

# Global Grant Application

**GRANT NUMBER**  
GG2118639

**STATUS**  
Submitted

## Basic Information

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### Grant title

Enhancing Foot and Ankle Surgery Capability in Agra, India

### Type of Project

#### Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

### Primary Contacts

Name	Club	District	Sponsor	Role
Marc Benard	Southern Pines	7690	Club	International
Rahul Wadhwa	Agra Taj Mahal	3110	Club	Host

## Committee Members

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### Host committee

Name	Club	District	Role
Divya Wadhwa	Agra Taj Mahal	3110	Secondary Contact
Harish Tomar	Agra Taj Mahal	3110	Secondary Contact

### International committee

Name	Club	District	Role
Jerry Kozel	Southern Pines	7690	Secondary Contact International
Robert Boone	Southern Pines	7690	Secondary Contact International
Cassandra Chandler	Southern Pines	7690	Secondary Contact International

**Do any of these committee members have potential conflicts of interest?**

## 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?**

This grant builds upon GG1875428, which was a co-venture between the Rotary Club of San Antonio, TX and the Rotary Club of Agra Taj Mahal, et. al.

The current grant request's objectives:

- To increase the functional capacity of the existing facility by adding additional operating and recovery room equipment
- To enable almost twice the number of patients to receive surgery and more than double the number of limbs receiving surgery (more bilateral cases performed)
- To continue to educate and motivate the Agra orthopedic community in this type of pediatric and adult surgical reconstruction
- To raise the level of awareness in the local community regarding this FREE service.

Beneficiaries:

- Local population in Agra, India and environs, who are otherwise unable to afford or have access to this type of surgery (e.g. polio corrective surgery, clubfoot and other congenital deformities of the foot and ankle, etc.).
- Secondary beneficiaries are the local orthopedic community being educated in this type of surgical reconstruction, in order to provide ongoing local sustainability.

## 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?**

Improving the capacity of local health care professionals; Providing clinical treatment and rehabilitation for physical disabilities;

**How will you measure your project's impact? You need to include at least one standardized measure from the drop-down menu as part of your application.**

Measure	Collection Method	Frequency	Beneficiaries
Surgical correction and follow up of patients treated. Ongoing monitoring of long term patient results (e.g. recurrence of deformity, etc).	Direct observation	Every three months	20-49
Number of medical and health professionals trained	Direct observation	Every year	1-19
Number of health facilities benefiting	Direct observation	Every year	1-19

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

Yes

**Name of Individual or Organization**

1. Operation Footprint, Inc. surgeons (Dr. Marc A. Benard, Dr. Bhavesh Shah) 2. local hospital personnel (Dr. Ankit Varshneya)

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

1. Operation Footprint, Inc. is a 501C3 organization which, for over 40 years, has been conducting humanitarian surgical mission in Mexico, El Salvador, Honduras and now India. In the process, over 3000 major foot and ankle surgeries have been performed and over 30,000 patients have been evaluated and/or treated. In addition, over 200 physicians have been trained to enable sustainability in the local areas for ongoing patient care. An existing 3-year collaboration has been in place with Dr. Varshneya and the Center for Trauma and Joint Replacement in Agra, with successful outcomes and increased community outreach. During that time Dr. Varshneya has performed the tasks below, and encouraged local physicians to take part in the assessment:

- a. perform immediate after care and postoperative followup, both short and long-term
- b. monitor patients requiring physical therapy and their progress
- c. communicate with the Operation Footprint surgeons on a regular basis regarding patient outcomes
- d. arrange for annual followup evaluation and assessment by the Operation Footprint surgeons

**Location and Dates**

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Humanitarian Project

**Where will your project take place?**

**City or town**

Agra

**Country**

India

**Province or state**

Uttar Pradesh

**When will your project take place?**

2021-09-01 to 2022-09-01

**Participants**

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## Cooperating Organizations (Optional)

Name	Website	Location
Operation Footprint Baja Project	www.operationfootprint.org	3470 Ridgeford Drive Westlake Village United States
Center for Trauma and Joint Replacement	www.traumaandjointcentre.com	5-A, Mahatma Gandhi Rd Agra India

## Supporting Documents

- MOU- \_Rotary\_5-30-21\_#2118639\_complete\_-\_Copy\_-\_Copy.pdf
- MOU- \_Rotary\_5-30-21\_#2118639\_complete\_-\_Copy\_-\_Copy.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?

Operation Footprint, Inc. is a 501C3 organization which, for over 40 years, has been conducting humanitarian surgical missions in Mexico, El Salvador, Honduras and now India. In that time frame over 3000 major foot and ankle surgeries have been performed and over 30,000 patients have been evaluated and/or treated. In addition, over 200 physicians have been trained to enable sustainability in the local areas for ongoing patient care, and to inspire them to develop their own humanitarian initiatives.

## Partners (Optional)

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

The Center for Trauma and Joint Replacement, and its non-Rotarian owners and directors, Dr. Ankit Varshneya and Dr. Nimta Varshneya have been volunteering their time and the use of their facility for the humanitarian surgery being performed for the past 3 years with Dr. Bhavesh Shah and several other Operation Footprint surgeons. The successful outcomes and stability of the relationship led to an interest by the Operation Footprint surgeons to incorporate the Agra location into its humanitarian surgery and professional educational activities, recognizing the location's excellent for potential expansion of the project and delivering increased needed care and local professional knowledge.

## Rotarian Participants

### Describe the role that host Rotarians will have in this project.

Host Rotarians will continue their role, summarized in prior grant GG1875428, and provide additional services as well:

1. Disseminate information to the Agra community regarding the availability of humanitarian foot and ankle surgery at no cost.
2. Convey this project to other Agra clubs to disseminate the information to the community.
3. Where needed, assist patients in transportation to and from the hospital for surgery and aftercare
4. Provide food and necessities to patients and their families when in the hospital
5. Secure health department permissions for the the Operation Footprint doctors to once again work in India.

6. Provide transport of the Operation Footprint doctors to and from the Hospital from their hotel
7. Introduce Operation Footprint directors Dr. Bhavesh Shah and Dr. Marc Benard to other Agra based Rotary Clubs.
8. Review and approve, in conjunction with the International Rotarians, all invoices for equipment and supplies needed for the project.
9. Administrate, in conjunction with the International Rotarians, needed interim and final reporting requirements.
10. Perform other duties as may be listed on the MOU.

**Describe the role that international Rotarians will have in this project.**

International Rotarians will:

1. Provide support for the implementation of this grant including, but not limited to:
2. Review and approve, in conjunction with the Host Rotarians, all invoices for equipment and supplies needed for the project.
3. Administrate, in conjunction with the Host Rotarians, needed interim and final reporting requirements.
4. Continue to publicize the grant in district 7690 and 3110, as well as to clubs in other Districts that have come on board to pledge support.
5. Include several 7690 leadership personnel on site at the next surgical session for increased familiarity with the project for potential future Rotary support.
5. Dr. Marc Benard, President and co-Director of Operation Footprint, and also the Southern Pines Rotary Club (international partner) is also the current Director of International Service for District 7690. He, along with Dr. Bhavesh Shah, a member of the E-club Connect in district 3012, and a co-Director of Operation Footprint, will supervise the surgical session itself.

## Budget

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**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.

<b>Local Currency</b>	<b>U.S. dollar (USD) exchange rate</b>	<b>Currency Set On</b>
INR	73	09/04/2021

**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. Every global grant includes a match of at least \$15,000 from The Rotary Foundation's World Fund. Project budgets, including the World Fund match, must be at least \$30,000.

#	Category	Description	Supplier	Cost in INR	Cost in USD
1	Equipment	Surgical lights	Cognate	365800	5011
2	Equipment	Operating Room Table	Cognate	372880	5108
3	Equipment	Electrocautery	DIV Labs Healthcare	206500	2829
4	Equipment	Vitals Monitor	MEDI-Devices	177000	2425
5	Equipment	Power Surgical Saw and Charger	Bell Surgical	650000	8904
6	Equipment	manual surgial intstruments (3 orthopedic trays)	Operation Footprint (via Henry Schein)	1184000	16219

7	Supplies	Anesthesia Medication	Center for Trauma and Joint Replacement	110000	1507
8	Supplies	Bandages and surgical dressings	Center for Trauma and Jo	170000	2329
9	Supplies	Casting materials	Center for Trauma and Joint Replacement	185000	2534
10	Supplies	Surgical hardware (pins staples plates, etc.	Center for Trauma and Joint Replacement	185000	2534
11	Supplies	Suture and anchors	Center for Trauma and Joint Replacement	120000	1644
12	Supplies	Medication (oral/injectable)	Center for Trauma and Joint Replacement	110000	1507
13	Equipment	tendon passers (2)	Henry Schein	35000	479
14	Supplies	Covid test kits	Sensit	36792	504
15	Equipment	Manual surgical instrument traytray	Henry Schein	405450	5554
16	Project management	bank, stationary, supervision and legal	Host club	36500	500
17	Accommodations	any variance in price and/or currency exchange rate, etc.	Host club	124100	1700
18	Supplies	postoperative shoe inserts	Opertion Footprint	58400	800
Total budget:				4532422	62088

## Funding

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**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	District Designated Fund (DDF)	7690	14,700.00	0.00	14,700.00
2	Cash from Club	Southern Pines	5,834.00	291.70	6,125.70
3	Cash from Club	Jonesboro (Sanford)	476.00	23.80	499.80
4	Cash from Club	Kernersville	476.00	23.80	499.80
5	Cash from Club	Mount Airy	952.00	47.60	999.60
6	Cash from Club	Thomasville	3,333.00	166.65	3,499.65
7	Cash from Club	Summit (Greensboro)	952.00	47.60	999.60
8	Cash from Club	Ardmore	2,381.00	119.05	2,500.05
9	Cash from Club	Torrance Del Amo	4,762.00	238.10	5,000.10
10	Cash from Club	Western Forsyth	952.00	47.60	999.60
11	Cash from Club	Gate City (Greensboro)	952.00	47.60	999.60
12	Cash from Club	Sanford	3,333.00	166.65	3,499.65
13	Cash from Club	Troy	476.00	23.80	499.80
14	Cash from Club	Redondo Beach	1,905.00	95.25	2,000.25
15	Cash from Club	Santa Monica	4,762.00	238.10	5,000.10
16	Cash from Club	Reynolda (Winston-Salem)	1,143.00	57.15	1,200.15
17	District Designated Fund (DDF)	3110	1,633.00	0.00	1,633.00

\*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 13,066.00 USD from the World Fund.

13066

### Funding Summary

<b>DDF contributions:</b>	16,333.00
<b>Cash contributions:</b>	32,689.00
<b>Financing subtotal (matched contributions + World Fund):</b>	62,088.00

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## Sustainability

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### Humanitarian Projects

#### **Project planning**

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

As in many emerging nations, health care delivery is largely unavailable for the indigent population. In India, much of the healthcare is delivered on a cash basis, and is unaffordable to the general population. The existing Agra population has a plethora of untreated and under-treated pediatric and adult foot and ankle conditions, including, but not limited to, congenital clubfoot, polio, cerebral palsy, spinal dysraphisms, neglected trauma, and other congenital deformities.

These deformities, when untreated, create challenges for the patient population and their families:

1. The excess burden on parents whose children are unable to walk as a result of the deformity, and therefore must be carried.
2. The stigma borne by those with these deformities as they mature, impacting their ability to work, or be integrated into the community socially.
3. The development of secondary deformities in the leg and spine as the children, who eventually walk on deformed feet, are subjected to inappropriate weight bearing on their entire skeleton.

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

1. Medical records and reports from the Agra area
2. Discussion with the local medical and orthopedic community
3. International groups involved in humanitarian medical care in India
4. Direct observation and corroboration by the Operation Footprint surgeons who participated in the evaluation and surgical corrections during the session conducted there in September 2019.

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

As referenced in GG1875428, originally community focus groups were held, with beneficiaries and local medical officials.

As a follow up, in September 2019 Dr. Ankit Varshneya, who is a member of the Agra Orthopedic Society arranged a meeting with the Operation Footprint surgical team, to bring them up to date on the cases performed and to create a working relationship with them for in-servicing on the types of deformities treated both in the operatory and through lectures. This relationship will lead to greater local orthopedic voluntary involvement in the future, both short and long term.

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

As referenced in GG1875428, community members (beneficiaries and their families) were involved in the needs assessment. Local medical doctors and health care providers were involved in assessing the capacity of the local health care community in providing for the aftercare of the beneficiaries.

As a follow up, during the patient screening session conducted in September 2019 by the Operation Footprint team, observations of postoperative results performed by Drs. Shah and Varshneya, as well as a review of the needs of the physical plant to increase the functional capacity to deliver more surgical care, solidified the potential for successful continuance of the project.

#### **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	Procurement of equipment (surgical lights, anesthesia machine, instrumentation, view screens)	3 months
2	Procurement of surgical supplies (suture, bandages, hardware, casting material, antibiotics, pain medications, etc.).	3 months
3	Advance screening of potential patients by Dr. Varshenaya and other Agra physicians	6 months
4	On site preoperative assessment by Operation Footprint surgeons in conjunction with Dr. Varshenaya and others.	5 days
5	Surgeries performed on selected patients.	5 days
6	Aftercare and assessment by Dr. Varshenaya and local Agra physicians	9 months
7	Virtual and on-site training of local physicians through lecture and in the operatory.consultative support with physicians providing aftercare at appropriate stages of postoperative management	9 months
8	Virtual consultative support and monitoring by Operation Footprint surgeons.	9 months

**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.**

1. The Agra Orthopedic Society surgeons have participated in lecture series' with the Operation Footprint surgeons, and have also participated in surgical sessions on the patient beneficiaries. The Agra Orthopedic Society members have also spread the word in the local community about future humanitarian surgical sessions.

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

1. Virtual conferences will be undertaken among the Operation Footprint surgeons and the local Agra medical community to educate them on the surgical and aftercare requirements of the patient beneficiaries.
2. The local medical community will be asked to screen and refer patients with relevant pathology for the surgical mission.
3. Local physicians are invited to participate in the on-site screening and evaluation of the patients along with the Operation Footprint team.
4. Local physicians are invited to participate in the surgical correction of the patients selected.
5. Postoperatively Operation Footprint surgeons will discuss the ongoing management of each surgical patient with those providing aftercare. This will occur through periodic virtual grand rounds sessions.
6. Information about this program has also spread through the community by word-of-mouth of the experiences of patients and/or their parents.

**How were these needs identified?**

1. Although orthopedic surgery is available in Agra, there has been no true orthopedic foot and ankle specialist, or group, present in the city.
2. As a result there are many untreated foot and ankle deformities present in the community, both genetic and acquired.

3. Accordingly, a pilot project was conducted in October 2017 to determine needs assessment for this level of surgical expertise relative to the extent of the deformity going untreated, or that needed additional treatment.
4. In September 2019 a group of Operation Footprint surgeons participated in a surgical mission to assist Drs. Shah, Varshneya and others in assessing the future needs and potential of the project.
5. In September 2019 an evening conference was held in Agra with the Agra Orthopedic Society in which the potential for the project was discussed, along with important clinical information being presented and discussed.

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

1. Local population incentive: surgery at no cost. While the alleviation of deformity and its social stigma has long been desired the reality of cash-basis health care for many individuals has made the surgery inaccessible. Publicity by the local Rotary Community of the availability of surgical care at no charge for these conditions has already spread through the community.
2. Word-of-mouth information and experiences from patients previously treated has spread throughout the community.
3. The enthusiasm of the local orthopedic community related to their education and increased awareness is an additional incentive for their ongoing participation.

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

1. Dr. Varshneya and the local orthopedic community will oversee the direct postoperative care of the patients.
2. Operation Footprint surgeons will consult regularly with Dr. Varshneya and the treating orthopedic community in the short and long term aftercare of the patients involved.
3. Center for Trauma and Joint Replacement will maintain the equipment as per the MOU.

**Budget**

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

Yes

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

The facility used in conjunction with GG 1875428 will continue to be used due to its quality and dependability. For India purchased equipment and supplies Dr. Ankit Varshneya (orthopedic surgeon) and Dr. Nimta Varshneya (anesthesiologist) will submit potential vendors for the equipment (e.g. surgical lighting, anesthesia machine, etc.) needed for the upgrading and expansion of the operating suite. Vendor quotes will be on a competitive basis wherever possible. Quotes will be reviewed by Host Rotarian and International Rotarian club personnel listed for approval prior to purchasing. For US purchased equipment Operation Footprint personnel (Dr. Benard and Dr. Shah) will provide invoices and potential vendors to Host Rotarian and International Rotarian club personnel listed for approval of purchases. Surgical consumables (medications, injectables, dressings, suture, cast material, hardware, etc.) will be obtained by the already vendors used by the facility due to their prior competitive bids. Quotes on these items will likewise be approved by Host Rotarians and International Rotarian personnel referenced.

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

Yes

**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.**

All medical equipment and instruments will be maintained at and by the Center for Trauma and Joint

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

Exclusive of this grant request, Dr. Varshneya will generate a service contract for the maintenance of all equipment.

**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.**

The equipment will be purchased from local medical/hospital equipment vendors. These vendors are both local and international with companies either US based or India based, with quality of manufacture, etc. being equivalent or identical. Cultural appropriateness is not germane to the type of equipment being purchased.

**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 Center for Trauma and Joint Replacement.

Funding

**Does your project involve microcredit activities?**

n/a

**Have you found a local funding source to sustain project outcomes for the long term?**

Yes

**Please describe this funding source.**

The nature of ongoing funding relates to the maintenance of the surgical/hospital equipment purchased, the cost of which will be borne by The Center for Trauma and Joint Replacement,, who are non-Rotarians. There is no ongoing funding requirement for the patients beyond their standard for postoperative care, and typical for the kind of surgeries performed. The grant request for the supplies listed factors in the postoperative time frame. For pediatric patients, the parents are aware that they are responsible for acquiring funding for long term postoperative needs for growing children, such as braces, shoes, etc.

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

No. Any indirect funding might accrue from patients previously treated donating toward the treatment of future patients, or from local physician support of the project as they become trained in these surgical techniques.

## Supporting Documents

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- DR\_\_ANKIT\_-\_TO\_WHOMSOEVER.pdf
- Henry\_Schein\_invoices\_for\_2019\_Agra\_surgery\_mission.pdf
- Invoice\_for\_GG\_2118639.pdf
- MD\_City-TY\_(1)\_Divlabs.pdf
- MOU-\_Rotary\_5-30-21\_#2118639\_complete\_-\_Copy\_-\_Copy.pdf
- Operation\_FootPrint\_MOU-\_Rotary\_5-30-21\_#2118639\_complete\_-\_Copy\_-\_Copy.pdf
- Operation\_Footprint\_hyperlink.docx
- Quotation\_for\_Truskan\_S500\_(1)\_Medi\_devices.pdf

- Quote\_(1)\_Cognate.pdf
- global\_grants\_community\_assessment\_results\_for\_Agra\_Foot\_surgery\_grant.docx
- training-plan\_-\_GG2118639.docx

## Authorizations

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### Authorizations & Legal Agreements

#### Legal agreement

##### Global Grant Agreement

I confirm and agree to the following:

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 grant sponsors ("Sponsors") shall defend, indemnify, and hold harmless Rotary International (RI) and The Rotary Foundation (TRF), including their directors, trustees, officers, committees, employees, agents, associate foundations and representatives (collectively "RI/TRF"), 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 RI/TRF 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, war, fire, riot, civil unrest, hurricane, earthquake, or other natural disasters, acts of public enemies, curtailment of transportation facilities, political upheavals, 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 all unexpended global grant funds within 30 days of termination.
5. TRF's entire responsibility is expressly limited to payment of the total financing amount. TRF does not assume any further responsibility in connection with this grant.
6. TRF reserves 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, TRF shall be entitled to a refund 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, 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 TRF. Sponsors may not delegate any performance under this Agreement without the prior written consent of TRF. Any purported assignment of a Sponsor's rights or delegation of performance without TRF's prior written consent is void.

12.TRF may assign some or all of its rights under this Agreement to an associate foundation of TRF. TRF may delegate any performance under this Agreement to an associate foundation. Any other purported assignment of 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 International (RI) and TRF may use information contained in this application and subsequent reports to promote the activities by various means such as The Rotarian, Rotary Leader, rotary.org, etc. Unless indicated otherwise in writing, by submission of the photos, the parties hereby grant to RI and TRF the worldwide right to publish and use the photos, including but not limited to, in RI and TRF publications, advertisements, and Web sites and on social media channels and to license use to others, including, but not limited to, media outlets and its partners and through RI's online image database, for the purposes of promoting Rotary. By submitting the photos, the parties represent and warrant that all persons appearing in the photos have given their unrestricted written consent to use their likenesses and to license use to third parties.

16. The Sponsors agree to share information on best practices when asked, and TRF may provide their contact information to other Rotarians who may wish advice on implementing similar activities.

17. 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.

## **Primary contact authorizations**

### 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.

## All Authorizations & Legal Agreements Summary

### Primary contact authorizations

Name	Club	District	Status	
Marc Benard	Southern Pines	7690	Authorized	Authorized on 22/06/2021
Rahul Wadhwa	Agra Taj Mahal	3110	Authorized	Authorized on 15/06/2021

### District Rotary Foundation chair authorization

Name	Club	District	Status	
Claudia Cannady	Summit (Greensboro)	7690	Authorized	Authorized on 15/06/2021
Devendra Agrawal	Kashipur	3110	Authorized	Authorized on 16/06/2021

### DDF authorization

Name	Club	District	Status	
Claudia Cannady	Summit (Greensboro)	7690	Authorized	Authorized on 31/05/2021
Tommy Rosser	Sanford	7690	Authorized	Authorized on 31/05/2021
Devendra Agrawal	Kashipur	3110	Authorized	Authorized on 17/06/2021
Dinesh Shukla	Kanpur West	3110	Authorized	Authorized on 24/06/2021

### Legal agreement

<b>Name</b>	<b>Club</b>	<b>District</b>	<b>Status</b>	
Divya Wadhwa	Agra Taj Mahal	3110	Accepted	Accepted on 16/06/2021
Robert Boone	Southern Pines	7690	Accepted	Accepted on 15/06/2021