



3H Proj  
1985-86

# SPACE CENTER ROTARY CLUB

POST OFFICE BOX 58862  
HOUSTON, TEXAS 77058

July 26, 1985

Bonnie Robinette  
International Service Coordinator  
Rotary International  
1600 Ridge Avenue  
Evanston, Illinois 60201

Dear Ms. Robinette:

Our Rotary Club is in the process of initiating a medical assistance project which, we thought, would fit into a category of the 3H Program. However, after a conversation with Sarah Cook, of the 3H Program, it seems that our project should be an International Service Project.

The enclosed 3H application is for your information only and will not be handled by 3H.

As you will note, we do not feel that our project will require any grants or assistance from Rotary Foundation.

However, we do need assistance in publicity and making this available service known to Rotary Districts and Clubs world wide. So, maybe International Service is the proper vehicle.

Please contact us if you need additional information and we will appreciate any assistance that you may offer.

Sincerely,

Charles Hartman  
16431 Cavendish  
Houston, Texas 77058  
713-480-6167

- Copies: Carlos Canseco
- Joe Hollingsworth
- Ray Potter
- Floyd Boze
- Ron Carlson
- Sarah Cook
- Bob Wren
- Raymond Khoury

Ray,  
This is for your info.



## SPACE CENTER ROTARY CLUB

POST OFFICE BOX 58862  
HOUSTON, TEXAS 77058

July 26, 1985

Carlos Canseco  
AV. San Pedro 101 Norte  
Col. del Valle  
Garza Garcia NL, Mexico

Dear Carlos,

First, congratulations to you for a truly outstanding year as President of Rotary International. Your personal warmth and sense of humor added a special quality to your leadership.

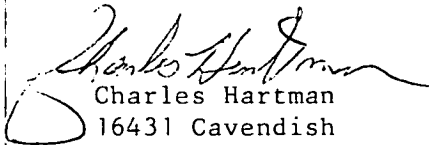
Enclosed is information and correspondence about a project that our Rotary Club is sponsoring, and we are requesting your help.

With regard to the many contacts that you have internationally and as a physician, will you help us locate and screen the first one, or more, patients to get our program under way? The patient could be from Mexico or anywhere in the Rotary world.

Plastic surgery will be the specialty of our program. The deformity can be congenital or the result of injury or disaster.

If you can assist us, we will appreciate it very much. We are most anxious to get the program started.

Sincerely,

  
Charles Hartman  
16431 Cavendish  
Houston, Texas 77058  
A/C 713--480-6167

# HEALTH, HUNGER and HUMANITY PROGRAM

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



**(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 89/85  
Title

**Ⓛ PROJECT DATA**

**1) Why is the project being undertaken?**

To provide medical care for individuals who cannot afford medical service to correct ailments or deformities. By providing assistance to these individuals we hope to add richness and self-sufficiency to their lives. Also, we hope that this assistance will, in some small way, lead toward improved world understanding, goodwill and world peace.

**2) How was the project conceived and developed?**

Through conversation with members of the hospital administrative and medical staff, who are also Rotarians, it was learned that the hospital had budgeted funds for this purpose and requested that the Space Center Rotary Club co-sponsor this project with them.

**3) What are the principal specific objectives of this project? What specific actions/activities are planned to meet these objectives?**

A special Rotary committee has been formed to structure an organization to expedite the program. We have been in contact with the United States Air Force and various commercial airlines requesting no cost transportation on an "as available" basis. We are now planning publicity for the Rotarian Magazine. Our committee is also planning means of meeting, with transportation, the patients and securing lodging for patient families in the homes of Rotarians.

**4) What plans have been developed to administer the funds and to direct/monitor the project?**

No funds are requested from 3H. At this time, it is assumed that any funds required will be funded from the service budget of the Space Center Rotary Club.

**5) What other groups or organizations are cooperating in the project or contributing to it? What is the nature of their cooperation or the extent of their anticipated contribution?**

St. John Hospital of Nassau Bay, Texas, and the Space Center Rotary Club of Houston, Texas, are the sole sponsors of this project. St. John Hospital is to provide all hospital and medical services at no charge to the patient. Initially the hospital and staff will be able to accommodate one new patient every month. Space Center Rotary Club to provide world-wide exposure for the program and to assist in patient screening, and provide for transportation, lodging and hospitality for patients and their families.

- 6) How will the project be implemented?  
To begin the program, we hope to have publicity in the Rotarian. We will use direct mail, to selected Rotary Districts and Clubs worldwide, to explain the program and supply application forms. We intend to request a past president of Rotary International to assist us in selecting the first few patients. The organization and all facilities are in place. We need assistance in making this program known to the Rotary world.
- 7) How will the project be continued after support from The Rotary Foundation is discontinued?  
Financial support from the Rotary Foundation is not required.
- 8) What is the total population of the target region or community where the project will be carried out? N/A  
How many people are expected to benefit directly from the project? UNKNOWN
- 9) How many Rotarians from the project area will be involved? 200 Please explain the specific nature of their involvement:  
Rotarians of the Space Center and neighboring Rotary Clubs will assist in applicant screening and selection and will help arrange for patient transportation, if necessary, and will provide lodging for patients and families and provide hospitality and interpreters, if necessary.
- 10) How many Rotarians from outside the country will be involved? UNKNOWN Please explain the specific nature of their involvement:  
The program will require the participation of individual Rotarians and Rotary clubs around the world to locate potential patients, receive, screen and mail applications to the Space Center Rotary Club. Sponsoring clubs may also assist in patient transportation costs.
- 11) Please answer the following questions yes or no.
- a) Is your Rotary governor aware of this project application? YES
  - b) Is the project area Rotary governor aware of this project application?  
N/A
  - c) Is the Rotary club president in the project area aware of this application?  
YES
  - d) Have appropriate government agencies been contacted concerning the project? YES
  - e) Will equipment and/or material receive duty-free status? N/A  
(No 3-H funds may be used to pay import duties.)
  - f) Will temporary employment permits, or other documentation be required for volunteers from another country? NO

**E** BUDGET REQUEST FOR 3-H GRANT (Please Use U.S. Dollars)

Number of years for which 3-H grant support is requested: 1 2 3 4 5

Proposed budget for use of requested 3-H grant. Attach detail as needed.

(Note: Do not include expenditures to be funded through non-3-H sources.)

	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR	FIFTH YEAR	TOTAL
<b>Personnel (Attach</b>						
organizational chart)						
<b>Number</b> <u>Type of Employment</u>						
<b>Total Personnel</b>						
<b>Operation:</b>						
In-country travel						
International travel						
Food & accommodations						
Other (specify)						
<b>Total Operation</b>						
<b>Materials/Supplies (Specify):</b>						
<b>Total Materials/Supplies</b>						
<b>Equipment (Specify)</b>						
<b>Total Equipment</b>						
<b>Other Costs (Specify)</b>						
<b>Total Other Costs</b>						
<b>TOTAL 3-H GRANT REQUEST</b>	NO	GRANT	IS	REQUESTED		NONE

Note: The number in the box at the lower right should match line 1 of Item C of this application.

**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):

	TOTAL NEEDED	REQUESTED FROM 3-H	PAID BY SPONSOR	PAID BY VOLUNTEER
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.

## 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.



Project with ST John's -  
for foreign health help  
year?

**D) PROJECT DATA**

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- b) Is the project area Rotary governor aware of this project application?  
N/A
- c) Is the Rotary club president in the project area aware of this application?  
YES
- d) Have appropriate government agencies been contacted concerning the project? YES
- e) Will equipment and/or material receive duty-free status? N/A  
(No 3-H funds may be used to pay import duties.)
- f) Will temporary employment permits, or other documentation be required for volunteers from another country? NO

**E** BUDGET REQUEST FOR 3-H GRANT (Please Use U.S. Dollars)

Number of years for which 3-H grant support is requested: 1 2 3 4 5

Proposed budget for use of requested 3-H grant. Attach detail as needed.

(Note: Do not include expenditures to be funded through non-3-H sources.)

	FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR	FIFTH YEAR	TOTAL
<b>Personnel (Attach organizational chart)</b>						
<b>Number</b> <u>Type of Employment</u>						
<b>Total Personnel</b>						
<b>Operation:</b>						
In-country travel						
International travel						
Food & accommodations						
Other (specify)						
<b>Total Operation</b>						
<b>Materials/Supplies (Specify):</b>						
<b>Total Materials/Supplies</b>						
<b>Equipment (Specify)</b>						
<b>Total Equipment</b>						
<b>Other Costs (Specify)</b>						
<b>Total Other Costs</b>						
<b>TOTAL 3-H GRANT REQUEST</b>	NO	GRANT	IS	REQUESTED		NONE

Note: The number in the box at the lower right should match line 1 of Item C of this application.