

# Global Grant Application

**GRANT NUMBER**  
GG2352756

**STATUS**  
Approved

## Basic Information

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### Grant title

AMBA CP 2

### Type of Project

#### Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

### Primary Contacts

Name	Club	District	Sponsor	Role
Gita Menon	Ambattur	3232	Rotary Club	Host
Reinhard Fricke	Münster-St. Mauritz	1870	Rotary Club	International

## Committee Members

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### Host committee

Name	Club	District	Role
Mahaveer Dugar	Ambattur [ Rotary Club ]	3232	Secondary Contact
Ashok Rao	Ambattur [ Rotary Club ]	3232	Secondary Contact

### International committee

Name	Club	District	Role
Michael Radau	Münster-St. Mauritz [ Rotary Club ]	1870	Secondary Contact International
Mechtild Pieper	Münster-St. Mauritz [ Rotary Club ]	1870	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.

No

## Project Overview

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

Rotary Club of Ambattur (RCA) is running a full-fledged hospital called " Ambattur Rotary Hospital"(ARH) through an independent Trust – Ambattur Rotary Charitable Trust (ARCT) – an NGO, on a non - profit basis at Ambattur Industrial Estate. ARCT has 4 signature long term projects, a School, a full-fledged Hospital, an after school education center and annual distribution of bed kits to needy school children better known as SCAW (Sleeping Children Around the World)

RCA requires funds to continue its existing activity of free treatment of poor and needy children affected by Cerebral Palsy, to increase the number of children & the area of coverage, besides making the centre self sustaining over period of time. Since inception and until date, ARH has carried out the rehab and treatment of poor children afflicted with Cerebral Palsy through donations and by raising funds from philanthropists and through our fund raisers apart from our earlier Global Grant No. GG.1990497.

Through our GG No. 1990497, we have treated about 149 children through 13353 session in a period of about 24 months. The treatment of some of the children are being continued through donations & fund raising. ARH has been carrying on the rehab activities since 2006 through contributions received from philanthropists and through fund raising programs and would like to continue this for the next three years through a fresh Global Grant and in the meantime, Ambattur Rotary Hospital will generate funds through donations, fund raising & through admitting affordable children & charging them, a portion of which help to subsidise the treatment to other children. Though we have envisaged a similar plan before the previous GG No.1990497, we were handicapped by COVID and were unable to take affordable children in our facility due to non availability of capable physiotherpists during COVID period.

The Global Grant is being sought to support us to expand the coverage in terms of geography as well as number of beneficiaries .

Free treatment will be given to poor children afflicted with Cerebral Palsy, in and around the city of Chennai and from the state of Tamil Nadu who can afford to come & stay in Chennai for the required period. We will be treating about 20 to 49 children on an average, per year, with each child having to undergo multiple sessions depending on the condition of the child and the nature of the treatment. This is envisaged to be performed during the years 2024 & 2027, totaling about 20 to 49 children per annum involving around 6000 sessions per annum totaling 18000 sessions over a period of 3 years. It is to be noted specifically that the number of sessions

each child needs to undergo varies from child to child, from one session to manifold sessions . Each session will take 1 hour. Apart from treating these children at ARH, they will be provided with some simple equipment to continue their treatment activities in their respective homes during and after the treatment to quicken as well as sustain the effectiveness.

## Areas of Focus

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

Disease prevention and treatment

## Measuring Success

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Disease prevention and treatment

### Which goals will your activity support?

Providing clinical treatment and rehabilitation for physical disabilities;

**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 recipients of disease prevention intervention	Grant records and reports	Every year	20-49
Number of sessions of treatment carried out	Grant records and reports	Every three months	1000-2499

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

Yes

### Name of Individual or Organization

Dr Winston Noronha

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

Rtn.Dr. Winston Noronha is a Rotarian of Rotary Club of Ambattur and the Director - Community Service Development .

He is a General Surgeon, with more than 3 decades of experience and highly competent and qualified to monitor and evaluate the progress of the project.

Qualitative goals are mentioned in the application and the report will contain the qualitative improvements of the children at the time of admission and post the treatment after a specified number of sessions / period.

Quantitative goals are the number of children treated which will be as stated in the application, namely the number of children taking treatment and of number of sessions of treatment The number of sessions being dependent on the physical condition of each child at the time of admission to the centre and the response to the treatment sessions , the number of children will be a function of this and inversely proportional . More sessions would mean lesser number of children who can be treated and lesser sessions would mean accommodating more number of children ..

To mention measurable outcomes , listing a few below :

2D Gait Analysis

Many with cerebral palsy find walking a challenge. Tight muscles, spasticity, joint problems, poor balance and the poor alignment and position of certain bones can all cause problems. As the person ages, these issues can worsen, causing other complications that can further reduce mobility.

2D Gait Analysis is used to visually assess a person's gait (walking style) in order to identify if they have any issues impacting on walking which should be corrected

A 2D Gait Analysis is carried out by an experienced therapist, who will take a video recording of a person walking along a walkway (usually a number of times) and then assess the person's movements at hip, knee and ankle level, and their overall posture.

Some of the movements that are assessed include stride time, length, stance time, swing time, joint angles and symmetry, comparing them to a typical walking style<sup>1</sup>. They will be analyzed from the front, side and back.

Afterwards, the video recording of the person walking is played back in slow-motion.

Six minute walk and push test

People with cerebral palsy have reduced mobility which can make it difficult to move around their community and complete daily living tasks. The Six Minute Walk and Push Tests can help determine a person's mobility level and how easily they can perform their daily activities.

In the Six Minute Walk and Push Tests, the assessor will measure the distance the person can walk or self-propel in a manual wheelchair. The surface they are tested on should be hard and flat. The corridor length to undertake the assessment can vary, but 30 metres is recommended by the American Thoracic Society<sup>1</sup>. The aim is for the participant to cover as much distance as possible in the six minutes. They should self-pace throughout the assessment and can take breaks if needed.

Gross Motor Function Measure

The Gross Motor Function Measure<sup>1</sup> (GMFM) is used to evaluate change that occurs over time in the gross motor function of children with cerebral palsy.

It explores five areas of motor ability, which are known as dimensions:

- A) Lying and rolling
- B) Sitting
- C) Crawling and kneeling
- D) Standing
- E) Walking, running and jumping

Gross Motor Function Classification System

The Gross Motor Function Classification System is a 5-level classification system that describes the gross motor function of children and youth with cerebral palsy on the basis of their self-initiated movement with particular emphasis on sitting, walking, and wheeled mobility. Distinctions between levels are based on functional abilities, the need for assistive technology, including hand-held mobility devices (walkers, crutches, or canes) or wheeled mobility

Physical therapists, occupational therapists such as ours familiar with movement abilities of children with cerebral palsy use the GMFCS . A specialist such as our Suresh familiar with a child can complete the GMFCS in less than 5 minutes and classify the child

It may not be out of place to mention that that Cerebral Palsy is NOT a disease .Nor can it be prevented .It is akin to diabetes and is a "condition ". One can only rehabilitate and treat to control the condition. At present, there is no way to totally prevent or cure cerebral palsy.

Although CP is a lifelong disability, there are many interventions that can help reduce its impact on the body and the individual's quality of life. An intervention is a service that aims to improve the condition of cerebral palsy and the day-to-day experience of the person living with it. Children with cerebral palsy can be supported by a team of specialists/health professionals and community-based support services who work together to help the child. Our specialist therapists headed by Suresh and his current team of 4 are trained people working under Suresh at ARHCPC

Also, these treatments/ therapies are recommended/referred by -paediatric surgeons /neuros etc and conducted by specialists and needless, has the approval of the community requiring no further endorsement .The ARHCPC has been functioning for the past about 12- 15 years with an impeccable track record without there being not a single case of further injury.

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## Location and Dates

## Humanitarian Project

### Where will your project take place?

#### City or town

CHENNAI

#### Province or state

Tamil Nadu

#### Country

India

### When will your project take place?

2024-06-01 to 2027-05-31

## Participants

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### Cooperating Organizations (Optional)

Name	Website	Location
AMBATTUR rOTARY cHARITABLE TRUST (ARCT)		SP 98, I MAIN RAOD, AMBATTUR INDUSTRIAL ESTATE, CHENNAI India

### Supporting Documents

- CP2\_0\_GG\_MOU.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 Hospital has a long history and working relationship with Rotary Clubs in Chennai & nearby places. The hospital has started its CP unit more than 15 yeas back amd has been treating CP children since then continuously except during a short period during COVID. The hospital has so far treated more than 700 children since starting the CP unit and continuing its activity. Hence we would like to continue with our partners to make the project a suuccessful sustaining project.

### Partners (Optional)

#### List any other partners that will participate in this project.

The Project is carried out in Partnership with Rotary Club of Munster- St. Mauritz , RI District 1870 , Rotary Club of Ahlen W, RI District 1870 & few clubs from District 3232 for funding the cost of the 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?**

Rotary club of Ambattur, being the host rotary club has set up a committee consisting of Rotarians Dr. Winston Noronha, Rtn.Gita Menon and Rtn. Mahaveerchand Dugar to monitor all the activities connected with this Global Grant & its related activities. They will actively involve themselves in the conduct of screening camps, transportation, interaction with the beneficiary`s family etc at various centres. They will also frequently interact with the international partner club and share the information on the progress of the Project. Dr. Winston Noronha, who is also a member of this committee will collect information, monitor and evaluate the project

**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 Club of Muenster- St. Mauritz are the partner Club. Rotarians from some of these clubs will be visiting Chennai once in two years to monitor the progress of the project apart from funding the project. The host club will be regularly sending reports of the progress of the project to the international partner clubs who will be monitoring the project on a continual basis.

## 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.

Local Currency	U.S. dollar (USD) exchange rate	Currency Set On
INR	83	

**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 INR	Cost in USD
1	Equipment	COST OF THERASUITS & FEW ACCESSORIES TO THE EXISTING EQUIPMENTS	THERASUITS LLC- including customs duty & clearance ost	486550	5862
2	Equipment	COST OF FEW EQUIPMENTS	REHAB STORES - including GST18%	106127	1279
3	Operations	Neuro Developmental Treatment of 18000 s	ARCT	5400000	65060
4	Operations	CONTINGENCY	ARCT	311370	3751
Total budget:				6304047	75952

**Supporting Documents**

- CP-GG\_(1)Quote\_from\_ARCT.pdf
- REHAB\_QUOTE\_merged\_(1).pdf
- THERASUIT\_QUOTES\_-\_Merged.pdf

## Funding

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	Cash from Club	Ambattur [ Rotary Club ]	7,500.00	375.00	7,875 .00
2	District Design ated Fund (DDF)	3232	6,500.00	0.00	6,500 .00
3	Cash from Club	Münster-St. Mauritz [ Rotary Club ]	15,000.00	0.00	15,00 0.00
4	Cash from Club	Madras Central [ Rotary Club ]	10,000.00	500.00	10,50 0.00
5	District Design ated Fund (DDF)	1870	12,000.00	0.00	12,00 0.00
6	Cash from district	3232	10,152.00	507.60	10,65 9.60

\*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 14,800.00 USD from the World Fund.

14800

### Funding Summary

<b>DDF contributions:</b>	18,500.00
<b>Cash contributions:</b>	42,652.00
<b>Financing subtotal (matched contributions + World Fund):</b>	75,952.00
<b>Total funding:</b>	75,952.00

## Sustainability

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### Humanitarian Projects

#### Project planning

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

There are many children affected by Cerebral Palsy and their parents, due to lack of information and knowledge and out of ignorance do not treat these children resulting their having to lead a pathetic life in poor conditions. The number of children affected is increasing day by day. Many families do not come forward to treat these children as they feel that their children are destined to lead their life as they are. We try to provide treatment which will improve the quality of their life to such an extent that they will be able to move around and lead a life by mingling with other children & the society.

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

We identify such children by conducting camps and by referrals through paediatricians, paediatric and neuro surgeons in Chennai and through word of mouth by the existing patients parents & their neighbors.

The Ambattur Rotary hospital takes care of the needs of these children.

To name a few :

Access to high quality healthcare

Early intervention

Multi Modal treatment

Affordable healthcare

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

They come to know about our camps conducted by us at frequent intervals through the flyers distributed few days before the camp day, the banners displayed and public announcements by us about the camp details. They also help us in putting up banners and canvassing every house hold. They are also getting trained during camps to further educate the community on rehab possibilities. Once they are identified for the rehab, treatment sessions of various types along with other methodologies using various equipment are started , all depending on the condition of the patient

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

Ambattur Rotary Hospital has been carrying out this treatment for over 15 years and canvassing for rehab all along . We communicate our activities through the people of the local community and through other NGOs who do the process of rehabilitation after treatment of such children.

#### 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	Counseling and deciding on the course of action depending of the nature and extent of the problems noticed in the child.	3 years for the total project
2	Review progress post treatment	Once in 3 months
3	Number of treatment sessions - 1500 per quarter	Once in 3 months
4	Thus the schedule for proposed rehab of more than 100 to 150 children in all through 18000 sessions	3 years

**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.**

ARH conducts regular general health check camps for the people of these areas in and around the city of Chennai, India.. While conducting such camps, children who are affected with Cerebral Palsy are identified and are brought to our Hospital for further evaluation and rehab and treatment

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

The parents / guardians of cerebral palsy affected children accompany the children for the treatment and are also educated on the various treatment methodologies required for their children. This will enable them to keep their children in good stead and avoid any deterioration in their condition post the treatment period. The children are also provided with some of the simple equipment to be taken to their homes to do exercises at home during and after the treatment to sustain the improvement achieved through the treatment.

The training is as under

**TREATMENT GIVEN TO CHILDREN AFFECTED BY CEREBRAL PALSY**

The treatment given to children affected by cerebral palsy does not cure them 100%. Only helps to improve their movements and activities like all normal children in society

The treatment broadly classified as Suit Therapy using Therasuites ,one of a kind and unique to this part of the world ,Neuro Developmental Treatment (NDT) consisting of various therapies such as Cage , Treadmill Training, Aqua and Play using a variety of equipment such as Hydrotherapy pool ,Postural Control Walker , Sensory Units and many such as detailed in the attached quotes to suit and be in accordance with to the specific requirements of each child. This is decided on the basis of the study by experienced and qualified paediatric and neurosurgeons. In turn, this will decide as to how many “sessions” of treatment are required for each child .Though ARHCPC has a speech therapist, on the basis of past experience, only limited number of children coming to this centre have found to be requiring speech therapy. On such occasions when necessitated, the services of the regular speech therapist in ARH are requisitioned. The same is the situation in cases where surgery is necessitated and referrals are made to neurosurgeons/paediatric surgeons with whom ARH has tie ups .The current strength of therapists is adequate to take care and ensure that proper treatment is given to the children and also are available at all times

Each session is normally for about 60 minutes . Also, the number of sessions may vary for the same child as the treatment progresses. While this forms the basis of our working out the cost per session and the number of equipment that are required it is to be noted that the number of sessions and the number of children are inversely proportional.

By the end of the third year we plan to reach about 30 to 40% as paid sessions and the balance as free .Once this is achieved the total cost incurred will be met by the income generated from the paid treatment along with fund raising by RC of Ambattur and the donations from philanthropists will ensure the sustainability of the project.

**How were these needs identified?**

The needs are identified through the camps and the camp venue is selected after studying the population, adult -children mix , income level and other criteria.

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

The local NGO's, Voluntary organizations & primary health centres will be supporting in identifying the affected children and rehabilitating of the treated children.

Will use local volunteers in distribution of Hand-outs printing follow-up Hand-outs distribution and follow-up Information sent to old patients and volunteers For all above they will be adequately compensated. The Local Community will also be recognized for their participation by presenting mementoes and also highlight their local problems relating to civic amenities by bringing it to the attention of local authorities

Local youth and village officers & the local NGOs will be involved in identifying the area, venue and timing of the camps to be conducted. They will use their local contacts to bring potential beneficiaries and in the process help them to get rehabilitated and improve their life condition . In the process the youth become more popular in their area and we give certificates to them for their services, which encourages them to do more services in future. The flyers and the banners carry their names which helps them to become more popular in their areas. Making them the Prime Contact will motivate them to keep participating and their image in their community will keep increasing

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

Local youth and village administration officials who join hands with us to conduct camps will be taught by the Doctors who undertake the identification process, to help the villagers by telling them the steps to be taken to expedite treatment and rehab .

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

No

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

We have been all along procuring the items locally by getting 2 to 3 quotes. We decide on the basis of the past performance and also check their technical expertise before deciding the vendors. The after sales service of the vendor is also taken in to consideration apart from the cost.

However, currently our local dealers shown their inability to get Therasuit accessories as they were facing some difficulties with customs in importing these accessories as they were not the actual users. Hence we have decided to import these accessories ourselves directly from M/S. Therasuit. In view of the same, we do not have a second quote for Therasuit accessories. Therasuit accessories are being manufactured only by M/S. Therasuit worldwide. Hence we will work with one quote only.

Maintaining of Therasuit accessories will be done by our Physio Dr. Suresh who has taken training from Therasuit company & is certified by the Company.

Similarly, the quote for children treatment is being done by Ambattur Rotary Charitable Trust who have the state of the art equipments and probably the only set up in the country who can do such treatment with the state of art equipments which they obtained through Rotary Global Grant No.1990497

For other items we have 2 / 3 quotes from different suppliers.

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

No

**Please explain.**

As explained in our earlier question "The process used for vendor selection", we have taken competitive bids only for few local items. For Therasuit accessories and for treatment we have restricted ourselves to M/S. Therasuit and M/S. ARCT due to the reason mentioned above.

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

The suppliers of the equipments offer free maintenance services for a period of one/ two years. Our Doctors/Specialists are trained by the accredited therasuit certified trainer .It is also to be noted that the Therasuit manufacturer supplies their products only to those who have been properly trained by their certified trainer(s). We have senior Physiotherapist Suresh who got specially trained by Therasuit. Other equipments suppliers are from within India and will be available for any handling any break down related issues.

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

As mentioned earlier our cooperating partner have Physiotherapist. Suresh trained by M/S. Therasuit LLC and is capable of maintaining the Therasuit related equipments and other equipments are locally supplied and the suppliers will take care of maintenance & repairs locally at nominal cost.

**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.**

We have been using quite a few equipments for the past many years and the additional equipment being proposed to be purchased now will conform to the existing technology standards for which our doctors are trained.. Wherever new technology is being applied, we will get our specialists trained by the supplier prior to the purchase of the equipment and this will be a pre-condition inbuilt in the purchase contract, wherever applicable.

Training protocols certainly exist for all equipment –old as well as new. However there is no standard training plan as the same varies from child to child and which is unique to each child’s condition Also, as mentioned Suresh Kumar is a certified & experienced therapist who has worked with all these equipments and he can not only handle these equipments but also train other therapists as and when required. He would supplement this training by conducting classes on paediatric physiotherapy to improve knowledge of therapists to enable better handling and by Classification of CP. He would also conduct detailed assessment per Orthopaedic Surgeon’s point of view and follow a Conservative and surgical management, Sensory integration for sensory kids and provide details of different worldwide technics in therapy for CP and sensory kids like,

- Cage therapy
- Suit therapy
- Neuro Developmental Treatment (NDT)

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

The equipments will be retained by Ambattur Rotary Hospital (ARH) to continue their treatment of CP children and to sustain the project they will slowly add children from affordable families from whom they will be collecting adequate fees for treatment which will be used to treat poor children, free of cost / at concessional rates. The percentage of affordable children to free children will be slowly increased so that by the end of the 3rd year this percentage will reach 30% and this 40% will be maintained ever after and the twin objectives of service to the community at large on one side and the sustainability of the project on the other , are both achieved. We have also been raising funds through various activities to support this CP unit and will create a corpus and the interest from the corpus will be used to fund this project apart from fresh donations and the amount collected through affordable parents.

It may be relevant to also place on record that ARHCPC has adequate space to house the additional

equipment

Current area – 2000 Sft approx.

Space currently being occupied by existing equipment- 1000 Sft

1000 S ft of space is available which is more than adequate for handling activities up to 1000 sessions per month

If and when the need arise, to increase the level of activities, ARHCPC may then require some space to add some more equipment especially for sensory integration therapy. This, if required , may however be only after 3 to 5 years. As ARH is also planning to enhance its infrastructure, at which point in time more space will be allocated to ARHCPC in the next 3 to 5 years

## 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.**

Major funding besides World Fund from RI, is through DDF of RI Dist 3232 , as well as Rotary Clubs in R I Dist 1870 & by RI Distr.1870 . Apart from the above, a portion is being contributed by R C Ambattur and ,by few clubs from Distr 3232 besides the contribution made available through equipment already in place at the Hospital.

ARH has been carrying on the rehab activities since 2006 through contributions received from philanthropists and through fund raising programs. We would like to continue this for the next two years through the Global Grant and in the meantime, Ambattur Rotary Hospital will increase their activity levels and start taking patients who can afford to pay and charge them an amount adequate to sustain the operations. By the end of 2 years , the intake ratio of chargeable to non chargeable patients will be such that the collection from affordable patients will be used to subsidize the free service provided to the children below the poverty line as also ensuring the sustainability of the project. The fund raised by the club and the donations from philanthropists will also be available to take care of any requirement of quipment and other needs.

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

If we are able to admit affordable children, we may raise some funds which will be retained to take care of the sustainability of the project after the Global grant project ends. The treatment given to these affordable children will not be taken in to account of this Global grant activities & hence this generation of fund may not be from this Global grant project.

## Supporting Documents

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- ARH\_GG\_Reply\_to\_our\_queries\_in\_their\_Letterhead\_duly\_signed.pdf
- COMMUNITY\_ASSESMENT.pdf
- Photo\_1.jpeg
- Photo\_3.jpeg
- UTILISATION\_CERTIFICATE-\_QUANTUM\_LEAP\_TECH-ISSUED\_BY\_AUDITOR.pdf

## Authorizations

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Authorizations & Legal Agreements

## Legal agreement

Global Grant Agreement – India - 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), Rotary Foundation (India) (RF(I)), 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 District Grants and Global Grants (Terms and Conditions) and will adhere to all policies therein.
3. The Sponsors shall defend, indemnify, and hold harmless RF(I), Rotary International (RI), and TRF, including their 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 RF(I)/TRF all unexpended global grant funds within 30 days of termination.
5. RF(I)/TRF's entire responsibility is expressly limited to payment of the total financing amount. RF(I) and TRF do not assume any further responsibility in connection with this grant.
6. RF(I) and TRF reserve 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, RF(I)/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, RF(I)/TRF may also bring legal action against Sponsors and/or individuals traveling on grant funds in any court with jurisdiction over them.
9. This Agreement binds and benefits the parties and their respective administrators, legal representatives, and permitted successors and assigns.
10. If any provision of this Agreement is determined to be illegal, invalid or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
11. Sponsors may not assign any of its rights under this Agreement except with the prior written consent of

RF(I)/TRF. Sponsors may not delegate any performance under this Agreement without the prior written consent of RF(I)/TRF. Any purported assignment of a Sponsor's rights or delegation of performance without RF(I)/TRF's prior written consent is void.

12. RF(I)/TRF may assign some or all of its rights under this Agreement to an associate foundation of TRF. RF(I)/TRF may delegate any performance under this Agreement to an associate foundation. Any other purported assignment of RF(I)/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 The Rotarian, 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 your 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 RF(I)/TRF to only personal data that RF(I)/TRF specifically requests. Personal data you share will be used to enable your Sponsor's participation in this Grant process, to facilitate your Sponsor's Grant experience and for reporting purposes. Personal data you provide when applying for a Grant 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 [rotarysupportcenter@rotary.org](mailto:rotarysupportcenter@rotary.org). Personal data collected on this form is subject to [Rotary's Privacy Policy](#).

17. The Sponsors agree to share information on best practices when asked, and RF(I)/TRF may provide their contact information to other Rotarians 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. The Agreement is an "electronic record" as defined in the Information Technology Act (2000) of India and is in accordance with The Rotary Foundation Code of Policies. This electronic record is generated by a computer system and is submitted electronically and does not require any physical or digital signatures. The domain name www.Rotary.org is owned by Rotary International, a company incorporated in Illinois, USA.

### **Primary contact authorizations**

Global Grant Agreement – India - 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), Rotary Foundation (India) (RF(I)), 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 District Grants and Global Grants (Terms and Conditions) and will adhere to all policies therein.
3. The Sponsors shall defend, indemnify, and hold harmless RF(I), Rotary International (RI), and TRF, including their 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 RF(I)/TRF all unexpended global grant funds within 30 days of termination.
5. RF(I)/TRF's entire responsibility is expressly limited to payment of the total financing amount. RF(I) and TRF do not assume any further responsibility in connection with this grant.
6. RF(I) and TRF reserve 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, RF(I)/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, RF(I)/TRF may also bring legal action against Sponsors and/or individuals traveling on grant funds in any court with jurisdiction over them.
9. This Agreement binds and benefits the parties and their respective administrators, legal representatives, and permitted successors and assigns.
10. If any provision of this Agreement is determined to be illegal, invalid or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
11. Sponsors may not assign any of its rights under this Agreement except with the prior written consent of RF(I)/TRF. Sponsors may not delegate any performance under this Agreement without the prior written consent of RF(I)/TRF. Any purported assignment of a Sponsor's rights or delegation of performance without RF(I)/TRF's prior written consent is void.
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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	
Gita Menon	Ambattur [ Rotary Club ]	3232	Authorized	Authorized on 21/03/2024
Reinhard Fricke	Münster-St. Mauritz [ Rotary Club ]	1870	Authorized	Authorized on 29/03/2024

### District Rotary Foundation chair authorization

Name	Club	District	Status	
Balakrishnan Dakshayani	Meenambakkam [ Rotary Club ]	3232	Authorized	Authorized on 22/03/2024
Peter Walter	Viersen-Schwalm- Nette [ Rotary Club ]	1870	Authorized	Authorized on 01/04/2024

### DDF authorization

Name	Club	District	Status	
Ravi Raman	Madras Coromandel [ Rotary Club ]	3232	Authorized	Authorized on 22/03/2024
Balakrishnan Dakshayani	Meenambakkam [ Rotary Club ]	3232	Authorized	Authorized on 22/03/2024
Peter Walter	Viersen-Schwalm- Nette [ Rotary Club ]	1870	Authorized	Authorized on 01/04/2024
Hans-Eckhard Langer	Meerbusch [ Rotary Club ]	1870	Authorized	Authorized on 16/04/2024

### Legal agreement

<b>Name</b>	<b>Club</b>	<b>District</b>	<b>Status</b>	
Michael Radau	Münster-St. Mauritz [ Rotary Club ]	1870	Accepted	Accepted on 05/04/2024
Flight Lieutenant L Ramesh	Ambattur [ Rotary Club ]	3232	Accepted	Accepted on 22/03/2024