.g., compensation, awards, certification, promotion) will you provide to encourage local participation?

Due to this project will be implemented exclusively volunteer rotarians and medical staff, the community does not play any role because the will be benefited by the implementation of the same.

Identify any individuals in the local community who will be responsible for monitoring outcomes and ensuring continuity of services. How will you support these individuals to help them take on this leadership role?

As the project will be run by the volunteer rotarians and medical staff, individuals of the benefited community will not be responsible for any outcome or take any leadership role.

**BUDGET**

Grant Title - NEONATAL AREA EQUIPMENT OF THE MATERNITY HOSPITAL “PEDRO MARTINETTI NAVAS” in Quevedo

Status - Authorizations Required

District Number 4400 (Qualified)

Select the local currency for your budget and enter the current rate of exchange to 1 U.S. dollar. Obtain the current RI exchange rate from Rotary's website. If your country is not on the official RI exchange rates list, visit the Oanda or Bloomberg website to obtain the current rate.

Detail your proposed expenses by adding items to the budget. Note that the total budget must be equal to the total financing of your activity.

Local currency: USD Exchange rate to 1 USD: 1

No.	Description	Supplier	Category	Local cost (USD)	Cost in USD
1	INTENSIVE CARE INCUBATOR (1)	OMNIMED S.A.	Equipment	13,110.00	\$13,110.00
2	NEW BON RADIANT CRADLE (1)	OMNIMED S.A.	Equipment	19,950.00	\$19,950.00
3	NEONATAL CPAP (1)	OMNIMED S.A.	Equipment	12,540.00	\$12,540.00
4	ARM ARTICULATE LED PHOTOTHERAPY LAMP (1)	OMNIMED S.A.	Equipment	4,332.00	\$4,332.00
5	FETAL MONITOR (1)	OMNIMED S.A.	Equipment	5,415.00	\$5,415.00
6	VOLUMETRIC INFUSSION PUMPS (3)	OMNIMED S.A.	Equipment	4,651.00	\$4,651.00
7	External audit of project	To be determined	Monitoring/evaluation	200.00	\$200.00
8	Miscellaneous	to be determined	Supplies	1,802.00	\$1,802.00
				<b>Total budget:</b>	<b>62,000.00</b>
					<b>\$62,000.00</b>

**SUSTAINABILITY**

Describe the process for selecting these budget items. Do you plan to purchase any items from local vendors? Have you performed a competitive bidding process to select vendors? Do these budget items align with the local culture and technology standards?

All the described equipment will be purchased locally from the Ecuadorian supplier OMNIMED S.A. This company was chosen by a bidding process among three participating companies. OMNIMED S.A was selected not only for the price convenience, but also because of the guarantee, quality and technical and training service offered. About the local culture and technology standards, all items align to these aspects.

How will the beneficiaries maintain these items? If applicable, confirm that spare or replacement parts are readily available and that the beneficiaries possess the skills to operate equipment.

The beneficiary hospital's staff will be trained by the suppliers, who will supply all necessary spare parts when needed.

Who will own the items purchased with grant funds at the end of the project, including equipment, assets, and materials? Note that items cannot be owned by a Rotary club or Rotarian.

Grant Title - NEONATAL AREA EQUIPMENT OF THE MATERNITY HOSPITAL “PEDRO MARTINETTI NAVAS” in Quevedo

Status - Authorizations Required

District Number 4400 (Qualified)

The maternity hospital will own all the equipments provided by the project.

**FINANCING**

The Rotary Foundation funds global grants from the World Fund, and awards range from US\$15,000 to US\$200,000. The Foundation matches cash contributions at 50 percent and District Designated Fund (DDF) contributions at 100 percent. The Foundation will also match non-Rotarian contributions toward a grant, provided they do not come from a cooperating organization or a beneficiary.

To determine the World Fund match for your global grant, list all sources of funding, specifying contributions from cash, DDF, and other sources. Non Rotarian contributions with no match from TRF can be included in the grant financing if they are being used to purchase grant budget items. These contributions should not be sent to TRF. Note that the total financing must be equal to the total budget of your activity.

\*NOTE: Any grant cash contributions sent to TRF must include an additional to support processing expenses.

After you have added all funding sources and the requested World Fund match, click "Save" to save your grant financing.

#	Funding Method	Organization	Amount (USD)	Extra support *	Contribution + Extra support *
1	District Designated Fund (DDF)	4400	\$3,500.00	\$0.00	\$3,500.00
2	Cash from Club	Quevedo	\$1,000.00	\$50.00	\$1,050.00
3	District Designated Fund (DDF)	6900	\$26,750.00	\$0.00	\$26,750.00

Funding Summary		
DDF contributions:		\$30,250.00
Cash contributions:		\$1,000.00
Non-Rotarian contributions to be matched by TRF:		\$0.00
Endowed/Term gift contributions:		\$0.00
Donor Advised Fund:		\$0.00
World Fund match maximum::		\$30,750.00
World Fund match (requested):		\$30,750.00
<b>Financing subtotal (matched contributions + World Fund):</b>		<b>\$62,000.00</b>
Non-Rotarian contributions with NO match from TRF:		\$0.00
<b>Total financing:</b>		<b>\$62,000.00</b>
Total budget:		\$62,000.00

Grant Title - NEONATAL AREA EQUIPMENT OF THE MATERNITY HOSPITAL “PEDRO MARTINETTI NAVAS” in Quevedo

Status - Authorizations Required

District Number 4400 (Qualified)

**SUSTAINABILITY**

**Have you identified a local funding source to ensure long-term project outcomes? Will you introduce practices to help generate income for ongoing project funding?**

No additional funding will be needed for the project, since it will be used and maintained by the receiving hospital.

**Authorization**

Application Authorization

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

1. All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the activities as presented in this application.
2. The club/district agrees to undertake these activities as a club/district.
3. We will ensure all cash contributions (as detailed in the grant financing) will be forwarded to The Rotary Foundation (TRF) or sent directly to the global grant bank account after Trustee approval of the grant.
4. Rotary International (RI) and TRF may use information contained in this application to promote the activities by various means such as The Rotarian, the RI international convention, RVM: The Rotarian Video Magazine, etc.
5. We agree to share information on best practices when asked, and TRF may provide our contact information to other Rotarians who may wish advice on implementing similar activities.
6. To the best of our knowledge and belief, except as disclosed herewith, neither we nor any person with whom we have or had a personal or business relationship are engaged, or intend to engage, in benefiting from TRF grant funds or have any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of TRF grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF.

**Primary Contact Authorizations**

Role	Name	Authorization Status	Authorization Date
Primary Contact	Randall Schiltz	Authorized	19/09/2016
Primary Contact	Gerardo Piedra Trejo	Authorized	18/09/2016

**DRFC Authorizations**

Role	Name	Authorization Status	Authorization Date
District Rotary Foundation Chair (DRFC)	Marjorie Kersey		
District Rotary Foundation Chair (DRFC)	Juan Prinz		

Global Grant Record - GG1744216

Grant Title - NEONATAL AREA EQUIPMENT OF THE MATERNITY HOSPITAL “PEDRO MARTINETTI NAVAS” in Quevedo

Status - Authorizations Required

District Number 4400 (Qualified)

DDF Authorizations