



**S.L. Gimbel Foundation Fund
Grant Application**

Internal Use Only: Grant :

Organization / Agency Information

Organization/Agency Name: Himalayan Cataract Project HCPI CureBlindness		
Physical Address: 57 S. Main St.		City/State/Zip Waterbury, VT 05676
Mailing Address: P.O. Box 55		City/State/Zip Waterbury, VT 05676
CEO or Director: Job Heintz		Title: Heintz: CEO Farabaugh: Institutional Dev. Officer
Phone: 802-522-9976	Fax: 802-649-1041	Email: jheintz@cureblindness.org
Contact Person: Mike Farabaugh		Title: Heintz: CEO Farabaugh: Institutional Dev. Officer
Phone: 802-505-8380	Fax: 802-649-1041	Email: mfarabaugh@cureblindness.org
Web Site Address: www.cureblindness.org		Tax ID: 03-0362926

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

Program/Project Name: Expanding High Volume Cataract Care in Ethiopia			Amount of Grant Requested: \$100,000
Total Organization Budget: \$11,407,145	Per 990, Percentage of Program Service Expenses (Column B / Column A x 100): 88	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 7	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 12
Purpose of Grant Request (one sentence): HCP will expand high-volume cataract care in Ethiopia through rural outreach, to diagnose and treat approximately 4,500 patients, including providing 1,500 sight-restoring surgeries.			
Program Start Date (Month and Year): February 2020		Program End Date (Month and Year): December 2020	
Gimbel Grants Received: List Year(s) and Award Amount(s) 2013 - \$50,000; 2015 - \$50,000; 2017 - \$50,000; 2018 - \$75,000			

Signatures

Board President / Chair (print name and title):	
Signature: Geoffrey Tabin, Board Chair 	Date: September 18, 2019
Executive Director/President (print name and title):	
Signature: Job Heintz, CEO 	Date: September 18, 2019



**2019 S. L.
Gimbel
Foundation
Fund
Grant
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Internal Use Only:
Grant No: _____

Organization / Agency Information

Organization/Agency Name: Himalayan Cataract Project Inc		
Physical Address: 57 S. Main St. Waterbury, VT 05676		
Mailing Address: PO Box 55 Waterbury VT 05676		
CEO or Director & Title: Mr. Job Heintz, Chief Executive Officer		
Phone: (802) 522-9976	Fax: (802) 649-1041	Email: Job Heintz Tel: (802) 522-9976 Fax: (802) 649-1041 jheintz@cureblindness.org
Contact Person & Title: Mike Farabaugh, Institutional Development Officer		
Phone: (802) 505-8380	Fax: (802) 649-1041	Email: mfarabaugh@cureblindness.org
Web Site Address: http://www.cureblindness.org		Tax ID: 03-0362926

Program / Grant Information

Program Area: Health

Program/Project Name: Expanding High Volume Cataract Care in Amhara Region, Ethiopia			Amount of Grant Requested: \$100,000
Total Organization Budget: \$11,546,223	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 87%	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 7%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 13%
Purpose of Grant Request (one sentence):			

HCP will expand high-volume cataract care in Ethiopia through rural outreach, to diagnose and treat approximately 4,500 patients, including 1,500 sight-restoring surgeries.

Program Start Date (Month and Year):

1/1/2020

Program End Date (Month and Year):

12/31/2020

Gimbel Grants Received: List Year(s) and Award Amount(s)

2013 - \$50,000

2015 - \$50,000

2017 - \$50,000

2018 - \$75,000

2019 S.L. Gimbel Foundation Fund APPLICATION

Narrative

I. Organization Background

The Himalayan Cataract Project (HCP) was established by ophthalmologists Drs. Geoff Tabin and Sanduk Ruit in 1995 with the mission to to cure needless blindness with the highest quality care at the lowest cost. HCP accomplishes this by working with a large network of implementing partners in resource-limited settings to strengthen local systems of eye care through the provision of high-quality ophthalmic care, training eyecare personnel at all levels, and providing supplies and equipment where they are needed most. The founders believe that high quality surgery is the cornerstone of eradicating cataract blindness and that the majority of surgeries must be performed by trained local eye care personnel. Dr. Ruit founded the Tilganga Institute of Ophthalmology as a treatment and education center in Kathmandu, Nepal. With support from HCP, Tilganga has expanded and is now the main training facility for HCP implementing partners worldwide and has been recognized for its success in improving eye care in Nepal. In June 2019, Tilganga became a WHO Collaborating Center for Ophthalmology, supporting the implementation of preventative blindness activities. HCP has replicated the same successful eye care service delivery model in other countries and now has active programs in South Asia and sub-Saharan Africa.

Organizational Accomplishments:

The most significant accomplishment in the last three years is HCP's exponential growth in programmatic impact in all three of its strategic areas: 1) high-quality ophthalmic care; 2) training and education; and 3) the provision of necessary supplies and infrastructure to sustain ongoing care. Growth is measured by the number of patients screened by all of our partners, the number of sight-restoring surgeries provided, and the number of ophthalmic personnel who benefit from specialized training.

In 2018, HCP's implementing partners screened nearly 1.7 million patients and provided 123,648 surgeries - compared to 1.1 million examinations and 97,000 surgeries in 2016 - representing a 65% and 27% increase, respectively. Of the surgeries provided by our partners, HCP's direct support through sponsored outreach campaigns grew from 48,768 surgeries in 2016 to 52,957 in 2018. In 2016, HCP provided 130 training opportunities to ophthalmic professionals, including both international hands-on training and observerships, and in-country hospital-based workshops. In 2018, this number had grown by 243%, with 535 opportunities offered to eye care workers from Bhutan, Ethiopia, Ghana, India, Myanmar, Nepal, Nigeria, Tanzania, and the U.S. This success is grounded in the considerable investments in equipment and/or infrastructure made by HCP to support clinical care and training at each of our implementing partner institutions.

In part, these accomplishments are what led to HCP being selected as one of eight semi-finalists in the inaugural MacArthur Foundation's 100&Change competition for a \$100 million grant to fund a single project to solve one of the most crucial global problems. While HCP was not ultimately selected as the recipient, we were named in the top 8 and remain committed to our strategy to build replicable systems of eye care in Nepal, Ghana, and Ethiopia that can be scaled anywhere.

Program Activities:

All programs and activities are directly tied to HCP's mission and strategic areas and are interrelated. HCP programs in Nepal, India, Myanmar, and Bhutan are primarily implemented by the Tilganga Institute of Ophthalmology and programs in Ghana and Ethiopia are implemented by local partners. Additionally, Tilganga plays a crucial role in the training and mentorship of staff from Ghana and Ethiopia. We support and organize dozens of training opportunities each year at for ophthalmic personnel from partner sites. In addition, there has been an increase in the number of master trainers who travel to sites in Ghana and Ethiopia to conduct assessments and provide ongoing mentorship in the trainees' home country, strengthening hospital and non-hospital based care.

High-volume cataract surgical campaigns provide cost-effective interventions to restore vision for hundreds of patients suffering needlessly while also providing training to local teams. Every HCP supported outreach campaign has at least two ophthalmology residents present as well as other paramedical personnel. HCP Country Representatives assemble surgical teams under the leadership of our volunteer ophthalmologists and implementing partner hospitals. In 2020, HCP plans to support 22 Ethiopian partners in providing 30,000 outreach cataract surgeries and 14 Ghanaian partners to provide 13,000 surgeries. Additional trainings and mentorships are also planned to aid in skills uptake.

We work with populations in resource-limited settings in South Asia and sub-Saharan Africa. The vast majority of the people make less than two dollars per day and are located in rural communities. The HCP outreaches, implemented in conjunction with local partners, are critical to bringing vital screening and eye surgery to distant populations that would not be able to afford or travel to them.

II. Project Information

A) Statement of Need

With a population of nearly 113 million, Ethiopia is one of the most populated countries in sub-Saharan Africa, with one of the highest rates of blindness in the world. The national prevalence of blindness is 1.6%, equating to 1.8 million people. About half of the blindness cases (904,000 persons) and 41% of low vision cases (1.4 million persons) are due to cataracts that can be corrected surgically (National Survey on Blindness, Low Vision and Trachoma in Ethiopia, 2006). Given the country's agricultural economy, blindness constitutes a crippling disability, depriving individuals of the ability to support themselves and their families. Children are often kept out of school to serve as caretakers, further compounding the cycle of poverty.

We are seeking funds both to reduce unnecessary blindness and poverty by putting people and their caregivers back to work, and to continue building ophthalmic capacity for future eye care providers. HCP is requesting a \$100,000 grant from the G.L. Gimbel Foundation to cover the cost of screening 4,500 patients and providing 1,500 cataract surgeries in the Amhara region, returning patients to contributing members of their communities while also training future medical professionals to ensure sustainable cataract care endures after foreign investments end.

The Amhara Region, located in the north, is one of the most densely populated rural areas of the country with an estimated population of 22 million people. Served by only five cataract surgeons and twelve public sector ophthalmologists, the net backlog of patients requiring screening and surgery is increasing by over 44,000 people each year, with a total backlog of over 179,000 individuals. Debre Berhan is HCP's newest partner and will begin conducting surgeries with HCP support in 2020. Dr. Alemayehu Bayou is the senior ophthalmologist at the hospital and has been in extensive conversations with HCP leadership. Dr. Yonas Abraham is supporting as a second ophthalmologist at the hospital and also has a long standing connection with HCP. Both individuals, as well as the broader staff at the hospital, hold a tremendous amount of potential and are expected to see positive growth in terms of surgeries and service provided in partnership with HCP. In initial partnership planning, multiple members of the Debre Berhan team have expressed interest in training opportunities to deepen their knowledge and improve their skills, which HCP will work to support as the partnership develops. In 2020, we expect the Debre Berhan medical team to focus on high-quality surgeries at a high level of output, utilizing the equipment provided and training opportunities to refine their abilities to serve many patients.

B) Project Description

In 2015, the Federal Ministry of Health (FMOH) announced a new government initiative to clear the backlog of over 700,000 cases of cataract blindness. In May 2015, HCP signed an agreement with the FMOH to improve the country's eye care system and developed a bold plan to eliminate more than half of the backlog in five years. Since then, HCP has signed memorandums of understanding with other regional health bureaus to do the same - including the Amhara region. Both HCP and the FMOH recognize that high-volume cataract campaigns are a crucial element to achieving this goal. The HCP 2020 Annual Plan includes a target of 30,000 cataract surgeries to be supported through outreach campaigns by 22 implementing partners. For reference, it is estimated that 70,000 cataract surgeries were provided in Ethiopia in 2016.

The innovation found in HCP's approach to these interventions, that dramatically changes the quality of life for patients and their caregivers, is its steadfast commitment to providing training during these events. HCP organizes high-volume cataract care with both veteran and newly trained Ethiopian ophthalmic staff to provide sight-restoring surgeries and expand the capacity of local providers to reduce the backlog of unnecessary cataract blindness in the region. HCP supports Ethiopia's five ophthalmology residency training programs thereby ensuring that these residents graduate with advanced surgical skills, owing to their involvement in these campaigns.

Another unique component contributing to successful outreaches is the presence of in-country personnel with experience overseeing all logistical and clinical aspects. HCP Country Representative Dr. Liknaw Adamu, a retired Ethiopian ophthalmologist, has several years of experience working with the federal and regional bureaus of health and as well as collaborating groups, including Orbis International and the Fred Hollows Foundation. Six additional program staff oversee the necessary logistics, from organizing patient and clinical staff transport, meals, and accommodations to reviewing budgets and disbursing supplies and funds.

Dr. Liknaw assembles the surgical team in consultation with HCP board member and Ethiopia Clinical Director Dr. Matt Oliva and DBRH Senior Ophthalmologist Dr. Alamayehu Bayou. An estimated 4,500 patients in rural communities will be screened through eye exam assessments by DBRH technicians during the weeks leading up to the surgical campaigns. Those requiring cataract surgery will be transported to and from DBRH where they will be provided temporary lodging for the five-day

intervention. DBRH optometrists will conduct biometric evaluations to improve post-operative vision for each patient. Ophthalmic nurses will manage patient care and preparation for surgery and all team members will receive valuable training and experience on high-efficiency, high-volume surgical campaigns. This skills transfer is a critical element in building the number and capacity of qualified SICS medical professionals in Ethiopia. After the surgery, patients will be checked for healing and visual acuity and returned to their communities. DBRH technicians will return to the communities one month after surgery to check visual acuity.

C) Project Goal, Objectives, Activities & Expected Outcomes

Project Goal:

The overall goal of the project is to expand and strengthen the delivery of eye care services to individuals residing in rural areas of the Amhara Region of Ethiopia, in order to reduce the national backlog of cataract blindness, currently estimated at 718,000. This will be achieved through tangible and logistical support for a high-volume cataract surgical campaign; the purchase of necessary equipment and supplies; and clinical training and mentorship for local ophthalmic personnel.

Project Objectives:

The project's primary objective is to provide hands-on training and direct service support for local partners at Debre Berhan Referral Hospital to conduct high-volume surgical outreach campaigns. This will result in improving access to basic eye care for at least 4,500 individuals, including provision of 1,500 cataract surgeries to permanently restore sight to blind individuals in rural Ethiopia. A secondary objective is the surgical skills transfer and outreach management exposure for Ethiopian ophthalmology residents participating in the event.

Project Activities:

Planning: During the planning phase, the implementing partner, Debre Berhan Referral Hospital, will provide a budget and action plan detailing the anticipated number of patients to be screened and operated on; a register of local ophthalmic personnel required to implement; the list and price of local supplies to be purchased; and an estimate of accommodations, transportation, food and fuel necessary for implementation.

Budgeting: The HCP in-country team will review the plan and budget and either provide feedback or their approval. Once approved, the budget is forwarded to HCP Staff in the United States along with a request for a 50% advance. The in-country team will also assess the logistical needs based on the budget, assemble visiting ophthalmic teams, and coordinate the transportation of in-country supplies and equipment from collaborating institutions, as necessary.

Service Implementation: Throughout the entire implementation phase, the in-country team will supervise all aspects of the surgical campaign in collaboration with the local implementing partner institution's leadership and the regional program coordinator.

Screening: Three weeks prior to the start of the surgical campaign, a screening team will travel to the selected rural areas (typically ranging from 100-300 km distance from the main facility) to screen, diagnose, and provide basic eye care for patients. Individuals identified as good candidates for cataract surgery will be scheduled to receive the procedure during the week of the campaign. Those with ophthalmic issues that require further care will be referred to a secondary eye center.

Surgery: During the week of the surgical campaign, patients will be bussed to the event site on their scheduled appointment day. Each patient will have their preoperative visual acuity tested and biometry calculated in order to determine what power lens should be implanted into the eye during surgery. The morning following the procedure, each patient will have their postoperative visual acuity tested and will receive eye drops and instructions on proper care and follow-up.

Follow-up: Following completion of the project, a narrative and final budget will be submitted by the implementing partner to the HCP in-country team who will review, approve, and forward to HCP-U.S. offices for final payment.

Evaluation: HCP will collect data on the number of people screened and the number of patients who received surgery. Additionally, any patient data on visual acuity and complications will be obtained for further analysis of surgical outcomes. Finally, HCP will send evaluations to the implementing partner staff to gather feedback and determine if adjustments need to be made.

Reporting: During implementation and following completion of the event, the HCP communications team will provide ongoing updates on the status of the event, including photos and patient success stories posted on our website and through social media channels. HCP will also provide a final report on the event to Gimbel detailing the use of grant funds.

Advocacy: The results of the surgical campaign will be recorded and synthesized to garner support for future growth.

Expected Outcomes:

The expected outcome of this project will be that the implementing partner, Debre Berhan Referral Hospital, will screen, diagnose and provide basic eye exams for at least 4,500 patients and provide 1,500 cataract surgeries. An additional expected outcome is the hands-on training of Debre Berhan Referral Hospital medical professionals at all levels, providing experiential learning opportunities in high-efficiency, high-volume small incision cataract surgeries. The skill sets developed in these campaigns will be applied to day-to-day hospital tasks in order to increase efficiency and will be used in future outreach settings.

Evaluation:

During implementation, the in-country team will attend the campaign to monitor processes and make adjustments to the event. Senior ophthalmologists will oversee the training of residents, monitoring their progress and assessing their surgical skills. Data will be collected on each patient including demographic information; preoperative and postoperative visual acuity; the power of implanted intraocular lenses (IOLs); and surgical complications.

Data for all 4,500 patients who will be screened and receive basic eye and the 1,500 cataract surgeries provided, will be collected and analyzed to evaluate success. Improvements on screening and between pre- and post-operative visual acuity will be compared to the WHO recommendations and the implementing team will receive feedback on their performance.

D) Timeline

The overall timeline for this project is January 1, 2020 - December 31, 2020. This includes the planning time leading up to and reporting following the surgical interventions in March and October 2020. Illustrative detailed timeline below:

- January 8: Partner planning and supply procurement processing for surgical intervention
- January 24: Detailed action plan and budget submitted by Debre Berhan Referral Hospital team for review
- February 10: Plan and budget reviewed by HCP in-country team and forwarded to HCP-U.S. office
- February 24 - March 13: Patient screening conducted in rural areas within Amhara Region
March 16 - 21: Surgical campaign implemented by Debre Berhan Referral Hospital surgical team with 500 planned surgeries
- March 21 - May 4: Follow-up and evaluation including data collection and analysis
- May 18: Part 1 Project Evaluation Report submitted by DBRH to HCP
- October 5 - 23: Patient screening conducted in rural areas within Amhara Region
- October 26 - 31: Surgical campaign implemented by Debre Berhan Referral Hospital surgical team with 1,000 planned surgeries
- October 31 - December 1: Follow-up and evaluation including data collection and analysis
- December 15: Part 2 Project Evaluation Report submitted by DBRH to HCP
- January 31: Grant Evaluation Report submitted by HCP to S.L. Gimbel Foundation

E) Target Population

This project will aim to serve individuals in rural areas of the Amhara Region in Ethiopia who would not otherwise seek eye care and/or receive cataract surgery due to lack of funds, access, or knowledge. Based on previous experience, of the 4,500 screening and 1,500 surgeries to be performed at Debre Berhan Referral Hospital in March and October 2020, the majority of patients will be over 50 years old, approximately 60% will be women, and that an estimated 30 surgeries will be provided for children between the ages of 6 and 16.

Coincidentally, HCP's current Ethiopia Country Representative, Dr. Liknaw Adamu, was one of the authors of the 2007 report on the Prevalence and Causes of Blindness in Ethiopia, which provides the basis for our projections. This landmark study determined that the prevalence of blindness is 1.6% in rural areas (including the Amhara Region), cataracts are the leading cause of blindness (46%), and that risk increases with age. The study also showed that women are 1.8 times more likely to develop cataracts than men, and that the incidence of blindness in children is 0.1% - this represents 6% of the total blind population.

F) Projects in the Community

Debre Berhan Referral Hospital is geographically situated to serve a catchment population of 2.8 million with tremendous need and is staffed to provide necessary care while increasing efficiency and output through targeted trainings and experiential learning. Other collaborating groups working in Ethiopia include Orbis International, the Fred Hollows Foundation, and Light for the World. HCP is a member of working groups to coordinate eye care activities in the country including the FMOH, the INGO Forum, and committees for the National Prevention of Blindness and National Eye Health Planning and Survey. In addition, HCP hosted an NGO forum in June 2019 in Addis Ababa attended by seven NGOs to discuss the Amhara RHR request to expand in the region and coordinate other activities.

HCP has a long list of volunteers who help implement project activities. HCP co-founder Dr. Geoffrey Tabin and board member Dr. Matt Oliva oversee all clinical aspects of activities and spend at least ten weeks combined each year working at these campaigns, providing onsite skills transfer. We also have volunteer nurses who help coordinate other volunteers and donors who may be in attendance. It is important to note, however, that we do not substitute local personnel with volunteers.

G) Use of Grant Funds

HCP will use grant funds to organize and implement high-volume cataract campaigns in collaboration with Debra Berhan Referral Hospital (DBRH), our newest Ethiopian partner. Located in the Amhara Region, DBRH is projected to screen at least 4,500 patients and provide 1,500 sight-restoring surgeries. Funds will be used to purchase medical supplies (intraocular lenses, medicines, equipment); pay per diems to local medical staff; and to provide logistical support for staff, patients and caregivers including transportation, accommodations, and food leading up to and during the week-long surgical campaign. HCP has committed to providing an additional 2,000 surgeries and continues to increase partnerships in the region.

Each year in Ethiopia, HCP supports over 10 high-volume cataract campaigns that provide over 1,000 cataract surgeries in a week - approximately 200 per day. In order to successfully implement these events, numerous staff are required to oversee clinical and logistical aspects. HCP Country Representative and Program Managers work alongside our local implementing partners at 22 eye clinics throughout the country. Our Ethiopian team reviews proposals and budgets submitted by local partners, disbursing a 50% advance upon approval. Upon event completion and submission of required patient data and reports, the remaining 50% is distributed.

III. Project Future

A) Sustainability

HCP has funding commitments from foundations and private donors for its work in Ethiopia. For 2020, approximately 50% of our project plan related to outreach is already covered by these commitments and the development team is poised to meet the remainder.

The long-term goal for sustainability in Ethiopia is to reduce the cost per surgery through greater efficiencies and to elicit additional support from local communities to cover the expenses for patient housing, visiting staff accommodations, food, and supplies. This model has been successful in Nepal by partnering with local groups and we are beginning to see this additional community support in both Ghana and Ethiopia. Additional efforts to reduce costs in Ethiopia through efficiency and scaling are also providing results -- the average cost per surgery is \$64 and continues to decrease as we continue to monitor all expenses closely.

In addition, Dr. Liknaw is very involved in advocacy on several FMOH committees working toward garnering additional government support for eye care. There has been a significant increase in interest from federal and regional bureaus of health, increasing the likelihood of additional funds becoming available.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

In 2019, HCP's Board of Directors expanded to include ten committed leaders in business, finance, and ophthalmology and meets quarterly to govern HCP. Board Chair Dr. Geoffrey Tabin is the Fairweather Foundation Endowed Chair and Professor of Ophthalmology and Global Medicine at Stanford University. CEO Job Heintz, Esq., manages a staff of twenty-four and all organizational functions including program delivery, administration, and fundraising. Board Member Dr. Matt Oliva, a cataract and cornea specialist at Medical Eye Center in Medford, OR, provides clinical expertise for HCP activities in Ethiopia.

The Board of Directors has four standing committees: Finance & Audit; Investment; Nominating & Governance; and Strategic Development. The Finance & Audit Committee oversees the organization's financial planning and annual audit. The Investment Committee sets the organization's investment policies and monitors the performance of its investment funds. The Nominating & Governance Committee identifies candidates to join the Board as needed, and makes recommendations to the full Board regarding the policies and procedures of the organization and the compensation of the Chief Executive Officer. The Strategic Development committee works with organizational leadership and the development team to maximize fundraising. Each committee is comprised of three Board members and meets at least once annually.

B) Management

Describe the qualifications of key personnel/staff responsible for the project.

- Emily Newick, Chief Operating Officer, joined HCP in 2003, and has nearly twenty years of experience in non-profit organizations focused on health and community development.
- Bill Shields, Chief of Procurement, has over 37 years of experience in eye care, ophthalmology, engineering, and management expertise.
- Pamela Clapp, Chief of Program Administration, has over 17 years of experience working in various roles in administration and management.
- Dr. Likanw Adamu, HCP Ethiopia Country Representative, contributes years of technical experience working as an ophthalmologist and program manager in Ethiopia.
- Teketel Mathiwos, HCP Ethiopia Program Manager, has over 10 years experience working with International NGOs working to improve health in Ethiopia.
- Meseret Fantahun, HCP ophthalmic nurse, maintains inventory, ensures that postoperative visual acuity occurs and supervises other nurses.
- Tigist Gelashe, HCP optometrist, works to ensure logistics and flow at outreach campaigns.
- Asasahegn Negussie, HCP Ethiopia Supply Coordinator, maintains the inventory of HCP supplies and equipment to be used for the multiple outreach campaigns each year.
- Brendan Callahan, Program Manager, has over seven years experience working with NGOs in East Africa, including five years in Ethiopia.

S.L. Gimbel Foundation APPLICATION

Organization Name:

Himalayan Cataract Project

V. Project Budget and Narrative (Do not delete these instructions on your completed form).

A) **Budget Table:** Provide a detailed line-item budget for your entire project by completing the table below.

Requested line items should be limited to Ten (10) line items. The less the better.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, specify the hourly rate and the number of hours (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.

Line Item Request	Line Item Description (Maximum two lines)	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Personnel Costs (Screening)	8 optometrists x \$3.60/hr x 60hrs/wk x 3 wks = \$5,184 8 nurses x \$3.60/hr x 60hrs/wk x 3 wks = \$5,184 4 drivers x \$2.12/hr x 60hr/wk x 3 wks = \$1,526.40	\$790.44		\$11,103.96	\$11,894.40
Personnel Costs (Surgeries)	6 ophthalmol. x \$8.90/hr x 60hrs/wk x 2 wks = \$6,408 4 anesthetists x \$5.72/hr x 60hrs/wk x 2 wks = \$2,745.60 24 nurses x \$3.60/hr x 60hrs/wk x 2 wks = \$10,368 12 optometrists x \$3.60 x 60hrs/wk x 2 wks = \$5,184 2 coord x \$3.60/hr x 60hrs/wk x 2 wks = \$864 1 hospital CEO x \$3.60 x 60hrs/wk x 2 wks = \$432 1 med. director x \$3.60 x 60 hrs/wk x 2 wks = \$432 1 finance dir. x \$3.60 x 60hrs/wk x 2 wks = \$432 4 techs x \$2.12/hr x 60hrs/wk x 2 wks = \$1,017.60 6 drivers x \$2.12 x 60hrs/wk x 2 wks = \$1,526.40 8 cleaners x \$1.27/hr x 60hrs/wk x 2 wks = \$1,219.20 10 cooks x \$1.27/hr x 60hrs/wk x 3 wks = \$1,524	\$5,163.80		\$26,989	\$32,152.80
Staff Lodging & Meal Cost	20 staff x \$31/day x 15 days = \$9,300	\$5,000		\$4,300	\$9,300
Patient Costs	Transportation, lodging, & meals for 1,500 patients x \$12/person = \$18,000			\$18,000	\$18,000
Surgical Consumables	Lenses, medications for 1,500 patients x \$12/patient = \$18,000			\$18,000	\$18,000
Surgical Instruments	250 cataract kits x \$31/kit = \$7,750 4 instrument sets x \$1,300/set = \$5,200 2 viscoelastic devices x \$1,250 = \$2,500 1,600 surgical blades = \$2,300			\$17,750	\$17,750
Fuel	21 days vehicle fuel for screening activities x \$107.14/day = \$2,249.94 15 days generator fuel for surgical activities x \$107.14 = \$1,607.10			\$3,857.04	\$3,857.04

Mentoring & Logistics Expenses	Mentor travel expenses = \$6,000 Logistics costs = \$3,500	\$3,500	\$6,000		\$9,500
TOTALS:		\$14,454.24	\$6,000	\$100,000	\$120,454.24

B) Narrative: The budget narrative is the justification of "how" and/or "why" a line item helps to meet the project deliverables. Provide a description for each line item request as necessary. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

1. Personnel Costs – Screenings: \$11,894.40

3 weeks of screening activities for 4 outreach teams. Each team consists of 2 optometrists (\$3.60/hr x 60hrs/wk x 3 wks = \$5,184), 2 nurses (\$3.60/hr x 60hrs/wk x 3 wks = \$5,184), and 1 drivers (\$2.12/hr x 60hr/wk x 3 wks = \$1,526.40) for a total of \$11,894.40. They will travel to the catchment area for 3 weeks in order to screen a total of at least 4,500 individuals in rural communities.

2. Personnel Costs – Surgeries: \$32,152.80

The surgical team is composed of staff who will be participating in the 2 week surgical outreach campaigns including: 6 ophthalmologists (\$8.90/hr x 60hrs/wk x 2 wks = \$6,408), 4 anesthetists (\$5.72/hr x 60hrs/wk x 2 wks = \$2,745.60), 24 nurses (\$3.60/hr x 60hrs/wk x 2 wks = \$10,368), 12 optometrists (\$3.60/hr x 60hrs/wk x 2 wks = \$5,184), 2 coordinators (\$3.60/hr x 60hrs/wk x 2 wks = \$864), 1 hospital CEO (\$3.60/hr x 60hrs/wk x 2 wks = \$432), 1 medical director (\$3.60/hr x 60 hrs/wk x 2 wks = \$432), 1 finance director (\$3.60/hr x 60hrs/wk x 2 wks = \$432), 4 technicians (\$2.12/hr x 60hrs/wk x 2 wks = \$1,017.60), 6 drivers (\$2.12/hr x 60hrs/wk x 2 wks = \$1,526.40), 8 cleaners (\$1.27/hr x 60hrs/wk x 2 wks = \$1,219.20) and 10 cooks (\$1.27/hr x 60hrs/wk x 2 wks = \$1,524).

3. Staff Lodging and Meal Costs: \$9,300

20 visiting staff members will be lodged in a hotel \$31/night x 15 nights - \$9,300

4. Patients Costs: \$18,000

Patient costs include transportation to and from the hospital for surgery, accommodations for 1 night between surgery and post-op assessment, and meals while at the facility. Since Debre Berhan is a new partner, the calculation of \$12 per patient is assumed which reflects the Ethiopia program's country average cost for meals, transport, and accommodations in shared tents at the site of the hospital.

5. Surgical Consumables: \$18,000

Consumables include intraocular lenses and medicine for each eye and equate to \$12 per surgery x 1,500 surgeries

6. Surgical Instruments: \$17,750

Surgical instruments include 250 cataract kits (250 x \$31 = \$7,750), 4 cataract instrument sets (4 x \$1,300 = \$5,200), visco-elastic (1,250 x \$2 = \$2,500), 1,600 surgical blades (1 box of 1,600 blades = \$2,300). The total cost for instruments = \$17,750 inclusive of shipping and customs.

7. Fuel: \$3,857.04

Fuel is used in the vehicles used to transport medical professionals to the field for screenings, to transport patients and staff during the surgical campaign, and to run generators which ensure

continuous electricity throughout the surgeries. As a new partner, Debre Berhan's fuel usage is calculated based on the Ethiopia program's country average of \$107.14 per day spread across 21 days of screening and 15 days of surgeries (36 days x \$107.14 = \$3,857.04).

8. Mentoring and Logistics Expenses: \$9,500

The costs of air travel and expenses for Dr. Geoff Tabin (\$6,000) will be covered by the Union Theological Seminary Grant for the HCP Mentoring Project. The cost of Dr. Liknaw and his team (2 weeks' salary & expenses (\$3,500)) will be covered by HCP.

S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Conrad N. Hilton Foundation	\$ 620,000
Izumi Foundation	\$ 43,125
de Rothschild Foundation	\$ 40,000
	\$
	\$
	\$
	\$
	\$

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Partners for Equity	\$ 300,000	Jan. 2020
Izumi Foundation	\$ 14,375	Mar. 2020
Private Donor	\$ 30,000	Feb. 2020
	\$	
	\$	
	\$	

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$ 3,986,894	37%	Program Fees	\$ 0	0%
Fundraising/Special Events	\$ 0	0%	Interest Income	\$ (52,777)	0%
Corp/Foundation Grants	\$ 3,812,118	35%	Other:	\$ 2,391,152	22%
Government Grants	\$ 675,829	6%	Other:	\$ 86,427	<1%

Notes:

Other 1: Non-cash contributions; Other 2: Technology and Procurement program revenue

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Himalayan Cataract Project

Most Current Fiscal Year (Dates): From January 1, 2018 To: December 31, 20189

This section presents an overview of an applicant organization’s financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$9,978,499	\$8,647,372	\$799,510	\$532,017

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	87 %	8 %	5 %

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization’s <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
7 %	8 %	-1 %

If the differential is above (+) or below (-) 10%, provide an explanation:

664,244

S.L. Gimbel Foundation APPLICATION

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$2,262,175	\$ 1,680,907	637,743	6.18

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$664,244	\$1,918,154

Notes:

Himalayan Cataract Project, Inc.
Profit & Loss Budget vs. Actual
 January through December 2018

HIMALAYAN CATARACT PROJECT
S.L. GIMBEL APPLICATION
BUDGET COMPARISON WORKSHEET

	ACTUALS MOST RECENTLY COMPLETED YEAR	BUDGET PROJECTIONS CURRENT YEAR	VARIANCE	(%)
	FY2018	FY2019	(\$)	(%)
Income				
4100000 - Contributions; Gifts and Grants				
4101000 - Non-Cash Contributions	2,391,152	2,528,325	137,173	6%
4102000 - Gifts	3,986,894	5,463,485	1,476,591	37%
4103000 - Grants	3,812,118	3,052,500	-759,618	-20%
4104000 - Grants - Government	675,829	810,000	134,171	20%
Total 4100000 - Contributions; Gifts and Grants	10,865,994	11,854,310	988,316	9%
4500000 - Technology & Procurement	86,427	500,000	413,573	479%
4600000 - Investment Income	110,407	75,000	-35,407	-32%
4701000 - Realized Gains (Losses)	1,245,304		-1,245,304	-100%
4702000 - Unrealized Gains (Losses)	-1,366,763		1,366,763	-100%
Total Income	10,941,370	12,429,310	1,487,940	14%
Expense				
6100000 - Program - Grants & Allocations				
6110000 - Grants & Allocations				
6110100 - Nepal	1,684,098	1,453,389	-230,709	-14%
6110200 - India	5,526	14,200	8,674	157%
6110300 - Bhutan	106,995	100,000	-6,995	-7%
6112000 - Ghana	1,010,854	1,153,902	143,048	14%
6112100 - Ethiopia	2,323,182	2,857,536	534,354	23%
6114000 - Other Country Programs	154,795	174,000	19,205	12%
6115000 - Educational Fellowships	47,346	30,000	-17,346	-37%
6115500 - Technology & Procurement	0	425,000	425,000	
6116000 - Community Eye Hospital Project	689,947	498,325	-191,622	-28%
6117000 - Data Management	4,257	150,000	145,743	3,424%
6117500 - Travel - Prog. Implem & Monitor	66,029	90,000	23,971	36%
Total 6110000 - Grants & Allocations	6,093,030	6,946,352	853,322	14%
6120000 - Program - Grants & Allocations	1,582,910	2,400,000	817,090	52%
Total 6100000 - Program - Grants & Allocations	7,675,940	9,346,352	1,670,412	22%
6200000 - Personnel Related Expenses				
6210000 - Salaries & related expenses	1,675,501	2,335,988	660,487	39%
6220000 - Contract Service Expenses	273,295	226,086	-47,209	-17%
Total 6200000 - Personnel Related Expenses	1,948,795	2,562,054	613,259	31%
6300000 - Non-personnel Related Expenses				
6300100 - Non-personnel Expenses	97,538	100,772	3,234	3%
6300200 - Facility & Equipment Expenses	112,244	136,110	23,866	21%
6300300 - Travel	213,823	195,000	-18,823	-9%
6300400 - Other Expenses	128,995	89,023	-39,972	-31%
Total 6300000 - Non-personnel Related Expenses	552,600	520,905	-31,695	-6%
Total Expense	10,177,336	12,429,311	2,251,975	22%
NET	764,034	-1	-764,035	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,373,057.	7,373,057.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	449,157.	225,787.	142,636.	80,734.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	955,897.	528,493.	181,735.	245,669.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,745.	23,971.	8,874.	10,900.
9	Other employee benefits	122,815.	68,242.	23,676.	30,897.
10	Payroll taxes	99,898.	53,807.	22,687.	23,404.
11	Fees for services (non-employees):				
a	Management				
b	Legal	101,894.	1,898.	99,996.	
c	Accounting	60,916.		60,916.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	41,726.		41,726.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	52,278.	37,892.	14,386.	
12	Advertising and promotion				
13	Office expenses	109,354.	46,085.	17,508.	45,761.
14	Information technology	100,263.	24,018.	65,501.	10,744.
15	Royalties				
16	Occupancy	67,388.	36,390.	15,499.	15,499.
17	Travel	213,827.	114,773.	81,134.	17,920.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	379.		379.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROCUREMENT PROGRAM EXP	104,046.	104,046.		
b	C.C. PROCESSING FEES	48,552.			48,552.
c	MEMBERSHIPS	15,769.	5,710.	9,315.	744.
d	MISCELLANEOUS	13,550.	1,055.	12,236.	259.
e	All other expenses	3,988.	2,148.	906.	934.
25	Total functional expenses. Add lines 1 through 24e	9,978,499.	8,647,372.	799,110.	532,017.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Himalayan Cataract Project: 2019 Budget

Himalayan Cataract Project
FY 2019 Budget Summary

2019 Budget

Ordinary Income/Expense

Income

Contributions; Gifts and Grants	
Non-Cash Contributions	2,528,325
Gifts	5,463,485
Grants	3,052,500
Grants - Government	810,000
Contributions; Gifts and Grants	<u>11,854,310</u>
Technology & Procurement	500,000
Interest from Securities	75,000
Unrealized Gain/Loss on Investm	0
Realized Gain Loss Sale of Inv.	0
Total Income	<u>12,429,310</u>

Expense

Program - Grants & Allocations

Grants & Allocations

Nepal inc. Myanmar	1,453,388
India	14,200
Bhutan	100,000
Bhutan - National Eye Hospital Project	498,325
Ghana	1,153,902

 Ethiopia 2,857,536

Other Country Progs

Sierra Leone	50,000
Kenya	10,000
Rwanda	10,000
Indonesia	0
South Sudan	100,000
Other	4,000

Total Other Country Progs 174,000

Educational Fellowships & Excha 30,000

Technology & Procurement 575,000

Travel - Prog. Implem & Monitor 90,000

Total Grants & Allocations 6,946,351

Non-Cash/Donated Gds & Svcs 2,400,000

Program - Grants & Allocations 9,346,351

Personnel Related Expenses 2,562,054

Non-personnel Related Expenses 520,905

General & Administrative 0

Total Expense 12,429,310

Net Ordinary Income 0

V9.10.18.18

Himalayan Cataract Project: 2019 Budget

Himalayan Cataract Project
FY 2019 Budget Summary

2019 Budget

Ordinary Income/Expense

Income

Contributions; Gifts and Grants	
Non-Cash Contributions	2,528,325
Gifts	5,463,485
Grants	3,052,500
Grants - Government	810,000
Contributions; Gifts and Grants	11,854,310
Technology & Procurement	500,000
Interest from Securities	75,000
Unrealized Gain/Loss on Investm	0
Realized Gain Loss Sale of Inv.	0
Total Income	12,429,310

Expense

Program - Grants & Allocations

Grants & Allocations	
Nepal inc. Myanmar	1,453,388
India	14,200
Bhutan	100,000
Bhutan - National Eye Hospital Project	498,325
Ghana	1,153,902
Ethiopia	2,857,536
Other Country Progs	
Sierra Leone	50,000
Kenya	10,000
Rwanda	10,000
Indonesia	0
South Sudan	100,000
Other	4,000
Total Other Country Progs	174,000
Educational Fellowships & Excha	30,000
Technology & Procurement	575,000
Travel - Prog. Implem & Monitor	90,000
Total Grants & Allocations	6,946,351
Non-Cash/Donated Gds & Svcs	2,400,000
Program - Grants & Allocations	9,346,351
Personnel Related Expenses	2,562,054
Non-personnel Related Expenses	520,905
General & Administrative	0
Total Expense	12,429,310
Net Ordinary Income	0

V9.10.18.18

2018 Gimbel Foundation Grant Evaluation Report

1. Name of your organization. Himalayan Cataract Project

2. Grant #: 20180516

3. Grant Period: Aug. 15, 2018 - Aug. 15, 2019

4. Location of your organization:

City: Waterbury

State: Vermont

5. Name and Title of person completing evaluation: Roger Clapp, Major Gifts Officer

6. Phone Number: 802-505-0711

7. Email address. rclapp@cureblindness.org

8. Number of clients served: Approx. 5400

9. Goal and Objectives

Goal: To expand and strengthen the delivery of eye care in remote villages in Ethiopia

Objective 1: HCP will support community eye examinations and screening for 3000 potential patients experiencing blindness, reduced vision or other eye ailments in urthe

Activities: Between Aug. 15 and November 30, 2018, primary care and diagnostic teams from the Quiha Zonal Hospital (QZH), Axum University Hospital and Arba Minch Hospital set up eye clinics in rural districts to screen patients, provide basic eye care and referrals for further treatment including cataract surgery and other ophthalmic interventions as needed.

Results: The teams screened and provided eye treatment for a total of 5,120 individuals, nearly 70% more than originally anticipated. Of those, 1,700 patients received referrals and transportation vouchers to receive cataract surgical treatment by the QZH surgical outreach team at Axum University Eye Clinic and at Arba Minch Hospital.

Outcomes: Over 5,400 individuals and their care-takers received education and advice on proper eye care from high-quality eye care from trained professionals. Patients received screening, diagnoses and treatment for their eye ailments and referrals for further treatment as needed.

Objective 2: HCP will support at least 1,000 cataract surgeries through high-volume surgical intervention to restore vision to those who were blind due to cataracts.

Activities: HCP Program, Procurement and Coordination teams worked with HCP implementing partner hospitals and Ethiopian government officials to deliver the ophthalmic medical supplies. QZH, Axum and Arba Minch teams coordinated the transportation, lodging and feeding of approximately 3,200 patients & caretakers arriving from towns and villages across the Tigray & SNNP Regions. HCP co-founder Dr. Geoff Tabin arrived from the U.S. to join QZH Director of Ophthalmology Dr. Tilahun Kiros to set up the surgical theatre at Axum University with Axum ophthalmic director Dr. Tesfalem and 16 staff members, including medical residents, ophthalmic nurses and technicians to provide thorough and efficient patient care.

Results and Outcomes: A total of 1,885 cataract surgeries were performed across two sites, over 80% more than were originally anticipated, restoring sight for over 1,700 individuals who will receive further follow-up in their home villages as needed.

Objective 3: HCP will support training and mentoring to at least 3 medical residents in ophthalmic training from teaching hospitals across Ethiopia.

Activities: Working with Dr. Tabin since 2008, Dr. Kiros has established QZH as the leading community hospital for cataract surgery in the country. Rotations of 3 medical residents in ophthalmology from teaching hospitals in Ethiopia are supported by HCP to receive mentoring and hands-on training at QZH. During this outreach, each of three residents observed and participated in high-volume cataract surgery with one or more well qualified mentors.

Results and outcomes: Each of three medical residents observed and/or participated in over 400 cataract surgeries with expert hands-on training during the 5-day campaign in Axum. This represents more than three times the number of surgeries residents normally experience in their day to day work at the hospital. One resident, Dr. Kebede proved particularly adept at cataract surgery and was able to benefit from the mentoring of Dr. Tabin.

10. Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

With an ever-expanding number of implementing partner hospitals - currently 21 - and a growing demand for surgical outreach, the procurement of intraocular lenses and other surgical materials for a high-volume outreach continues to be a challenge. With more frequent use of biometry, ophthalmic staff can prescribe and select the exact amount of lens magnification needed for each individual. However, this increasingly exacting diagnosis, requires an expanded inventory of intraocular lenses to choose from. Moreover, advances in lens manufacturing bring a larger variety of lens options, each

with their own advantages and disadvantages in terms of installation and risk of complication.

11. How did you overcome and/or address the challenges and obstacles?

By purchasing larger quantities of intraocular lenses and understanding the most frequently prescribed magnifications, HCP Chief of Technology and Procurement Bill Shields is able to provide more flexibility for HCP Country Representative Dr. Liknaw Adamu and his team. They can make inventory adjustments among partner hospitals to fulfill outreach needs as they arise. HCP just engaged a consulting optometrist to help partners improve biometry for lens selection and improve visual acuity scores among patients receiving cataract surgical treatment. During the surgical campaign, surgical mentors including Drs. Tabin and Kiros use the opportunity to instruct medical residents and other members of the surgical team on useful techniques to achieve best results with each version of intra-ocular lens.

12. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Due to the efficiency of the surgical team in Axum, Dr. Tabin was able to stretch project funding to support an additional outreach in Arba Minch where the demand for cataract surgery was even greater. Dr. Tabin joined the lead ophthalmologist Dr. Dawit Gatey

13. Briefly describe the impact this grant has had on the organization and community served.

The \$75,000 provided by the S.L. Gimbel Foundation Fund covered 3/4 of the cost of the two surgical outreaches including the pre-operative screenings and transportation to and from the surgical hospitals. Over 5,000 patients received treatment and 20 local ophthalmic staff members received hands-on training and mentoring from some of the most accomplished experts in the world.

The WHO describes cataract surgery as one of the most cost-effective medical interventions of our time. Each of the 1,685 patients receiving sight-restoring cataract surgery has been released from a debilitating handicap and can now become a more fully contributing member of their family and community. In most cases, another family member, usually a child, has been pulled out of school and/or out of the workforce to provide care for the blind individual. These individuals are now released to pursue their own goals and dreams. For the 51 children who received cataract surgery, their lives will be completely transformed for an entire lifetime.

With each successful campaign, HCP gains more followers and more support. Over the past three years, the governments of both Ethiopia and Ghana have signed new agreements dedicating more resources to combatting cataract blindness and we continue to move forward in eliminating needless blindness worldwide.

14. Budget

HCP 2018 - Gimbel Grant Expense Report

Line item Expense	Description	Budgeted amount	Actual expense	Variance	% Variance
Personnel Costs	Screening	\$9,651.60	\$11,155.92	\$1,504	-15%
	Surgical Outreach	\$15,024.96	\$15,101.82	\$76.86	-1%
Transportation	Patients and Staff	\$13,020	\$21,265.75	\$8,245.7 5	-63%
Accommodation	Patients and Staff	\$3,360	\$2,654.12	\$705.88	21%
Food Costs	Patients and Staff	\$6,600	\$7,024.65	\$424.65	-6%
Surgical supplies	Lenses, instruments & medicines	\$25,400	\$16,312.45	\$9,087.5 5	36%
Fuel	Screening & Generator	\$1,943	\$1,485.29	\$457.71	24%
Total		\$75,000.00	\$75,000.00	0	0

Budget Narrative:

Overall the \$75,000 grant covered 63% of the overall costs of the two outreaches. Because the outreach by the QZH team in Axum was smaller than anticipated and the outreach screening in Arba Minch indicated significantly larger demand, the decision was made to extend grant coverage to approximately 5,400 individuals, far beyond the 3,000 patients originally targeted. Almost all patients were from remote rural villages and, as a result, several of the screening personnel and transportation costs went over budget. HCP benefitted, however, from a donation of medical supplies including a

sizable donation of intraocular lenses by the Alcon Corporation, creating a savings of over \$9,000 to balance the budget.

15. Success Story

HCP Program Manager Julie Richards had the opportunity to meet an 8-year-old child who, prior to surgery, was bilaterally blind. Moreover, the little girl was orphaned at birth and raised by her aunt. Her pre-operative behavior was reported as oppositional, violent, and sullen. One of the ophthalmic assistants was excited to introduce Julie to her as he found her affect profoundly changed post-operation with the ability to see. "I observed her as calm, compliant with requests, and a bit reserved. Her aunt expressed appreciation and enthusiasm with handshakes, smiles, and open body language for the successful surgeries while the assistant took photos of the aunt and child."

16. With fewer patients than anticipated, Dr. Tabin was able to spend more time instructing the residents. One resident, Dr. Kebede, demonstrated particular aptitude with fine motor skills and Dr. Tabin spent several hours mentoring him in *small incision cataract surgery (SICS)*.

17. Collection of patient stories from recent HCP outreach in Ethiopia where 987 sight restoring surgeries were performed.



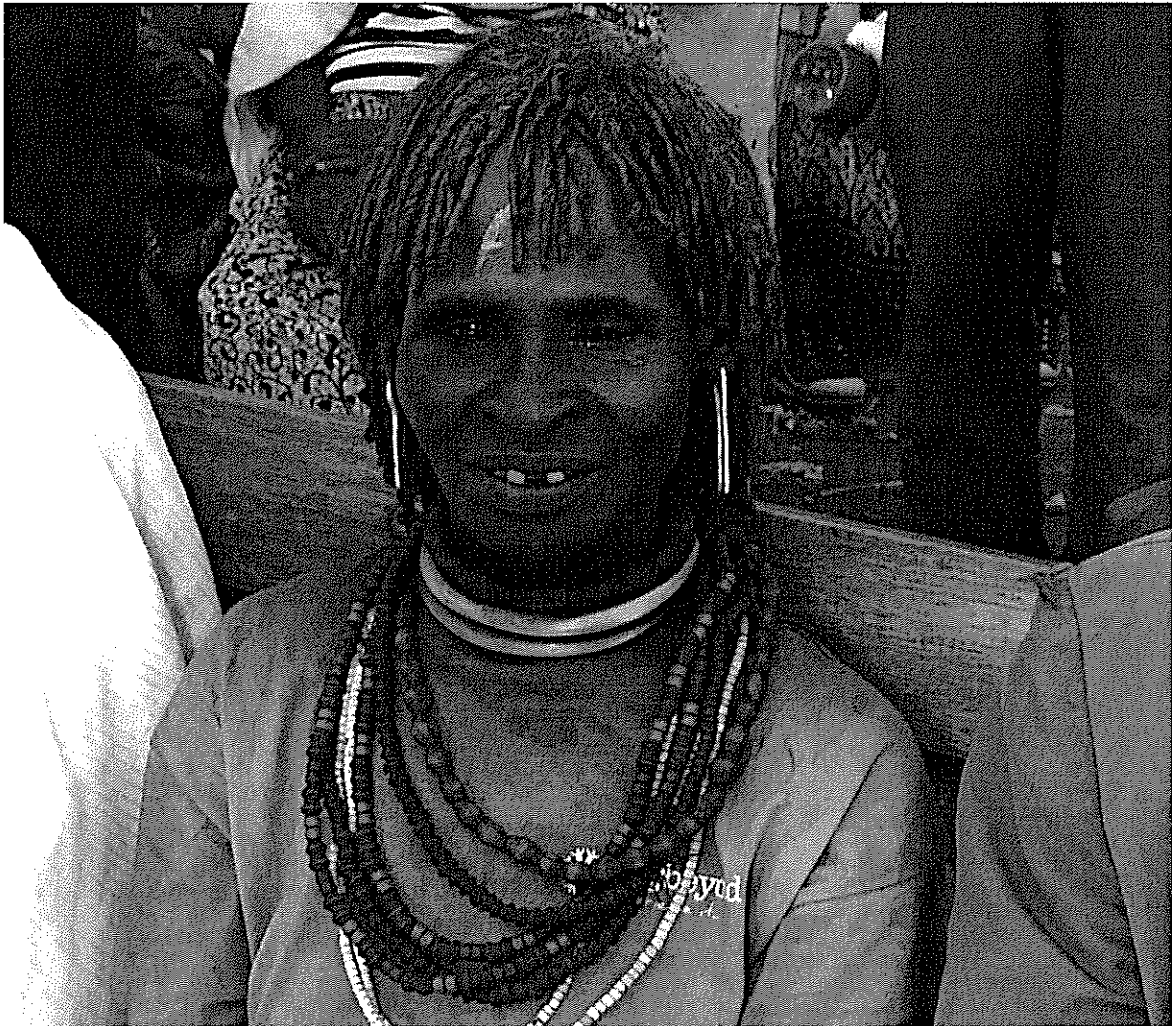
Guye Roba is a 14-year-old boy from Bule Hora and had been blind for eight years. As the middle child of ten siblings, he was the only one who could not see in his family. Due to his blindness, Guye dropped out of school in third grade and, according to his father, it was very difficult for him to stop his studies and stay home. So far this year, he has made two appointments for surgery in Awassa, a city over three hours away from home, but both surgeries were cancelled. The first surgery was canceled due to a state of emergency and the latter because there were too many patients. Guye heard about the campaign from a team sent to his village to alert residents in communities near Arba Minch that the outreach was happening and when the screening team would arrive. Guye received sight restoring surgery in both eyes. Now that he can see again he is looking forward to going home and starting school in September. He says he wants to be a teacher when he grows up. Guye wanted to say thank you to the doctors restored his vision and all the supporters of HCP's work.



Kamitil Kambata is a 20-year-old bilaterally blind woman from Dara, one of the woredas in the Southern Nations, Nationalities, and Peoples' Region of Ethiopia, part of the Sidama Zone, which is 350 km from Arba Minch. She lost her vision at the age two and cannot remember the last time she could see anything. She has four brothers, some older and some younger, but she has never seen them and can only tell them apart by the sound of their voice. She is not married and thought she would never be able to get married when she was blind. She looks forward to going home and seeing her family for the first time. Her father, who accompanied her to the outreach said, "words cannot express how I feel now that my daughter can see." Now that she can see, she said, "I want to do what every normal person is doing, contribute to my community and my family like everyone else. I used to wish to get married and have my own life, but that was only a wish. Because a woman who is the head of the household does 90% of the work at home. So, it was just a wish. Now my wish has come true. I can start working and living on my own."

Kamitil's father went on to say, "the only thing you can do when you are poor is to wish for something good to happen. We have been wishing for this for a long time. Finally, the doctors have come to do this good thing for our family. The only thing we

can say to the doctors is that we hope God blesses them and their families so they can keep doing this work. We feel like our prayers has been answered by these doctors. Thank you."



Kerry is from the Hamar Tribe, lives a small village on the border of Kenya and Ethiopia, and had a cataract in her left eye. She had never left her village before traveling to Arba Minch for the outreach and was brought by her son and daughter-in-law, who found out about the campaign from their friend Teddy, who assists with HCP in-country travel coordination in Ethiopia. They drove over 350 km on poor roads to get to the outreach. The entire family says they are so happy that she is able to finally see. Kerry is looking forward to seeing her five grandchildren clearly for the first time.



Miniret Lentiso is a 15-year-old girl from Duna, which is about 300 km from Arbaminch, an eight-hour bus trip. She lost her vision at the age of nine and has never attended school. As a girl, she used to help the family by fetching water from the river, collecting firewood and helping her mother in the home, but she stopped when she lost her sight. Once blind, she was always in the house, unable to assist with household duties and, in addition, she needed to have one of her five brothers or three sisters sit with her at all times to look after her. She said her family had taken her to many clinics and hospitals in the area, but there was never a solution, so they gave up and just kept her at home resigned to the idea she would never have a job, get married, or have an independent life.

After surgery, her brother said the family is so excited that she will have a future and be able to do whatever she wants, "she can decide for herself what her life will bring." When asked how she feels after sight restoration, Miniret said, "I'm really grateful that I'm able to see and I don't have any words. I don't know what to say. My joy does not have any limits right now!" Miniret added, "I wish great luck to the doctors and the entire team who gave me my sight back. I want to go back to my village and try to find out a way to contribute to my family and the community to improve their lives. I want to help make it better because everyone in my family has helped me my entire life and now, I want to give back to them for all that they have done for me."

18. Which category best describes the organization.

Medical/Health/Public Agency

19. What is the organization's primary program area?

Health & Human Services

20. Percentage of clients served through grant in each ethnic group category.

Asian/Pacific Islander: 25%

Other (African): 75%

21. Approximate percentage of clients served from grant funds in each age category.

Children: birth to 5 years of age :1

Children ages 6-12 years of: 3

Youth ages 13-18: 5

Young Adults (18-24): 3

Adults: 30

Senior Citizens: 58

22. Approximate percentage of clients served with disabilities from grant funds

Blind & Vision Impaired 98

23. Approximate percentage of clients served in each economic group

At/Below Poverty Level: 98

Working Poor: 2

24. Approximate percentage of clients served from grant funds in each population category

Families: 90

Disabled: 98

Students: 2

Elderly: 60

Children/Youth (those not included in Family): 5

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 08 2004

HIMALAYAN CATARACT PROJECT INC
C/O LYNETTE WILLIAMS, NONPROFIT SUPPORT
SERVICES
PO BOX 10008
EUGENE, OR 97440

Employer Identification Number:

03-0362926

DLN:

17053080768034

Contact Person:

THOMAS C KOESTER

ID# 31116

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated November 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

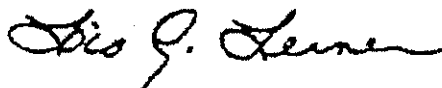
Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



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2019**

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Waterbury, VT 05676

Emily Newick, COO
Himalayan Cataract Project
57 S. Main Street
Waterbury, VT 05676