

Global Grant Record - GG1636733
Grant Title - CostaRica Smiles
Report Type - Final
Report Status - Authorizations Required
Host District - 4240
International District - 5340

WELCOME TO THE GLOBAL GRANT REPORT

Your answers to the questions in this report will help us measure Rotary's impact in the world, publicize your successful activities, and document your good stewardship practices. Thank you for taking your time to complete this report carefully and accurately.

Objectives

Your global grant was approved to fund the following activity(ies):

Humanitarian project

Rate your progress toward achieving your project's objectives:

Excellent

If no progress has been achieved to date, explain why.

Have the objectives been modified?

No

If yes, explain how and why.

List your project activities to date. In your description, tell us where the activity took place, who participated, and what has been accomplished.

No.	Activity	Description	Status	Completion Date
1:	Equipment/supply purchase	The final purchases were accomplished in several sections.	Complete	12/12/2016
2:	Travel	Travel to Project site	Complete	13/12/2016
3:	Educational program	Educational Program	Complete	15/12/2016
4:	Training	Training Seminar and Equipment Maintenance In-Service	Complete	15/12/2016
5:	Community outreach	Further training Education and Planning	Complete	21/12/2016
6:	Educational program	Presentation for Rotarians locally	Complete	29/12/2016
7:		Further		

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	Travel	instrumentation Pickup travel for Delivery to Mission Site Costa Rica	Complete	09/01/2017
8:	Travel	Further instrumentation travel for Equipment Delivery to Mission Site Costa Rica	Complete	19/01/2017
9:	Training	Training inservice planning Maintenance for Sustainability	In progress	30/01/2017
10:	Monitoring/evaluation	Meeting regarding progress of trainees and maintenance.	Complete	04/02/2017
11:	Monitoring/evaluation	Meeting with Host Country Rotary Members and President Barboza for final assessment of MG.	Complete	05/02/2017
12:	Training	Final training seminar given and received for use and maintenance of grant related equipment.	Complete	25/02/2017

Areas of Focus

What was your impact?

Total number of direct beneficiaries:

3500

Provide the method, schedule, and results for the measures you identified in the application. Add new measures if needed.

Disease prevention and treatment

No.	Measure	Actual Measurement Method	Actual Measurement Schedule	Actual Results
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1:	Number of medical and health professionals trained	Direct observation	Every year	15 medical and health professionals trained
2:	Number of individuals reporting better quality of health care services	Focus groups/interviews	Every six months	First groups involved

Who was responsible for collecting this information? (Select all that apply.)

Beneficiary organization;Community members

Is the local community prepared to continue monitoring these outcomes?

Yes

Explain how you have supported individuals in the local community to monitor project outcomes. If your answer was no, identify who will perform this monitoring role.

The local community clinic and clinicians and health care professionals who have been trained will continue the monitoring of project outcomes.

Participants

Identify any Rotary clubs or districts other than the primary sponsors and financial contributors who were involved in this grant.

No.	Organization	Club/District
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Describe how the host and international Rotarians committed their time and expertise during the implementation of the project.

International Rotarians organized the purchasing and education for the professionals for the equipment purchased. The maintenance presentations and inservice meetings for the mission center professionals was also done by the International Rotarians. The host Rotarians supplied support and participated as the recipient club for the community. Future interactions with the educational aspects of the use of the equipment will involve direct Host Rotarian participation with registration and community notifications and promotions with news media.

How has the cooperating organization participated (if applicable)? What resources or expertise has the cooperating organization contributed?

Primary Contacts

Name	Club	Role	Sponsored by	Serving as
Jeffrey Moses	Carlsbad	(Primary Contact)	Club	International
Juan Hernandez H.	San Juan del Murcielago-Tibás	(Primary Contact)	Club	Host

Committee Members

Name	Club	Role
Tháis Rodríguez Sandoval	San Juan del Murcielago-Tibás	(Secondary Host Contact)

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Rafael Trejos Montero	San Juan del Murcielago-Tibás	(Secondary Host Contact)
Name	Club	Role
Terrence Maher	Carlsbad	(Secondary International Contact)
Joseph Bear	Carlsbad	(Secondary International Contact)

Budget

Click Edit to enter information for each budget item. Actual spent is the amount you spent since the grant was approved. Next, enter the three-letter code of the Currency used for the expenditure and the Exchange Rate for the currency. If you spent grant funds in two currencies, click Split to enter the amounts spent in both currencies. If no funds were spent, enter 0. Add new budget items if needed.

No.	Description	Supplier	Category	Budgeted cost (USD)	Actual spent (USD)
1:	Endoscopy Instrumentation	Storz and KLS Martin Inc. Arthroplasty Instrumentation	Equipment	14,444.00	10,859.00
2:	Surgical Electronic Equipment	Karl Storz	Equipment	22,056.00	28,358.00
3:	Contingency	AIRdeliv/ Bank/Wire BOA	Equipment	3,250.00	1,249.00
4:	Medical Supplies	TBD Gerardo Elsner LTD.	Supplies	1,000.00	.00
				Total budget:	40,750.00 (USD)
				Total spent:	41,199.13 (USD)

Describe the overall financial management of the grant, including how payments are being issued and who is responsible for issuing them. Share any financial management challenges.

The equipment was ordered by Dr. Moses and the use of KLS Martin Company was advised due to their giving a very good price for their Arthroplasty, Soft Tissue, and operating headlight sets. A payment was made over the phone using a credit card which was then repaid with banking transfers afterwards matching the amount of the paid invoices from this company. The Arthroscopic Endoscope sets were ordered from the Storz Company Representative located in the project country of Costa Rica since they would be able to provide the warranty for the delicate instrumentation and also provide loaner scopes during any repairs. Additionally, through the use of this order with payment performed by a 50% down on the initial order, and the remaining 50% paid upon delivery, there was little risk of damage upon transport delivery of this portion of the equipment to the mission site clinic. The delivery of the metal hand instrumentation and headlights was accomplished as well as the education, training modules and the preventive maintenance for sustainability by Dr. Moses

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flying to the mission site directly. Travel to and from the site was required due to the staggered shipments of equipment overlapping with the main training dates. A few instruments were necessary as well as medical supplies after the initial orders and these were paid for and invoices and paid "factura" records were obtained. While there was an over-expenditure for the full \$40,750 by approximately \$449. this was adsorbed by the grant participant Dr. Moses and the project deemed sustainable and complete at this time.

Overall, with the amount deposited from Rotary International Foundation into the Dedicated CostaRica Smiles MG (CRMG) account at the Bank of America, we started off with an amount of \$39,785.71 USD and the ending balance was Zero with there being an overage of expenses for some of the contingencies of delivery which were waived for reimbursement by Dr. Moses. Payments were done in large sums as follows:

1. Bank Wire transfer to Storz (Gerard O. Elsner Ltda.) for Endoscopic Equipment \$14,179.00 USD
2. Wire transfer fee \$45.00
3. Bank Wire Transfer to Storz (Gerard O. Elsner Litda.) for second half payment for Endoscopic Equip. \$14,179.00
4. Wire transfer fee \$45.00
5. Credit Card payment (with repayment transfer) for KLS Soft Tissue Set \$2,906.05
6. Credit Card payment (with repayment transfer) for KLS TMJ Arthroplasty Set \$3,642.93
7. Credit Card payment (with repayment transfer) for KLS Hospital Headlight Sets \$4,309.99
8. Repayment for Delivery partial expenses to Pacific Clinical and additional payments for the airflights involved with the instrumentation pickup and delivery as well as arrivals for educational and maintenance training was paid by credit card by Dr. Moses for \$361.88,\$292.88,\$355.72, and \$148.38. This was added to the \$90 Bank of America (BOA) wire transfer fees to show a budget total of \$1,248.86 which was rounded to \$1,249.00 and placed into the contingencies category.
9. Further necessary extra purchase of instruments and medical supplies totaling \$773.13 was paid on credit card by Dr. Moses.

Identify any unused global grant funds you will be returning to The Rotary Foundation.

Funds being returned (in local currency):

0

Authorizations

Both host and international sponsors are required to authorize the report. If the primary sponsor is a club, then the current president authorizes the report on behalf of the club. If the primary sponsor is a district, then the current district Rotary Foundation committee chair authorizes the report on behalf of the district.

After the primary contact affirms that the report is complete, the report will be locked for editing and the officers authorizing this report will receive an email notification requesting their authorization.

#	Role	Name	Authorization Status	Authorization Date
1	Club President	Kenneth Barboza Brenes		
2	Club President	Frank Silva		

By authorizing this report, I confirm that, to the best of my knowledge, these grant funds were spent according to Foundation guidelines and that all of the information contained in this report is true and accurate. Original receipts for all expenses incurred will be kept on file for at least five years, or longer if required by local law, in case they are needed for auditing purposes. I also understand that all photographs submitted with this report will

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