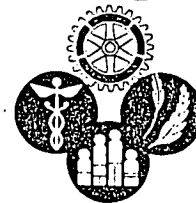


# HEALTH, HUNGER and HUMANITY PROGRAM

The Rotary Foundation  
of Rotary International  
1600 Ridge Avenue  
Evanston, Illinois 60201 U.S.A.

1984-85



**(A) GENERAL INFORMATION** (to be completed by Rotary club or district)

Name and address in full of Rotary club or district sponsoring the project:

Space Center Rotary Club  
Houston, Texas U.S.A.

Title of project:

St. John Hospital/Space Center  
Rotary Club Medical Assistance

3-H File Number:

Name and address of Rotary contact person

Mansour A. Jowid  
16023 Diana  
Houston, Texas 77058 U.S.A.

Telex :

Cable address:

Phone numbers & area code

Office 483-3977 (713)

Home 488-6009 (713)

Country of proposed project

United States of America

Language(s)

Location within country

Houston, Texas

Name in full of organization responsible for project in recipient country

Rotary International

Name and address of person responsible for project in recipient country

Telex :

Cable address:

Phone numbers & area code

Office

Home

Give a concise description of the project.

To provide plastic surgery and other associated medical needs to persons with congenital deformities or injuries that are the result of disaster. The program is to be international in scope and is intended for persons who do not have access to this type of medical treatment because of inability to pay, geographic unavailability of facilities or unavailability of medical expertise. St. John Hospital will provide all medical services at no charge. Space Center Rotary Club will provide all transportation, housing for patients.

**(B) DURATION OF PROJECT**

Expected starting date of project:

July 1985

Expected date of completion:

Continuing

Total length of project in years: \_\_\_\_\_

**(C) CONTRIBUTION INFORMATION**

Total request from 3-H grant

US\$ -0-

Total contribution from sources other than 3-H

US\$ -0-

Total 3-H and other sources contributions

US\$ -0-

6/26/85  
Date

[Signature]  
Signature of Club President or District Governor

Pres 84/85  
Title

APPLICATION FOR ELIGIBILITY

NAME \_\_\_\_\_  
First Last

DATE OF BIRTH \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

CONDITION: \_\_\_\_\_

IS THIS CONDITION DUE TO:      Accident \_\_\_\_\_      Disease \_\_\_\_\_  
   Congenital in nature \_\_\_\_\_

PLEASE GIVE A HISTORY OF THE CONDITION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS SURGERY RELATED TO CONDITION; GIVING TYPE AND DATE OF SURGERY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT STATUS OF PATIENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GUIDELINES FOR CRITERIA AND ELIGIBILITY

The following are criteria which must be reviewed to determine eligibility for services:

1. The unavailability of local treatment and/or facilities.
2. The patient's inability to meet the financial obligations for treatment.
3. Photographs and x-rays, if possible.

Once eligibility has been determined, conditions should be categorized into the following areas:

1. Congenital deformities, i.e., cleft lip and palate.
2. Complicated, chronic burns.
3. Injuries to hands and upper extremities.
4. Deformity of face and skin secondary to disease like cancer, etc., or due to an accident.

## INSTRUCTIONS

- Carefully study the program summary, "International Development Through the Health, Hunger, and Humanity Program," together with the accompanying criteria and priorities.
- Complete this form. Please type or print in ink.
- If additional space is required, summarize your replies on this application and add detailed explanations on a separate page.
- Return it to The Rotary Foundation, 1600 Ridge Avenue, Evanston, Illinois, U.S.A. 60201

**PROJECT TITLE:** St. John Hospital/Space Center Rotary Club Medical Assistance

Please answer the following questions:

1. Is the proposed project designed to improve health, alleviate hunger, or enhance human and social development as a means of advancing international understanding, goodwill, and peace?  
No  Yes  How? To improve health of individuals thereby enhancing social development and international goodwill on a one-to-one basis.
2. Will the proposed project involve active participation by a reasonable number of Rotarians?  
No  Yes  How? Rotarians, world wide, to locate and screen prospective patients and assist them in securing visas and travel.
3. Does the proposed project have the active support of local Rotarians, Rotary clubs, and/or districts?  
No  Yes  How? Space Center Rotarians to secure transportation, lodging and hospitality for patients and families. Also to interface with St. John Hospital in screening and scheduling.
4. Will the proposed project constitute an international service-type project?  
No  Yes  How? It is estimated that the majority of the patient/recipients will be from nations other than the U.S.A.
5. Is the proposed project too large for any one club, district, or group of clubs or districts?  
No  Yes  How? Project will require participation and cooperation of Rotarians world wide to locate and screen applicants.
6. Will the proposed project provide benefits of a long-term self-help nature?  
No  Yes  How? Correction of deformities, either congenital or from injuries, will enhance the life and social development of individuals world wide and should give to them a lifetime of self sufficiency.

7. Will the proposed project reasonably ensure continued support after involvement by The Rotary Foundation and/or Rotary International is discontinued?

No  Yes  How? The program should require minimal support from Rotary International. That support being initial publicity to distribute information, to Rotary Clubs worldwide, about the services available.

8. A 3-H project must not involve the purchase of land, or the purchase or construction of substantial buildings. Will the proposed project involve such purchase or construction?

No  Yes  How? \_\_\_\_\_

9. A 3-H project must not involve liability to The Rotary Foundation or to Rotary International except to provide the amount of the grant. Will the proposed project involve such liability?

No  Yes  How? \_\_\_\_\_

If you have answered "no" to any of questions 1 through 7 or "yes" to questions 8 or 9, the proposed project does not meet the criteria and does not qualify for a 3-H grant.

If your proposed project does meet the criteria, please proceed.

Additional questions:

A. Does the proposed project have the acceptance, cooperation, and support of the appropriate levels of government?

No  Yes  How? We are unaware of any required governmental approval.

Please attach a letter from the appropriate government agency indicating that they have reviewed the proposal as presented, and indicating the nature and extent of government commitment to the project.

B. Does the proposed project require the collaboration of other organizations beyond governmental organizations?

No  Yes  If yes, have you secured assurances of their specific form of cooperation?

No  Yes  How? \_\_\_\_\_

Please attach a copy of the most recent annual report of each organization significantly involved in the project, and a letter from the chief operating officer of each such organization indicating the nature and extent of its commitment to the project.

It is preferable to have these clearances established early, and they will be required for final approval.

HEALTH, HUNGER, AND HUMANITY PROGRAM - SPECIAL ASSIGNMENT VOLUNTEERS  
REQUEST FOR VOLUNTEERS

This form is to be submitted by the sponsor: a Rotary club or district, government agency, or not-for-profit organization that can use and supervise Rotarians as international volunteers. In addition to this form, the 3-H office must receive

1. a personal data form and curriculum vitae from each prospective volunteer, and
2. a letter from the Rotary club president or Rotary district governor located nearest the project site, indicating his awareness and approval.

The sponsor and/or the volunteer is responsible for making the necessary local Rotary contacts.

THE SPONSOR

Sponsoring organization Space Center Rotary Club

Primary contact person (other than the volunteer) Mansour Jowid

Title or position within sponsoring organization Active Member

Mailing address 16023 Diana

Houston, Texas 77058

Telephone: area or city code 713 number 483-3977 Telex/cable \_\_\_\_\_

THE PROJECT

Location of project Nassau Bay, Texas

Brief description of project To provide no cost medical service (primarily Plastic Surgery) to persons unable to acquire such services.

Does the project have the approval of the government where it is being carried out?

Yes  No \_\_\_\_\_ Comments \_\_\_\_\_

Rotary club and district closest to the project site:

Club Space Center Rotary Club District 589

Have the club and/or district been notified of the project and given their approval?

Yes  No \_\_\_\_\_ Comments \_\_\_\_\_

How, if at all, are local Rotarians involved in the project? To assist in screening applicants and to sponsor transportation, housing and hospitality for all patients on an international basis.

THE VOLUNTEERS

Specific activities to be carried out by volunteers To make the service known on an international basis through Rotary Clubs and the Rotarian Magazine and to provide for all necessary support services to the physicians and St. John Hospital

Number of volunteers needed NONE

Language requirements NONE

Professional or other requirements None

Length of service term (per volunteer) NONE Service term should normally be for at least four weeks. If you are requesting an exception to this policy, please check here \_\_\_\_\_ and attach an explanation on a separate sheet.

Suggested dates or timetable for service \_\_\_\_\_

Have you already identified one or more Rotarians to serve as prospective volunteers? Yes X No \_\_\_\_\_ If yes, please attach a separate sheet with the volunteer name(s), address(es), and Rotary club(s).

Do you want The Rotary Foundation to provide you with names and background information on additional Rotarians who may fit your volunteer needs? Yes \_\_\_\_\_ No X

**EXPENSES**

To qualify as Rotary International volunteers, Rotarians must not receive compensation for their services except for reimbursement of expenses. On this basis, will Rotarians serving with this project qualify as volunteers?

Yes X No \_\_\_\_\_ Comments \_\_\_\_\_

Description of volunteer living arrangements (food and housing) N/A

Proposed budget (based on service of one volunteer for a service period of \_\_\_\_\_ weeks):

	<u>TOTAL NEEDED</u>	<u>REQUESTED FROM 3-H</u>	<u>PAID BY SPONSOR</u>	<u>PAID BY VOLUNTEER</u>
Food and housing	<u>N/A</u>	_____ (a)	_____	_____
Economy air fare (round trip)	<u>N/A</u>	_____	_____	_____
Total expenses	<u>N/A</u>	_____ (b)	_____	_____

- Notes:
- (a) Should not normally exceed US\$20 per day of service. If unusual circumstances will result in total daily expenses in excess of US\$40 and you are asking 3-H to waive the \$20/day subsidy ceiling, please check here \_\_\_\_\_ and attach an explanation on a separate sheet.
  - (b) Must not exceed 50% of total needed. If several volunteers will be serving from different locations, resulting in differing travel costs, the request from 3-H may be calculated as 50% of food and housing (not to exceed US\$20 per day) plus 50% of each volunteer's economy air fare.

Signature of sponsoring organization contact person \_\_\_\_\_

Date \_\_\_\_\_

Please return completed form to The 3-H Program, The Rotary Foundation, 1600 Ridge Avenue, Evanston, Illinois 60201, U.S.A.