

Organization / Agency Information

Organization/Agency Name: <i>Himalayan Cataract Project</i>		
Physical Address: <i>57 South Main Street, Waterbury, Vermont</i> City/State/Zip <i>05676</i>		
Mailing Address: <i>PO Box 55, Waterbury VT, 05676</i> City/State/Zip		
CEO or Director: <i>Job C. Heintz</i>		Title: <i>CEO</i>
Phone: <i>802-522-9976</i>	Fax: <i>802-649 - 1041</i>	Email: <i>jheintz@cureblindness.org</i>
Contact Person: <i>Roger Clapp</i> Major Gift Officer		Title:
Phone: <i>802-505-0711</i>	Fax: <i>802-649 - 1041</i>	Email: <i>rclapp@cureblindness.org</i>
Web Site Address: <i>www.cureblindness.org</i>		Tax ID: <i>03-0362926</i>

Program / Grant Information

Interest Area: ☐ Animal Protection ☐ Education ☐ Environment ☒ Health ☐ Human Dignity

Program/Project Name: <i>High-Volume Cataract Care – Mekelle, Ethiopia</i>			Amount of Grant Requested: <i>\$50,000</i>
Total Organization Budget <i>\$6,533,721</i>	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): <i>89%</i>	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): <i>8%</i>	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): <i>3%</i>
Purpose of Grant Request (one sentence): <i>To support a high-volume cataract event in Mekelle, Ethiopia, restoring sight to approximately 1000 people and to train local eye care personnel in high-quality, high volume cataract delivery.</i>			
Program Start Date (Month and Year): <i>June 2017 – September 2017</i>		Program End Date (Month and Year):	
Gimbel Grants Received: List Year(s) and Award Amount(s) <i>2013 and 2015: \$50,000</i>			

Signatures

Board President / Chair: (Print name and Title) <i>Geoff Tabin</i> Dr. Geoff Tabin, HCP Board Chairman	Signature: <i>Geoff Tabin</i>	Date: <i>1/26/17</i>
Executive Director/President: (Print name and Title) <i>Job C Heintz</i> Job. C. Heintz CEO	Signature: <i>Job C Heintz</i>	Date: <i>1/26/17</i>

2017 S.L. Gimbel Foundation Fund APPLICATION

Narrative

Please provide the following information by answering **ALL** questions (I to IV) in **six (6) typed pages maximum, 12 Font, One Inch Margins**. Use the format below (I to IV). Type the questions. Type your answer to the questions accordingly. Please be thorough, clear, specific, and concise.

I. Organization Background

- A) What are the history, mission and/or purpose of your organization? How long has the organization been providing programs and services to the community?

The Himalayan Cataract Project (HCP) was established by ophthalmologists Drs. Geoff Tabin and Sanduk Ruit in 1995 to eradicate preventable and curable blindness through high-quality ophthalmic care, education and the establishment of a world class infrastructure. Dr. Ruit pioneered the refinement of the *Small Incision Cataract Surgery (SICS)*, a procedure that now takes less than 10 minutes and restores sight to those blinded by cataracts at material cost of \$25. The founders realized early on that high quality surgery had to be the cornerstone of eradicating cataract blindness and that the majority of surgeries must be performed by trained local personnel. Dr. Ruit founded the Tilganga Institute of Ophthalmology as a treatment and education center in Kathmandu, which has expanded with support from HCP and is now the main training facility for HCP implementing partners worldwide. Since 1995, HCP and its partners have supported the training of over 10,500 ophthalmic professionals from 43 countries and provided treatment and screening for over 6.6 million patients.

Today, HCP works primarily in south Asia and Sub-Saharan Africa, providing direct eye care, training, and equipment to reduce rates of needless blindness and strengthen eye care systems in the developing world. With its implementing partners, HCP contributes to the screening and examination of more than 900,000 people annually, providing sight-restoring eye surgery for more than 80,000, and supporting training for hundreds of local ophthalmic professionals of all disciplines.

HCP began working in Ethiopia as part of the Millenium Villages Project in the Tigray Region in 2008. The first partnership with Dr. Tilahun Kiros, the director of ophthalmology at the Quiha Zonal Hospital, demonstrated that SICS training platform could be adapted successfully within the Ethiopia health system. Since then, HCP has developed implementing partnerships with 10 community hospitals across the country. With an investment of over \$8 million in Ethiopia since 2008, HCP has supported outreach and high-volume events; equipment and consumable purchases; nurse, residency and ophthalmologist training programs; research initiatives; and cornea and eye bank development. This support includes over 129 weeks of donated ophthalmologist time and over \$1,252,000 worth of donated equipment and consumables.

- B) What are some of your past organizational accomplishments (last three years)?

In October 2016, Dr. Ruit was presented with an *Asia Game-Changer* award by the Asia Society in New York City for his role in reducing the incidence of cataract blindness in Nepal by 70%. His team of over 400 at Tilganga now trains over hundreds of eye professionals each year and manages a network of 14 community hospitals and community eye clinics. This network provided critical relief after a 7.8 magnitude earthquake struck central Nepal in April 2015. Tilganga staff used their rural connections to distribute 172,000 lbs. of food and other emergency supplies to affected families with the support of \$400,000 in donations collected by HCP. The Tilganga staff continue to expand eye care services in the mountainous areas of Manang and Mustang in 2016 as well as at the central facility in

Kathmandu – expanded over the course of ten years with a \$10 million investment from HCP - where they are capable of treating 2,500 patients a day.

In Ghana, HCP's partnership with the Komfo Anokye Teaching Hospital (KATH) in Kumasi has continued to grow since its inception in 2006. The construction of a new 27,000 square foot eye center was completed with support from USAID and opened in February, 2014. The addition of a solar array in 2015 now provides reliable energy to the hospital. KATH has focused on expanding its outreach capacity over the past two years, implementing five high-volume campaigns in 2016 to expand access to treatment, screenings and education for patients in rural areas. HCP is currently developing three new partnerships in Ghana to expand coverage throughout the country.

After seven years of developing partnerships in Ethiopia, HCP signed an agreement with Ethiopia's Federal Ministry of Health (FMOH) in May 2015 to improve the country's eye care system over the next three years. Later in the year, the FMOH announced a new government initiative to clear the backlog of an estimated 600,000 cases of cataract blindness across Ethiopia. In 2016, HCP developed a bold plan to eradicate more than half in five years and expects other partners will handle the difference. HCP brings to this effort its partnership with 10 community hospitals and teaching institutions in five of the country's 11 regions. In 2016, HCP engaged Ethiopian ophthalmologist, Dr. Liknaw Adamu, as Country Representative to work with these partners to overcome specific barriers to care, including getting services to a largely rural population; and addressing challenges in importing and managing essential equipment and materials. HCP has also leveraged partnerships with other NGOs, including Orbis International, SightLife, and the Fred Hollows Foundation (FHF), to maximize the work being done. For example, HCP with SightLife helped establish the first eye bank in East Africa – the Eye Bank of Ethiopia. With its partners HCP continues to scale up the number of cataract surgeries in Ethiopia, increasing the number of high-volume surgeries by 43% from 2014 to 2015.

C) What are your key programs and activities? Describe the communities you serve. Include populations, geographic locations served, and relevant statistics.

All of HCP's programs emphasize training, include support for our partners' outreach efforts, and provide the necessary ophthalmic equipment and supplies. **In Nepal**, HCP partner Tilganga oversees 14 community eye centers in addition to its central eye hospital. In 2016, Tilganga and its satellites treated over 400,000 patients, provided over 30,000 surgeries and trained hundreds of eye care personnel. **In Ghana**, HCP is working to enhance eye care training at KATH, in addition to supporting outreach eye care. HCP is also supporting a residency exchange program between KATH and the Tamale Teaching Hospital in northern Ghana. **In Ethiopia**, HCP collaborates with 10 eye care institutions and provides support for their clinical staff members through specialized training programs and high-volume cataract campaigns. In 2016, HCP and its Ethiopian partners screened more than 200,000 patients, organized 11 outreach surgical events and supported the training of over 100 Ethiopian professionals at their home institutions, as well as in Nepal and the US.

II. Project Information:

A) Statement of Need

1. Specify the community need you want to address and are seeking funds for.

Ethiopia has one of the highest rates of blindness in the world with a national prevalence rate of 1.6 percent (1.1% for urban and 1.6% for rural populations (*Ethiop.J.Health Dev.* 2007). About half of the blindness cases (600,000 persons) and 41 % of low vision cases (1.2 million persons) are due to cataract that can be corrected surgically (National Survey on Blindness, Low Vision and Trachoma in Ethiopia, 2006). Within the agricultural economy of Ethiopia, blindness constitutes a crippling

disability, depriving individuals the ability to support their families or themselves. Often children are kept out of school to serve as care-takers, compounding the cycle of poverty.

The Tigray Region in the north of Ethiopia is one of the most densely populated rural areas of the country with a population estimated at 6.9 million. Dr. Tilahun Kiros and his team at Quiha Zonal Hospital is one of the few eye care providers in the region. While he and his team have received training from HCP, they lack the financial resources to stage high-volume outreach campaigns necessary to rid the backlog of cataract blindness in rural areas. HCP is asking the G.L. Gimbel Foundation for a grant of \$50,000 to cover 55% of the cost of restoring sight to 1000 cataract patients and returning them as contributing members of their communities.

B) Project Description

1. Describe your project. How does your project meet the community need? What is unique and innovative about this project?

The high-volume cataract and surgical skills transfer campaign provides a high quality, cost-effective intervention to restore vision to a thousand people currently suffering needlessly in darkness due to cataracts in rural Tigray. Dr. Liknaw will assemble four surgical teams under the leadership of Drs. Geoff Tabin and Tilahun Kiros. An estimated 3000 potential patients in rural communities will be screened and receive eye exam assessments by QZH technicians. Those requiring cataract surgery will be transported to and from QZH where they will be provided temporary lodging for the five-day intervention. QZH optometrists will conduct biometry evaluations to improve post-operative vision for each patient. Ophthalmic nurses will manage patient care and preparation for surgery. An innovative aspect of this project is that one of four operating tables will be reserved for surgical training of resident students. This skills transfer is a critical element in building the number and capacities of qualified SICS surgeons in Ethiopia. After the surgery, patients will be checked for healing and visual acuity and returned to their communities. QZH technicians will return to the communities one month after surgery to check visual acuity.

C) Project Goal, Objectives, Activities and Expected Outcomes

Note: Objective, Outcomes and Evaluation must all be based on the same quantifiable criteria.

GOAL: To restore sight to the blind and advance world-class eye care in Ethiopia.

Objective 1: HCP will support community eye examinations and screening for 3000 potential patients suffering from blindness, reduced vision or other eye ailments in the Tigray Region.

Activity: HCP trained technicians will travel to under-served communities of Tigray to work with local health clinics in identifying potential patients for cataract surgery. Technicians will be equipped with diagnostic ophthalmoscopes, pen-lights, visual acuity charts and assessment forms. In addition to the assessment and potential referral invitation to join the high-volume cataract surgical intervention, each patient will receive instruction on appropriate eye care to promote healing and prevent further loss of vision.

Expected outcomes: All 3,000 recipients of the eye examination will benefit from an assessment of their eye ailments and instruction on improved eye care. Over 1000 patients will be identified as having operable cataracts and arrangements will be made to coordinate transport for them and a caretaker to QZH for surgery.

Evaluation: QZH will submit an expense report including the number of technicians, the areas covered by the outreach and the number of individuals receiving eye exams and assessment screening. During the surgical intervention, optometrists will assess patients arriving at the hospital for surgery,

compare results to the outreach screening and determine if further training of outreach technicians is required.

Objective 2: HCP will support at least 1,000 cataract surgeries during the 5-day high-volume surgical intervention to restore vision to those who were blind.

Activities: HCP will coordinate procurement and shipment of medical consumables. Dr. Liknaw will coordinate the selection and arrival of the surgical personnel from outside Tigray. QZH staff will arrange for patients and caretaker transport and lodging. Each patient will be registered, examined and prepared for surgery. HCP, QZH and visiting surgeons will organize themselves into 4 operating teams to work concurrently along with the ophthalmic nursing staff managing patient care and flow. Twenty-four hours after surgery, patients' eye patches will be removed by the attending surgeons and healing and visual acuity will be assessed before the patients are discharged and return by bus to their home communities. One month after surgery QZH technicians will check on patients in their home communities and retest their visual acuity.

Expected outcomes: Of the 1,000 patients who arrived nearly or completely blind, at least 950 will be able to see well enough to pass the eye exam used to issue driving licenses in the US, and retain the same improved vision for the rest of their lives.

Evaluation: QZH will retain and provide to HCP data on the number of surgeries completed and the results of the visual acuity tests the day after surgery and one month after surgery.

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

Activities: Dr. Liknaw will recruit and assemble the surgical teams who will be operating during the 5-day surgical intervention. Drs. Kiros and Tabin will lead the activities and provide training and mentoring on SICS surgical technique. They will also provide consultation and demonstration on cases requiring special care, particularly pediatrics, where children require anesthesia.

Expected outcomes: Each medical resident will observe at least 50 cataract operations and perform at least 50 surgeries with guidance from the senior team. This practice will contribute to their acquisition of skills required to master micro-surgery.

Evaluation: Drs. Kiros and Tabin will provide an evaluation of the residents' progress at the end of the surgical intervention. Dr. Liknaw will collect self-evaluations from those participating in the training and suggestions on improving.

D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate.

Procurement of medical consumable materials and shipment will begin in Q2 2017. Outreach screening will begin in July and continue for 4 weeks in advance of the surgical intervention planned for 5 days in mid-August. Visual acuity tests will be conducted in September. Data collection will be completed in Q4 followed by a Final Report to the foundation.

E) Target Population

Who will this grant serve? How many people will be impacted? Provide a breakdown:
Number of Children, Youth, Adults, Seniors, Animals.

Dr. Liknaw was one of the authors of the landmark 2007 study *Prevalence and Causes of Blindness in Ethiopia*. They found that prevalence of blindness was 1.6% in rural areas including Tigray. Cataracts were the leading cause of blindness (46%) and that the risks increase with age. Women are 1.8 times

more likely to develop cataracts than men. The incidence of blindness in children is 0.1%, representing 6% of the total blind population with trachoma responsible for larger proportion of pediatric cases of blindness than in adults (22%). In the 1000 surgeries to be performed at QZH in the Tigray Region in August, we can anticipate that the majority of patients will be over 50 years old. Approximately 60% will be women. We anticipate 25 surgeries for children between the ages of 6 and 16.

F) Projects in the Community

How does this project relate to other existing projects in the community? Who else in the community is providing this service or has a similar project? Who are your community partners (if any)? How are you utilizing volunteers?

QZH has established itself as a leading practitioner of SICS cataract surgery in the ophthalmic community of Ethiopia. HCP supports resident rotations from teaching hospitals to improve surgical technique at QZH. Quality of the surgical outcomes has improved demand for cataract surgery within Tigray, engaging volunteers to assist with the recruitment and care of patients. HCP coordinates with other service providers for additional partner training including Sightlife for cornea and Orbis for pediatric ophthalmology.

G) Use of Grant Funds

How will you use the grant funds?

Grant funds will be used to cover the costs of procurement of medical consumables including intraocular lenses and medicines, rural outreach screenings, patient transport and lodging and patient follow-up. HCP will use unrestricted funds to complement funding requirements to meet project objectives. Dedicated funding from the Union Theological Seminary will be used to cover training and mentoring costs.

III. Project Future

A) Sustainability

Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project.

HCP has a multi-year agreements with all its implementing partners in Ethiopia including Quiha Zonal Hospital and will continue expand its work with QZH beyond this cataract campaign. Funds from the Hilton Foundation via a multi-year grant will provide support for future project activities in Ethiopia. In 2016, HCP received funding from two new foundations to support pediatric eye care and mentoring in Ethiopia. HCP will continue to seek funds from private and public sources to fund this and other projects.

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

A) Governance

Describe your board of directors and the role it plays in the organization. What committees exist within your board of directors? How does the board of directors make decisions?

Two new individuals have just been approved to expand the six-person Board of Directors to eight in 2017. The Board is chaired by Dr. Geoff Tabin and meets quarterly to govern HCP. CEO Job Heintz, Esq., manages a staff of nine and all day-to-day operations, program delivery, administration, and

fundraising. Board Member, Dr. Matt Oliva, has provided clinical expertise for Ethiopia over the last seven years.

B) Management

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

Emily Newick, COO, joined HCP in 2003, and has over fifteen years of experience in non-profit organizations focused on health and community development.

-*Bill Shields*, Chief of Procurement, has over 35 years of experience in eye care, ophthalmology, engineering and management expertise.

-*Pamela Clapp*, Deputy Director of Programming, has over 15 years of experience working in various roles in administration and management.

-*Dr. Likanw Adamu*, Ethiopia country manager, contributes years of technical experience working as an ophthalmologist and program manager in Ethiopia.

-*Leahy Winter*, Program Manager, has an MPH and years of experience working with NGOs in Africa.

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V. Project Budget and Narrative

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 Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Personnel Costs -Screening Activities -Surgical Campaign	-Per diems for 2 weeks of screening activities for ophthalmic nurses (14days x \$428.55 = \$6,000) -Per diems for 5 day surgical campaign for ophthalmic nurses, ophthalmologists, drivers, optometrists & technicians (5days x \$2,000 = \$10,000)	\$6,400		\$9,600	\$16,000
Patient Costs -Transportation -Accommodation -Meals -Medication	-Transportation from villages to QZH via bus (1,000 x \$8 = \$8,000) -Rental of tent to be used as temporary lodging for patients and caregivers (5days x \$280 = \$1,400) -Meals for patients and caregivers (1,000 x \$3.50 = \$3,500) -Dilating, antibiotic, and steroid drops; pain medication (1,000x\$2.35 = \$2,350)	\$6,100		\$9,150	\$15,250
Surgical Consumables and Equipment	-250 Cataract Kits (250x\$31 = \$7,750) -Cataract Instrument Sets (4x\$1,300 = \$5,200) -Visco-elastic (1,250x\$2 = \$2,500) -Intraocular lenses (2,500x\$4.80 = \$12,000) -Surgical Blades	\$19,500		\$29,000	\$48,500

	(1 box of 1,600 blades x \$2,300 = \$2,300) -Shipping Costs (\$5,200) -Customs Costs (\$13,550)				
Fuel	-Fuel for transportation for screening activities (\$936) -Fuel for generator during surgical event (\$624)			\$1,560	\$1,560
Trainer Costs -In-country Airfare -Accommodation	Airfare and local accommodations for 1 ophthalmologist trainers (1 x \$6,000)		\$6,000		\$6,000
Program Oversight	HR management, planning, and logistics for campaign	\$1,000			\$1,000
Marketing	Radio Announcements			\$690	\$650
TOTALS:		\$33,000	\$6,000	\$50,000	\$89,000

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 (\$16,000)

Personnel costs include per diems for 2 weeks of screening activities for ophthalmic nurses (14days x \$428.55/day = \$6,000) as well as per diems for 5-day surgical campaign and follow-up at one week for ophthalmic nurses, ophthalmologists, drivers, optometrists & technicians (5 days x \$2,000 = \$10,000). Workers get paid for the number of days they worked at different rates, depending on their position.

2. Patient Costs (\$15,250)

Patient costs include transportation to and from villages to Quiha Zonal Hospital during the surgical campaign (1,000 x \$8 = \$8,000); rental of a tent and associated costs to set up temporary lodging for overnight stay of patients and their caregivers (5days x \$280 = \$1,400); meals for patients and their caregivers during their stay at the hospital (1,000 x \$3.50 = \$3,500); and medications to be used by the patients after surgery including dilating, antibiotic, and steroid drops; pain medication (1,000x\$2.35 = \$2,350).

3. Surgical Consumables and Equipment (\$48,500)

Surgical consumables and equipment includes all supplies needed to conduct a successful cataract surgical campaign for 1,000 patients. This includes 250 cataract kits (250 x \$31 = \$7,750); 4 cataract instrument sets (4 x \$1,300 = \$5,200); visco-elastic (1,250x\$2 = \$2,500); 2,500 intraocular lenses (2,500x\$4.80 = \$12,000), 1,600 surgical blades (1 box of 1,600 blades x \$2,300 = \$2,300). The costs also include shipping (\$5,200) and customs (\$13,550).

4. Fuel (\$1,560)

Fuel costs include fuel for ophthalmic nurses to travel to patients during the screening period (\$936) as well as fuel for a generator (\$624) to ensure a reliable power source during the surgical campaign.

5. Trainer Costs (\$6,000)

Trainer costs include international and in-country airfare and local accommodations for Dr. Geoff Tabin who will be traveling to Quiha Zonal Hospital to participate in the outreach event and train local ophthalmic staff.

6. Program Oversight (\$1,000)

Program oversight includes the cost of having an individual oversee human resources management, planning, and logistics leading up to and during the campaign.

7. Marketing (\$690)

Marketing costs include radio announcements in the catchment area to advertise the surgical campaign and draw in eligible candidates for cataract surgery.

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

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Unrestricted funding from HCP donors – Gifts	\$49,000

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date

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	\$4,017,277	57%	Program Fees	\$	
Program:	\$309,008	4%	Interest Income	\$	
Corp/Foundation Grants	\$1,503,073	21%	Other:	\$	
Government Grants	\$876,966	13	Other:	\$	

Notes:

Interest: \$303,906

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VII. Financial Analysis

Agency Name: Himalayan Cataract Project _____

Most Current Fiscal Year (Dates): From _____ 1/1/15 _____ To: _____ 12/31/15 _____

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
\$6,533,721	\$5,827,695	\$537,253	\$168,773

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%	89%	8%	3%

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 Current Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
8 %	8 %	0 %

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

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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
\$4,465,586	\$200,000	\$145,427	32

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$1,393,934	\$77,435

Notes:

VIII. Application submission check list:

	<u>Submit FOUR (4) Copies: 1 ORIGINAL (WITH ORIGINAL SIGNATURES) and 3 copies, collated and stapled together of the following:</u>		<u>Submit ONE (1) Copy:</u>
	Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page		A copy of your current 501(c)(3) letter from the IRS
	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	x	A copy of your most recent 990 (double-sided)
x	Part IX only of the 990 form, Statement of Functional Expenses (one page). If you completed a 990-EZ, fill out the attached Part IX, Functional Expenses of the 990 form using figures from your 990-EZ	x	A copy of your most recent year-end financial statements (audited if available; double-sided)
	For past grantees, a copy of your most recent final report.	x	A list of your Board members and their affiliations

Himalayan Cataract Project
Gimbel Grant Application - International
Current Budget & PY Actual Expense

	2016 Budget	Jan - Dec 2015 Actuals
REVENUES		
Contributions		
Non-Cash Contributions	1,600,000	1,328,509
Gifts	3,700,000	4,637,153
Grants	1,240,000	388,300
Grants - Government	1,635,000	1,083,741
Total Contributions	8,175,000	7,437,703
Procurement Program	500,000	501,579
Operational Reserve Contribution	-	
Investment Revenue	105,000	76,843
Unrealized Gain/Loss on Investments		(342,986)
Realized Gain/Loss Sale of Investments		118,336
TOTAL REVENUES	\$8,780,000	\$7,791,475
EXPENSES		
Program - Grants & Allocations		
Grants & Allocations		
Nepal	1,916,500	1,547,882
Bhutan	100,000	62,641
China/Tibet		-
India	60,000	9,607
Ghana	687,500	592,477
Ethiopia	1,553,201	1,282,516
Rwanda	-	-
Village Interventions	-	-
Other Country Progs	44,267	70,437
Educational Fellowships & Exchs	45,000	14,149
Travel - Prog. Implem & Monitor	80,000	78,840
Procurement Program	425,000	428,971
Total Grants & Allocations	4,911,468	4,087,520
Total Donated Goods & Services	1,600,000	1,065,454
Total Program - Grants & Allocations	6,511,468	5,152,974
Personnel Related Expenses		
Salaries & related expenses	1,626,854	1,055,069
Contract Service Expenses	175,000	132,482
Total Personnel Related Expenses	1,801,854	1,187,551
Non-personnel Related Expenses		
Non-personnel Expenses	77,000	80,068
Facility & Equipment Expenses	110,000	102,852
Travel	157,500	146,518
Other Expenses	115,178	57,977
Total Non-personnel Related Expenses	459,678	387,415
Depreciation	7,000	6,397
TOTAL EXPENSES	\$ 8,780,000	\$ 6,734,337
NET	\$ -	\$ 1,057,138

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	4,517,196.	4,517,196.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	383,943.	207,329.	126,701.	49,913.
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	554,595.	410,832.	71,381.	72,382.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	49,847.	39,050.	6,510.	4,287.
10 Payroll taxes	66,684.	33,993.	20,947.	11,744.
11 Fees for services (non-employees):				
a Management				
b Legal	2,951.		2,951.	
c Accounting	30,090.		30,090.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	20,365.	5,000.	15,365.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	31,406.		31,406.	
15 Royalties				
16 Occupancy	71,446.	54,573.	14,115.	2,758.
17 Travel	146,519.	122,333.	24,186.	
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	6,397.		6,397.	
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 TECHNOLOGY AND PROCUREMENT	435,157.	435,157.		
b WEBSITE MANAGEMENT	57,791.		57,791.	
c BANK CHARGES & INVESTMENT	35,779.	5,890.	29,889.	
d PRINTING AND REPRODUCTION	28,786.	5,274.	23,512.	
e All other expenses SEE SCH O	94,769.	-8,932.	76,012.	27,689.
25 Total functional expenses. Add lines 1 through 24e	6,533,721.	5,827,695.	537,253.	168,773.
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

Board of Directors

January 2017

Chair, Geoffrey Tabin, MD

Professor of Ophthalmology & Visual Sciences, Director, Division of International Ophthalmology, John A. Moran Eye Center, University of Utah, Utah, USA.

Adrienne Graves, PhD

Independent Director, Akorn Inc, TearLab Corporation, Aerpio Therapeutics, and EncoreVision. Past President and CEO, Santen Inc., California, USA.

Stewart Halpern

Senior Advisor and a member of the Board of Directors of Roovy, Inc.

Guy Kezirian, MD

Owner and president of SurgiVision® Consultants, Inc. Program Chairman of the PHYSICIAN CEO™ program at the Kellogg School of Management at Northwestern University and founding investor in Strathspey Crown, LLC.

Matthew Oliva, MD

Associate Clinical Professor, Division of International Ophthalmology, Casey Eye Institute, Oregon Health Sciences University and Private Practice Ophthalmologist, Oregon, USA.

Randall Olson, MD

Professor and Chairman; Director, John A. Moran Eye Center, University of Utah, Utah, USA.

Mo Siegel

Founder of Celestial Seasonings, Inc. Owner and operator of private investment company, Capital Peaks.

Farran Tozer Brown

Director, Vectra Management Group. Trustee, Member of Advisory Council, Member of Public Policy Committee of New York Landmark Conservancy.

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:

17051090768034

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.

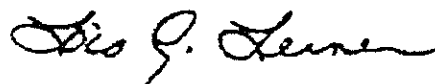
Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

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)



Strengthening Inland Southern California through Philanthropy

BOARD OF DIRECTORS March 27, 2017

Sean Varner
Chair of the Board

J. Sergio Bohon
Vice Chair of the Board

Pat Spafford, CPA
Chief Financial Officer

Dr. Paulette Brown-Hinds
Secretary of the Board

Rabbi Hillel Cohn

Paul Granillo

Stanley Grube

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

Nefertiti Long

Kirtland Mahlum

Brian McDonald

Meredyth "Charlie" Meredith

Susan Ovitt

Teresa Rhyne

Kathleen Sawa

Philip Savage IV
Immediate Past Board Chair

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Paula Myles
Interim President and CEO

Job Heintz, JD, MSL
Chief Executive Officer
Himalayan Cataract Project
P.O. Box 55
Waterbury, VT 05676

Dear Mr. Heintz:

Congratulations! A grant has been approved for **Himalayan Cataract Project** in the amount of \$50,000.00 from the S.L. Gimbel Foundation. **The performance period for this grant is April 15, 2017 to April 15, 2018.** Additional funding beyond the performance period is not guaranteed. It is highly recommended that alternative funding sources be sought accordingly. The grant is to support the following as specified in your proposal:

*Support high-volume cataract event in
Mekelle, Ethiopia, restoring sight to about 1,000 people*

This grant is subject to the terms outlined in the enclosed Grant Agreement. After you have reviewed the terms and conditions of the Grant Agreement, **please sign and date the agreement and return with original signature to The Community Foundation by Friday, April 28, 2017.** Be sure copy the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

A condition of this grant is that you agree to submit the Grant Evaluation Form which includes a narrative report and fiscal report. **The Grant Evaluation is due by May 15, 2018** and a copy will be available online.

We wish you great success and look forward to working with you during the grant performance period. If you have any questions, please call me at 951-241-7777, ext. 114.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20134 Himalayan Cataract Project

20170146 GIMB





Strengthening Inland Southern California through Philanthropy

3700 Sixth Street, Suite 200

Riverside, CA 92501

P: 951-684-4194

F: 951-684-1911

www.thecommunityfoundation.net

S. L. Gimbel Foundation Fund Grant Agreement

Organization: Himalayan Cataract Project

Grant Amount: \$50,000.00 **Grant Number:** 20170146

Grant Period: April 15, 2017 to April 15, 2018 (Evaluation Due: May 15, 2018)

Purpose: Support a high-volume cataract event in Mekelle, Ethiopia, restoring sight to about 1,000 people

1. Use of Grant Funds

Grant funds must be expended within the grant period, for the purpose and objectives described in your grant proposal. Grant funds may not be expended for any other purpose without prior written approval by The Community Foundation. If there are significant difficulties in making use of the funds as specified in your proposal, or if the grant funds cannot be spent within the grant period, notify us in writing promptly.

Formal requests for extensions or variances must be submitted to the Foundation's Board of Directors for approval a minimum of 60 days before the end of the grant period.

Requests for variances or extensions are reviewed on a case-by-case basis and approved by the Board of Directors. If a request is denied, unused funds must be immediately refunded to the Foundation.

Grant funds will not be expended for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.

2. Payment of Grant Funds

The grant funds will be paid in full by the Foundation upon receipt of the signed Grant Agreement. Challenge grant funds will be paid in full upon receipt of the signed Grant Agreement and upon receipt of documentation providing evidence that condition(s) of the challenge grant has/have been met.

3. Certification and Maintenance of Exempt Organization Status

This grant is specifically conditioned upon Grantee's status as an eligible grantee of The Community Foundation. The Foundation has obtained a copy of the Grantee's IRS determination letter. Grantee confirms that it has not had any change in its legal or tax-exempt status, and shall notify the Foundation immediately of any such change.

4. Final Report and Records

The Grantee will submit the Grant Evaluation report per the deadline set forth in the award letter. This report includes a narrative on outcomes based on goals and objectives set forth in the grant proposal and an expenditure report documenting use of grant funds. If equipment was purchased, copies of receipts need to be included.

5. Grantee's Financial Responsibilities

Grantee will keep records of receipts and expenditures of grant funds and other supporting documentation related to the grant at least four (4) years after completion of the grant and will make such records of receipts, expenditures and supporting documentation available to the Foundation upon request, for the purpose of conducting financial audits, making verifications, and investigations as deemed necessary concerning the grant.

6. Publicity

The Community Foundation appreciates publicity for the grant in all relevant published materials, such as brochures, newsletters and annual reports. The credit line of "Made possible in part by a grant from **"The Community Foundation, Strengthening Inland Southern California through Philanthropy"** is suggested. The Grantee will allow the Foundation to review and approve the content of any proposed publicity concerning the grant prior to its release, upon request. When your donors are listed in printed materials, include the Foundation in the appropriate contribution size category. Sending a brief press release to your local paper is appreciated. Please email Charee Gillens, our Marketing & Communications Officer, at cgillens@thecommunityfoundation.net with copies of any printed or publicity materials that highlight the grant. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching a logo is also appreciated. Our logo can be downloaded on our website at www.thecommunityfoundation.net.

Grantee agrees to allow the Foundation to include information about this grant in the Foundation's periodic public report, newsletter, news releases, social media postings, and on the Foundation's website. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

7. Indemnification

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

8. Termination

The Community Foundation may terminate this agreement, modify or withhold payments under this grant award, require a total or partial refund of any grant funds, or all at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement; d) the Grantee fails to comply with the requirements of any law or regulation applicable to you, the Foundation, or this grant.

9. Limitation of Support

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

I have read and agree to the terms and conditions of the Grant Agreement.

Signature

Job C. Heintz

Printed Name

Grant Number: 20170146

Organization: Himalayan Cataract Project

Date

Chief Executive Officer

Title

4/20/17

4/20/17

6. Publicity

The Community Foundation appreciates publicity for the grant in all relevant published materials, such as brochures, newsletters and annual reports. The credit line of "Made possible in part by a grant from **"The Community Foundation, Strengthening Inland Southern California through Philanthropy"**" is suggested. The Grantee will allow the Foundation to review and approve the content of any proposed publicity concerning the grant prior to its release, upon request. When your donors are listed in printed materials, include the Foundation in the appropriate contribution size category. Sending a brief press release to your local paper is appreciated. Please email Charee Gillens, our Marketing & Communications Officer, at cgillens@thecommunityfoundation.net with copies of any printed or publicity materials that highlight the grant. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching a logo is also appreciated. Our logo can be downloaded on our website at www.thecommunityfoundation.net.

Grantee agrees to allow the Foundation to include information about this grant in the Foundation's periodic public report, newsletter, news releases, social media postings, and on the Foundation's website. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

7. Indemnification

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

8. Termination

The Community Foundation may terminate this agreement, modify or withhold payments under this grant award, require a total or partial refund of any grant funds, or all at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement; d) the Grantee fails to comply with the requirements of any law or regulation applicable to you, the Foundation, or this grant.

9. Limitation of Support

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

I have read and agree to the terms and conditions of the Grant Agreement.



Signature



Printed Name



Date



Title

Grant Number: 20170146

Organization: Himalayan Cataract Project



Strengthening Inland Southern California through Philanthropy

BOARD OF DIRECTORS April 25, 2017

S. L. Gimbel Foundation Fund

Sean Varner
Chair of the Board

J. Sergio Bohon
Vice Chair of the Board

Pat Spafford, CPA
Chief Financial Officer

Dr. Paulette Brown-Hinds
Secretary of the Board

Rabbi Hillel Cohn

Paul Granillo

Stanley Grube

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

Nefertiti Long

Kirtland Mahlum

Brian McDonald

Meredyth "Charlie" Meredith

Susan Ovitt

Teresa Rhyne

Kathleen Sawa

Philip Savage IV
Immediate Past Board Chair

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Paula Myles
Interim President and CEO

Job Heintz, JD, MSL
Chief Executive Officer
Himalayan Cataract Project
P.O. Box 55
Waterbury, VT 05676

Dear Mr. Heintz:

The Community Foundation is pleased to enclose a grant check for \$50,000 from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. **The completed Grant Evaluation form is due by May 15, 2018** and will be available online on The Community Foundations website under Grants/Forms. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. Please use the following credit in any grant announcements or materials funded by the grant: *"Himalayan Cataract Project is supported by a grant from The S. L. Gimbel Foundation."* You may send us copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

Please feel free to contact me or Angie Valdericeda, Grants Manager, at 951-241-7777 should you have any questions.

Sincerely,

Celia Cudiamat

Executive Vice President of Programs

20170146

42289

GIMB1



The Community Foundation
Strengthening Inland Southern California through Philanthropy
3700 SIXTH STREET, SUITE 200
RIVERSIDE, CA 92501
951-241-7777 / FAX 951-684-1911

CITIZENS BUSINESS BANK
A Financial Services Company
3695 Main Street, Riverside, CA 92501
90-3414/1222

Check Fraud
Protection for Business

42289

PAY * Fifty Thousand and no/100 *

TO THE
ORDER OF

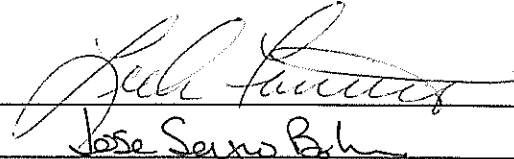
DATE

04/24/2017

AMOUNT

\$ ****50,000.00

Himalayan Cataract Project
P.O. Box 55
Waterbury, VT 05676


AUTHORIZED SIGNATURE

⑈042289⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

42289

20134 Himalayan Cataract Project

04/24/2017 042289

20170146	03/23/2017	Support a high-volume cataract event in Mekelle,	50,000.00
GIMB		S.L. Gimbel Foundation Advised Fund	50,000.00

CHECK TOTAL: \$ ****50,000.00

The Community Foundation

42289

20134 Himalayan Cataract Project

04/24/2017 042289

20170146	03/23/2017	Support a high-volume cataract event in Mekelle,	50,000.00
GIMB		S.L. Gimbel Foundation Advised Fund	50,000.00

CHECK TOTAL: \$ ****50,000.00