

Organization / Agency Information

Organization/Agency Name: Himalayan Cataract Project Inc		
Physical Address: 57 So. Main St., Waterbury, VT 05676		
Mailing Address: PO Box 55, Waterbury VT 05676		
CEO or Director: Mr. Job Heintz Title: Chief Executive Officer		
Phone: (802) 522-9976	Fax: (802) 649-1041	Email: jheintz@cureblindness.org
Contact Person: Roger Clapp		Title: Major Gifts Officer
Phone: (802) 505-0711	Fax: (802) 649-1041	Email: rclapp@cureblindness.org
Web Site Address: http://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: \$75,000
Total Organization Budget: \$11,546,223	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 84%	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 9%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 16%
Purpose of Grant Request (one sentence): HCP will expand high-volume cataract care in Ethiopia through rural outreach, to diagnose and treat , approximately 3,000 patients, including providing 1,000 sight-restoring surgeries.			
Program Start Date (Month and Year): 5/1/2018 8/1/2018		Program End Date (Month and Year): 12/31/2018	
Gimbel Grants Received: List Year(s) and Award Amount(s) 2013 - \$50,000 2015 - \$50,000 2017 - \$50,000			

You can also e-mail a copy of this application through the link provided on the application header. For your records, here is a copy of the contents of your application:

2018 S. L. Gimbel Foundation Fund Grant Application

Welcome Page

Welcome to the 2018 S. L. Gimbel Foundation Fund Grant Application

Thank you for applying to the S. L. Gimbel Foundation Fund Grant. The mission of the S.L. Gimbel Foundation is to enhance the quality of life for people and animals by providing effective support in the Founder's specific fields of interest: Animal Protection, Education, Environmental Protection and Enhancement, Health, and Human Dignity. Please take a moment to review the grant application guidelines before continuing the process (use "Guidelines" link above). After you have read and understood the guidelines, please proceed with the grant application process. Should you have any questions regarding the online grant application process, please check the "Portal Guide" link above. If your questions are not answered via the Portal Guide, contact us using the "Contact Us" link above.

Organization Information

NOTE: If you have already started an online application and would like to resume, please CLICK HERE to login to your Applicant Account Page.

Organization/Agency Information

Organization/Agency Name

(If operating as a DBA, enter DBA name here)

Himalayan Cataract Project Inc

Legal Name

If different from DBA/Organization/Agency Name

Himalayan Cataract Project Inc

Tax ID

03-0362926

Tax Status

501(c)3

Organization Mailing Address

Street Address or P.O. Box (No residential addresses, please)

PO Box 55

City

Waterbury

State

VT

Zip Code

05676

Organization Physical Address

Street No. and Name, City, State, Zip (*No residential addresses, please*)

57 So. Main St.

Waterbury, VT 05676

Website Address

www.cureblindness.org

Organizational Leadership (Please list CEO, President, Board Chair, Executive Director)

Prefix

Mr.

First Name

Job

Last Name

Heintz

Title

Chief Executive Officer

Work Phone

(xxx-xxx-xxxx)

802-522-9976

Extension

Cell Phone

(xxx-xxx-xxxx)

802-522-9976

Fax

(xxx-xxx-xxxx)

802-649-1041

E-mail Address

jheintz@cureblindness.org

Program/Project Contact Person

Check this box if the Program/Project Contact Person is the same as the organization's primary contact listed above

Fields in this section will auto-fill.

No

Prefix

Mr.

First Name

Roger

Last Name

Clapp

Title

Major Gifts Officer

Work Phone

(xxx-xxx-xxxx)

802-505-0711

Extension**Office Fax**

802-649-1041

E-mail Address

rclapp@cureblindness.org

Organization/Agency Background**Organization Background**

What is the history, mission, and purpose of your organization?

The Himalayan Cataract Project (HCP) was established by ophthalmologists Drs. Geoff Tabin and Sanduk Ruit in 1995 with the mission 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. The founders realized early on that high quality surgery was 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. HCP is now working to replicate that same successful eye care service delivery model in Sub-Saharan Africa and has active programs in south Asia (Nepal, India, Bhutan, Myanmar) and Sub-Saharan Africa (Ghana and Ethiopia).

Length of Service (number of years)

How long has the organization been providing programs and services to the community?

23

Organizational Accomplishments

What are some of your past organizational accomplishments in the last 3 years?

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

In 2015, HCP's implementing partners examined 939,739 patients and provided 80,318 surgeries - compared to 1,496,688 examinations and 115,161 surgeries in 2017 - representing a 59% and 43% increase, respectively. Of the surgeries provided by our partners, HCP's direct support through sponsored outreach campaigns grew by 59% - from 16,824 surgeries in 2015 to 26,717 in 2017. Similarly, HCP's investment in training increased dramatically. In 2015, HCP provided 85 training opportunities to ophthalmic professionals at all levels, including both international hands-on training and observerships and in-country hospital-based workshops. In 2017, this number had grown by 270%, with 315 opportunities offered to eye care workers from Ethiopia, Ghana, Nepal, Bhutan, India and the U.S. This success is grounded in the considerable investments in infrastructure made by HCP to support clinical care and training at each of our implementing partner institutions.

We believe these accomplishments are what led to the fact that our small NGO was recognized as one of 8 semi-finalists in the inaugural competition for a \$100,000,000 grant by the MacArthur Foundation - to fund a single project to solve one of the most crucial global problems of our time. While HCP did not win, we remain committed to the strategy outlined in our plan to build replicable systems of eye care in Nepal, Ghana and Ethiopia that can be scaled anywhere.

Programs and Activities

What are some of your current key programs and activities? Describe the communities you serve. Include populations and geographic locations.

The programs and activities that are directly tied to HCP's mission, such as providing high-quality ophthalmic care, training and equipment to reduce rates of blindness and strengthen eye care system, are all interrelated and are never mutually exclusive. Programs in South Asia are mostly implemented by the Tilganga Institute of Ophthalmology and require less frequent oversight as our programs in Sub-Saharan Africa(SSA).

In fact, Tilganga plays a crucial role in the implementation of programs in both Ghana and Ethiopia. We support and organize dozens of training opportunities for ophthalmic personnel from SSA at Tilganga at all levels of ophthalmology each year. There has also been an increase in the number of Tilganga-based master trainers who travel to SSA 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 in darkness 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 2018, HCP plans to support 18 Ethiopian partners in providing 20,000 outreach cataract surgeries and 8 Ghanaian partners to provide 7,000 surgeries.

Program/Project Information

Program / Project Information

Interest Area

Health

Program or Project Name

Expanding High-Volume Cataract Care in Ethiopia

Amount of Grant Requested

Use whole dollars, do not use \$ sign, comma, or decimal

75000

Total Organization Annual Operating Budget

Use whole dollars, do not use \$ sign, comma, or decimal

11546223

Per 990, Percentage of Program Service Expenses

Column B divided by Column A, x 100 (Please enter no more than 2 digits, i.e., 7.9)

84

Per 990, Percentage of Management & General Expenses Only

Column C divided by Column A, x 100 (Please enter no more than 2 digits, i.e., 7.9)

9

Per 990, Percentage of Management & General Expenses and Fundraising

Column C + Column D, divided by Column A, x 100 (Please enter no more than 2 digits, i.e., 7.9)

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Purpose of Grant Request

Please summarize the project (in 25 words or less).

HCP will expand high-volume cataract care in Ethiopia through rural outreach, to diagnose and treat approximately 3,000 patients, including providing 1,000 sight-restoring surgeries.

Use of Grant Funds

How will you use the grant funds?

HCP will use grant funds for expenses related to the organization and implementation of a high-volume cataract campaign in collaboration with Quiha Zonal Hospital (Tigray Region of Ethiopia) projected to provide 1,000 sight-restoring surgeries. Funds will be used to purchase medical supplies (intraocular lenses and medicines); pay per diems to local medical staff and provide logistical support for staff, patients and caregivers including transportation, accommodations and food leading up to and during the week-long surgical campaign.

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 do these events successfully, several people are required to oversee all clinical and logistical aspects. Our HCP consultant Country Representative and Program Managers in Ethiopia both live in Addis and work alongside our local implementing partners at 18 eye clinics throughout the country. We also have a Program Manager who oversees the Tigray region. Our team in Ethiopia reviews budgets submitted by our local partners and once approved, we send a 50% advance. Once the event is complete and we have collected all the required patient data and reports, we send the remaining 50%.

Project Start Date

Month and Year

8/1/2018

Project End Date

Month and Year

12/31/2018

Gimbel Grants Received

List previous years with award amounts, if applicable

2013 - \$50,000
2015 - \$50,000
2017 - \$50,000

Statement of Need

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

Ethiopia is one of the most populated (estimated to be over 100,000,000) and poorest countries in Sub-Saharan Africa with one of the highest rates of blindness in the world. The national prevalence rate is 1.6 percent (1.1% for urban and 1.6% for rural populations (FMOH Ministry Health Plan 2015). About half of the blindness cases (718,000 persons) and 41% of low vision cases (1.4 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 caretakers, compounding the cycle of poverty.

We are seeking funds to both reduce unnecessary blindness and poverty by putting people and their caregivers back to work and to continue to build ophthalmic capacity for Ethiopia's future eye care providers. HCP is asking the G.L. Gimbel Foundation for a grant of \$75,000 to cover the cost of restoring sight to 1000 cataract patients in the Tigray region of Ethiopia, returning them to contributing members of their communities while also training future medical professionals to ensure sustainable cataract care in Ethiopia edures after foreign investments end.

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 is the medical director of Quiha Zonal Hospital (QZH) and was HCP's first partner in 2008 when HCP first started working in the country as part of the Millenium Villages Project. Dr. Kiros and his team are one of few eye care providers in the region and have received financial support from HCP for over 10 years and funding from S.L. Gimbel for the last few. QZH has established the capacity to conduct and train others in high-volume outreach campaigns necessary to reduce the backlog of cataract blindness in rural areas. In 2017, HCP supported 3,883 surgeries provided through outreach by the QZH team - compared with 842 in 2008.

Based on the statistics above, we can estimate that approximately 55,200 patients are blind due to cataracts in the Tigray region alone, indicating a huge need for ongoing support.

The entire QZH clinical team plays a critical role in HCP's ongoing expansion efforts in the country. Their nurses and ophthalmic nurses travel throughout the country to provide hands-on training to teams just starting in addition to hosting visitors at one of the several events hosted at QZH. The QZH nurses provide Train the Trainer (TOT) courses for nurses from new implementing partners.

Project Description

Describe your project. How will this project enable this organization to better meet community needs? What is unique and innovative about this project?

In 2015, Ethiopia's 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 MOUs with other regional health bureaus to do the same - including the Tigray region. Both HCP and the FMOH recognize that high-volume cataract campaigns are a crucial element to achieving this goal. The HCP 2018 Annual Plan presented to the FMOH includes a target of 20,000 cataract surgeries to be supported through outreach campaigns by 18 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 change the quality of patients and their caregiver's lives, 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 and one of the most successful outcomes is the fact that these residents now graduate with sound surgical skills because of their involvement in these HCP supported campaigns.

Another unique component contributing to our success in the implementation of these events is the addition of in-country personnel with the experience to oversee all logistical and clinical aspects. HCP Country Representative, Dr. Liknaw Adamu, is a retired Ethiopian ophthalmologist, with several years experience working with the federal and regional bureaus of health and other collaborating INGOS, such as Orbis International and the Fred Hollows Foundation. Three additional program coordinators help oversee the necessary logistics - from organizing patient and clinical staff transport, meals, and accommodations to reviewing budgets and disbursing supplies and funds.

Dr. Adamu assembles the surgical team in consultation with HCP board member and Ethiopia Clinical Director, Dr. Matt Oliva and QZH Medical Director Dr. Tilahun Kiros. An estimated 3,000 potential patients in rural communities will be screened through eye exam assessments by QZH technicians during the weeks leading up to the surgical campaign. 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. One of the four operating tables will be reserved for surgical training of medical resident students. This skills transfer is a critical element in building the number and capacity 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.

Project Goal, Objectives, Activities, Expected Outcomes, and Evaluation: In fields below, state in the following order: **1. ONE Project Goal** that is a broad, aspirational statement of purpose for the project and **ONE Objective** that is a specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal. **2. Specify the Project Activities** you will undertake to meet the objective and number of participants for each activity. **3. Expected Outcomes** are the individual, organizational, or community-level changes that can reasonably occur during the grant period as a result of the proposed activities or services. What are the key anticipated outcomes of the project and impact on participants? State in quantifiable and verifiable terms. **4. Evaluation** How will progress towards the objectives be tracked and outcomes measured? Provide specific information on how you will collect relevant data and statistics that meet your objective and validate your expected outcomes in a quantifiable manner as you describe your evaluation process.

1. 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 Tigray Region of Ethiopia, who would not otherwise receive high-quality ophthalmic care, 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.

2. Project Objective

The main project objective is to provide guidance and direct service support for local partners at Quiha Zonal Hospital to conduct a high-volume surgical outreach campaign resulting in basic eye care for

3,000 individuals, including provision of 1,000 cataract surgeries to permanently restore sight to blind individuals in rural Ethiopia. A secondary objective is the outreach management exposure and surgical skills transfer for Ethiopian ophthalmology residents participating in the event.

3. Project Activities

Planning - During the planning phase, the implementing partner, Quiha Zonal 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, consisting of the Ethiopia Country Representative and Program Coordinator, 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 to send a 50% advance. The in-country team also assesses logistical needs based on the budget, assembles visiting ophthalmic teams, and coordinates the transportation of in-country supplies and equipment from collaborating institutions as necessary.

Service Implementation - Throughout the entire implementation phase, the HCP In-country Team will supervise all aspects of the surgical campaign in collaboration with the local implementing partner institution's CEO 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 in to the event site on their previously appointed 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 post-operative 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 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 provides ongoing updates on the status of the event, including photos and patient success stories. HCP will also provide a final report on the event to Gimbel following the use of grant funds.

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

4. Expected Outcomes

An anticipated outcome of this project is that the implementing partner, Quiha Zonal Hospital, will screen, diagnose and provide basic eye care and/or referrals for 3,000 patients, including permanent restoration of vision for 1,000 patients through the provision of cataract surgery. An additional outcome expected is the hands-on training of 2 Ethiopian ophthalmology residents in surgical techniques necessary to perform small incision cataract surgery in an outreach setting.

5. Evaluation

The project evaluation will be based on the success or failure of screening 3,000 eye patients and providing sight-restoring surgery to 1,000 patients. During the implementation phase, the HCP In-country Team will attend the screening and surgical campaigns to monitor results and make adjustments to the

coordination and flow of the event. In the operating room, senior ophthalmologists will oversee the training of residents, monitoring their progress and assessing their surgical skills. A biostatistician will also be assigned to collect data on each patient including demographic information; pre-operative and post-operative visual acuity; the power of implanted intraocular lenses (IOL's); and surgical complications.

Following the event, the data for all 1,000 patient who received cataract surgery will be analyzed to evaluate the success of the event. Improvements between pre- and post-operative visual acuity will be compared to WHO recommendations and the implementing team will receive feedback on their performance. Finally, HCP will send evaluations to the implementing partner staff to gather feedback and determine if adjustments need to be made to increase the capacity of the local team to provide high-quality eye care.

***Below are some examples of how to list your Goals, Objectives, Activities, Expected Outcomes, and Evaluation: Objective, Outcome, and Evaluation should align and should be written in a linear format, using actual numbers and data that are quantifiable and verifiable.**

STATE ONE GOAL, ONE OBJECTIVE, ONE OUTCOME:

- **GOAL:** House all homeless youth ages 18-24 in Mariposa County who are physically, mentally, and legally able to work within 24 hours and help them become self-sufficient in 90 days.
- **OBJECTIVE:** House up to 145 homeless youth referred or who contact us within 24 hours.
- **OUTCOME:** We expect to provide rapid rehousing to over 45 homeless youth in 2017. **EVALUATION:** Using Build Futures' Salesforce database client management and tracking system, generate reports on the number of clients served and housed. Track our role in housing 145 youth. Account for additional success or lower numbers of youth in the program.

Target Population

Who will this grant serve? How many people will be impacted? Provide a breakdown: Number of children, youth, adults, seniors, animals.

This project will aim to serve individuals in rural areas of the Tigray Region in Ethiopia who would not otherwise seek eye care and/or receive cataract surgery due to lack of funds, access or knowledge. Of the 1,000 surgeries to be performed at Quiha Zonal Hospital in August, it can be assumed that the majority of patients will be over 50 years old; approximately 60% will be women; and that an estimated 25 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 Tigray 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.

Project Timeline

Provide a timeline for implementing the project. Include timeframes for specific activities, as appropriate. The overall timeline for this project will span from May 1 - October 15, 2018, including planning leading up to and reporting following the surgical intervention from August 13-18, 2018. See the following detailed timeline below:

- Aug 1: Consumables delivered from India by HCP Procurement for the surgical intervention
- Aug 2-3: Detailed action plan and budget reviewed and finalized by HCP & Quiha Zonal Hospital teams
- Aug 3-24: Patient screening conducted in rural areas within the Tigray Region
- Sept 3- 8: Surgical campaign implemented by Quiha Zonal Hospital surgical team

Sept 10 - October 15 - Follow-up and evaluation including data collection and analysis

October 31: Project Evaluation Report submitted by QZH to HCP

December 15: Grant Evaluation Report submitted by HCP to S.L. Gimbel Foundation

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?

HCP legacy partner Quiha Zonal Hospital has established itself as a leading practitioner of SICS cataract surgery in the ophthalmic community of Ethiopia. HCP supports surgical rotations for ophthalmology residents from the five teaching hospitals at QZH because it has higher patient volume and exposure to surgery than the major teaching hospitals in larger cities.

There are several other International Non-Governmental Organizations (INGOS) working in Ethiopia such as Orbis International, the Fred Hollows Foundation and Light for the World with whom HCP collaborates frequently. HCP is a member of multiple groups working 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.

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 our activities and spend at least 10 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. However, it is important to note that we do not substitute local personnel with volunteers.

Project Future

Project Future / Sustainability

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

HCP has funding commitments from foundations for its work in Ethiopia, including its second 3-year grant from the Hilton Foundation and other private donors. For 2018, approximately 50% of our project plan related to outreach is covered by these commitments. Our fundraising team is working to bridge this gap.

Our long-term goal for sustainability in Ethiopia is to reduce the cost per surgery through more efficiencies and to elicit more support from local communities to cover the expenses for patient housing (tents), visiting staff accommodations, food and supplies. This has been successful in Nepal by partnering with local groups like Rotary and Lions club, etc. We are beginning to see this additional community support in both Ghana and Ethiopia. Our efforts to reduce costs in Ethiopia through efficiency are working -- the average cost per surgery has decreased from \$84 to \$75 in less than two years. We continue to monitor all expenses.

We are also very engaged in Advocacy. HCP Representative, Dr. Liknaw Adamu, is on several committees working towards garnering more government support for eye care. There has been a significant increase in interest from federal and regional bureaus of health, which creates optimism that things are progressing.

Governance, Executive Leadership, and Management: Key Personnel / Staff Qualifications

Governance and Executive Leadership

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

Two new individuals were approved to expand the six-person Board of Directors to eight in 2017. Chairman, Dr. Geoffrey Tabin, is the Fairweather Foundation Endowed Chair and Professor of Ophthalmology and Global Medicine at Stanford University and meets quarterly to govern HCP. CEO Job Heintz, Esq., manages

a staff of fourteen and all day-to-day operations, 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. Dr. Liknaw Adamu, an experienced Ethiopian ophthalmologist, is the HCP Country Representative and coordinates government and partner relations in Ethiopia.

The Board of Directors has three standing committees: Finance & Audit, Investment, and Nominating & Governance. 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. Each committee is comprised of three Board members and meets at least once annually.

Management

Describe the qualifications of key personnel/staff responsible for implementing 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, Chief of Program Administration, has over 15 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.

- Tesfay Teklemariam, HCP Ethiopia Program Manager - Tigray Region - Mr. Teklemariam was the CEO of QZH for five years before taking a different job, but now helps coordinating all of the outreaches in the region.

- Asasahegn Negussie, HCP Ethiopia Supply Coordinator - Mr. Negussie helps to maintain inventory of HCP supplies and equipment to be used for the multiple outreach campaigns each year.

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

Attachments

ATTACHMENTS

REQUIRED .PDF ATTACHMENTS: The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions such as "exe", "com", "vbs", or "bat" cannot be uploaded. You must 1.

BROWSE FILES on your computer, 2. **SELECT FILES**, then 3. **CLICK UPLOAD** to attach files.

***IMPORTANT:** For each set of required documents below, please scan all pages of each set into one .pdf, as only a single document upload is permitted for each item being requested. **Only upload in .PDF format (DO NOT upload Word or Excel documents, formatting gets lost when exported).** Review each of your attachments to make sure there are no duplicate documents being uploaded before you submit your final application. **Failure to use the provided forms or missing required documents may disqualify your application.**

1. Project Budget and Budget Narrative

Please provide a detailed line-item budget for your **entire** project. Download the **V. Project Budget and Narrative Worksheet**, complete, and Upload. SEE **SAMPLE Budget & Narratives Worksheet**,

2. Sources of Funding

Please list your current sources of funding and amounts. Download the **VI. Sources of Funding Worksheet**, complete, and **Upload**.

3. Financial Analysis

Please provide all information requested for your **entire organization**. Included any notes that may explain any extraordinary circumstances. Download the **VII. Financial Analysis Worksheet**, complete, and **Upload**.

4. Current Year Operating Budget

Please provide a copy of your current year's operating budget

5. Budget Comparison

Download the **SAMPLE Budget Comparison Worksheet**, complete, and **Upload**.

6. Part IX only of the 990 form

Statement of Functional Expenses (one page). If you completed a 990-EZ, Download the **Part IX Functional Expenses sample** of the 990 form using figures from your 990 EZ, complete, and **Upload**.

7. Financial Statements

Please provide a copy of your most recent year-end financial statements (audited, if possible)

8. Most Recent 990

Please provide a copy of your most recent 990 form

9. Tax Exemption Letter

Please provide an electronic copy of your IRS 501 (c) (3) determination letter.

10. Board of Directors List

Please provide a list of your current Board of Directors, including their name, position on the board, and professional affiliation(s).

11. Evaluation & Expenditure Report

For past grantees, provide a copy of your most recent final evaluation report, including your most recent expenditure report.

2018 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.
- 4) Line Item Description should be **no more than two lines**; otherwise, it will get cut off. Additional descriptions should be included in the Budget Narrative.

Line Item Request	Line Item Description (Maximum two lines)	Support From Your Agency	Support From Other Fundors	Requested Amount From Gimbel/TCF	Line Item Total of Project
Personnel Costs -Screening Activities -	Nurses (8) - \$3.28/hr x 70hrs/wk x 3 wks = \$5,510.40 Optometrist (4) - \$3.10/hr x 70 hrs/wk x 3 wks = \$2,604.00 Driver (4) - \$1.83/hr x 70 hrs/wk x 3 wks = \$1,537.2			\$9,651.60	\$9,651.60
Personnel Costs - Surgical Campaign	Ophthalmologist (8) - \$6.39/hr x 72 hrs/wk x 1 wk = \$3,680.64 Nurses (30) - \$3.28/hr x 72 hrs/wk x 1 wk = \$7,084.80 Optometrist (12) - \$3.10/hr x 72 hrs/wk x 1 wk = \$2,678.40 Technician (4) - \$1.83/hr x 72hrs/wk x 1 wk = \$527.04 Driver (8) - \$1.83/hr x 72hrs/wk x 1 wk = \$1,054.08			\$15,024.96	\$15,024.96
Transportation Costs Patients, staff	12 buses \$930@ RT = \$11,160 3 minibuses \$620@ = \$1,860			\$13,020	\$13,020
Accommodation Cost Patients, Staff	Tent - \$250/day x 6 days= \$1,500 Staff lodging 12 x 5 nights=\$1860			\$3,360	\$3,360
Food Costs Patients & Staff	\$1/day x 6 days x 1,100 people = \$6,600			\$6,600	\$6,600
Surgical Consumables and Instruments	1,580 lenses x \$4.80=\$7600; Instruments & medicines \$13,400			\$25,400	\$25,400
Fuel	-Screening activities - \$1,000 -Generator during surgery \$943.44			\$1,943.44	\$1,943.44
Mentoring & Logistics Expenses	Mentor travel expense = \$6,000 Logistics costs = \$3,500	\$3,500	\$6,000		\$9,500
TOTALS:		\$ 3,500	\$ 6,000	\$ 75,000	\$ 84,500

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 - Screening (\$9,651.60)

3 weeks of screening activities for 4 outreach teams. Each team consists of 2 ophthalmic nurses (\$3.28/hr), 1 optometrist (\$3.10/hr) and a driver (1.83/hr) x 70 hour weeks = \$9,651.60

2. Personnel Costs (\$15,021.96)

6-day surgical outreach campaign including 8 ophthalmologists (\$6.39/hr), 30 ophthalmic nurses (\$3.28/hr), 12 optometrists (\$3.10/hr), 4 technicians (\$1.83/hr) & 8 drivers (\$1.83/hr) x 72 hour week = \$15,021.96.

3. Transport Costs (\$13,0200)

Patient costs include transportation for the patient and caregivers to and from villages to Quiha Zonal Hospital during the surgical campaign (12 buses x \$930/buse= \$11,160; Staff and equipment will be transported by 3 minivans (3 x \$620/van= \$1,860);

4. Accommodations Costs (\$3,380)

The rental of a tent will provide temporary lodging for patients and their caregivers (6 days x \$250 = \$1,500); 12 visiting staff members will be lodged in a hotel \$31/night x 5 nights x 12 = \$1,860

5. Food costs (\$6,600)

Meals will be provided from a central facility for patients, their caregivers and staff during their stay at the hospital (1,100 x \$1/day x 6 days = \$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).

6. Surgical Consumables and Equipment (\$25,400)

Surgical consumables and equipment includes all supplies needed to conduct a successful cataract surgical campaign for 1,000 patients. This includes 1,580 intraocular lenses to provide adequate selection for 1,000+ cases (1,580x\$4.80 = \$7,600). Instruments include 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); , 1,600 surgical blades (1 box of 1,600 blades x \$2,300 = \$2,300). Total instruments = \$15,450. These costs also include shipping and customs. Medicins include pupil dilators and antibiotics (\$2.35/patient x 1,000= \$2,350.

7. Fuel (\$1,943.44)

Fuel costs include fuel for ophthalmic nurses to travel to patients during the screening period (\$250.00/ team x 4 teams = \$1,000) as well as fuel for a generator (\$943.44) to ensure a reliable power source during the surgical campaign.

8. Mentoring and Logististics (\$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.

2018 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	\$650,000
Partners in Equity	\$200,000
Union Theological Seminary	\$50,000
	\$
	\$
	\$
	\$
	\$

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Izumi Foundation	\$ 115,000	June 2018
	\$	
	\$	
	\$	
	\$	
	\$	

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	\$4,109,685	41 %	Program Fees	\$0	0 %
Fundraising/Special Events	\$0	0 %	Interest Income	\$76,795	1 %
Corp/Foundation Grants	\$2,313,100	23 %	Other:	\$2,742,846	27 %
Government Grants	\$672,229	6 %	Other:	\$218,105	2 %

Notes:

Other 1: Non-cash contributions; Other 2: Program Service Revenue - Technology & Procurement.

2018 S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Himalayan Cataract Project, Inc.

Most Current Fiscal Year (Dates): From January 1, 2016 To: December 31, 2016

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
\$ 6,599,162	\$ 5,557,482	\$ 589,624	\$ 452,056

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%	84 %	9 %	7 %

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
10 %	9 %	1 %

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

2017 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
\$3,940,704	\$1,052,632	\$768,985	6.49

Excess or Deficit for the Year:

Excess or (Deficit)	Excess or (Deficit)
Most recent fiscal year end	Prior fiscal year end
\$ -13,187	\$ 1,050,948

Notes:

Number of hauls	<i>P. setiferus</i>	<i>P. setiferus</i> + <i>P. setiferus</i> + <i>P. setiferus</i>	<i>P. setiferus</i> + <i>P. setiferus</i> + <i>P. setiferus</i>
1	~10%	~20%	~70%
2	~10%	~20%	~70%
3	~10%	~20%	~70%
4	~10%	~20%	~70%
5	~10%	~20%	~70%
6	~10%	~20%	~70%
7	~10%	~20%	~70%
8	~10%	~20%	~70%
9	~10%	~20%	~70%
10	~10%	~20%	~70%

**Himalayan Cataract Project, Inc.
2018 Budget - Expanded**

	TOTAL
	Budget 2018
Ordinary Income/Expense	
Income	
Contributions; Gifts and Grants	
Non-Cash Contributions	
Services	250,000
Consumables/Equipment	1,830,000
In-Kind Cost Sharing	100,000
Total Non-Cash Contributions	2,180,000
Gifts	
Gifts - Restricted	250,000
Gifts - Unrestricted	4,555,646
Total Gifts	4,805,646
Grants	
Grants - Restricted	3,175,352
Total Grants	3,175,352
Grants - Government	
Hetauda (#00009)	269,600
Child Blindness Program	40,000
New Nepal	206,000
New Ethiopia	312,625
Total Grants - Government	828,225
Total Contributions; Gifts and Grants	10,989,223
Technology & Procurement	
Revenue from Sales	500,000
Total Technology & Procurement	500,000
Interest from Securities	
Operating/Inv. Interest/Div	30,000
Endowment/Inv. Interest/Div	45,000
Total Interest from Securities	75,000
Total Income	11,564,223
Expense	
Program - Grants & Allocations	
Grants & Allocations	
Nepal	
Hetauda - Staff Housing (#13-00009)	269,600
USAID Grant "Pending"	206,000
Nepal - Program Support	379,432
Nepal Other	200,000
Cornea & Eye Bank Development	30,000
Myanmar	
Program Support	120,000
Total Myanmar	120,000
Total Nepal - Myanmar	1,205,032
India	305,000
Bhutan	
Bhutan-Other	100,000
Total Bhutan	100,000
Community Eye Hospital Project	1,012,000
Ghana	
KATH	
KATH - Other	136,527
Total KATH	136,527
Korle Bu	80,124
Tamale	36,281
Ghana - New Partners	167,990
National Eye Health Support	213,995
Ghana - Program Support	15,000
Operation EyeSight (OEU)	69,940
Total Ghana	719,857
Ethiopia	
Arba Minch General Hospital	251,112
WEEMA International	75,000
University of Gondar Hospital	39,612
Bisidimo Hospital	242,557
Jimma University	49,612
Menelik II Referral Hospital	60,228
Ophthalmological Society of ET	5,000
Quiha Zonal Hospital	243,612
Robert Sinskey Eye Institute	5,000
St. Paul's Hospital	48,112
Abba Philippos Memorial EyeCln	41,250
Cornea & Eye Bank Development	25,000
Hawassa University	42,115
Woldiya	93,615
New Partners	374,368
In Country Prog. Ops (Reg/Lic)	100,000
Myung Sung	
Grant (pending)	312,625
RSU	32,500
Other	123,250
Total Ethiopia	2,164,568

	Budget 2018
Other Country Progs	
Kenya	20,000
Rwanda	
Rwanda - Other	40,000
Total Rwanda	40,000
Indonesia	100,000
Sierra Leone	50,000
Other	50,000
Total Other Country Progs	260,000
Educational Fellowships & Excha	
International - Ed Fellowships	30,000
Total Educational Fellowships & Excha	30,000
Technology & Procurement	
Technology & Procurement - Other	425,000
Data Management	250,000
Total Technology & Procurement	675,000
Total Travel - Prog. Implem & Monitor	90,000
Total Grants & Allocations	6,581,458
Non-Cash/Donated Gds & Svcs	
Services	250,000
Consumables/Equipment	1,830,000
In-Kind Cost Sharing	100,000
Total Non-Cash/Donated Gds & Svcs	2,180,000
Total Program - Grants & Allocations	8,741,458
Personnel Related Expenses	
Salaries & related expenses	
Payroll Expenses	
Salaries	1,560,783
Payroll taxes	103,334
Payroll Processing	3,500
Total Payroll Expenses	1,667,617
Benefits	
Health/Dental Insurance	277,248
Workers Comp Insurance	12,000
Other/Retirement	95,007
Total Benefits	384,255
Total Salaries & related expenses	2,051,872
Contract Service Expenses	
Accounting	
Audit	50,000
Total Accounting	50,000
Comms/Digital Mktg/Web	55,000
Legal counsel	50,000
Other expenses	50,000
Recruiting	1,500
Strategic Development	30,000
Total Contract Service Expenses	236,500
Total Personnel Related Expenses	2,288,372
Non-personnel Related Expenses	
Non-personnel Expenses	
Supplies	13,082
Telephone & Internet	27,577
Postage & shipping	23,285
Printing & Reproduction	35,981
Total Non-personnel Expenses	99,925
Facility & Equipment Expenses	
Facility	65,000
Insurance	19,596
Computer and Software	42,372
Total Facility & Equipment Expenses	126,968
Travel	
HCP Travel	150,000
Conference, meeting, convention	25,000
Total Travel	175,000
Other Expenses	
Memberships	18,000
Charity Registrations	6,500
Staff Development/Education	10,000
Bank Charges	
Investment Fees/Commissions	30,000
ML charges	4,000
Wire Fees	7,000
Total Bank Charges	41,000
Fundraising	25,000
Other Expenses	25,000
Total Other Expenses	125,500
Total Non-personnel Related Expenses	527,393
General & Administrative	
Depreciation/Amortization	7,000
Total General & Administrative	7,000
Total Expense	11,564,223
Net Income	-

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

	ACTUALS MOST RECENTLY COMPLETED YEAR	BUDGET PROJECTIONS CURRENT YEAR	VARIANCE	
	FY2017	FY2018	(\$)	(%)
Income				
Contributions; Gifts and Grants				
Non-Cash Contributions	2,742,848	2,180,000	-562,848	-21%
Individual Gifts	4,109,685	4,805,646	695,961	17%
Foundation Grants	2,313,100	3,175,352	862,252	37%
Government Contributions	672,229	828,225	155,996	23%
Contributions; Gifts and Grants	9,837,862	10,989,223	1,151,361	12%
Program Service Revenue: Technology & Procurement	218,105	500,000	281,895	129%
Interest from Securities	76,795	75,000	-1,795	-2%
Realized Gain/Loss on Investments	(476)	-	476	-100%
Unrealized Gain/Loss on Investments	650,400	-	-650,400	-100%
Total Income	10,782,686	11,564,223	781,537	7%
Expense				
Program - Grants & Allocations				
Grants & Allocations				
Nepal - Myanmar	1,338,938	1,205,032	-133,906	-10%
India	20,949	305,000	284,051	1356%
Bhutan	109,761	100,000	-9,761	-9%
Community Eye Hospital Project	351,675	1,012,000	660,325	188%
Ghana	389,858	719,857	329,999	85%
Ethiopia	1,783,555	2,164,568	381,013	21%
Other Country Progs	59,017	260,000	200,983	341%
Educational Fellowships & Excha	38,256	30,000	-8,256	-22%
Technology & Procurement	257,369	675,000	417,631	162%
Travel - Prog. Implem & Monitor	64,251	90,000	25,749	40%
Total Grants & Allocations	4,413,630	6,561,458	2,147,828	49%
Total Non-Cash/Donated Gds & Svcs	2,528,420	2,180,000	-348,420	-14%
Total Program - Grants & Allocations	6,942,050	8,741,458	1,799,408	26%
Personnel Related Expenses				
Salaries & related expenses	1,326,518	2,051,872	725,354	55%
Contract Service Expenses	192,719.53	236,500	43,780	23%
Total Personnel Related Expenses	1,519,237	2,288,372	769,135	51%
Non-personnel Related Expenses				
Non-personnel Expenses	102,958	99,925	-3,033	-3%
Facility & Equipment Expenses	108,170	126,968	18,798	17%
Travel	134,891	175,000	40,109	30%
Other Expenses	112,499	125,000	12,501	11%
Total Non-personnel Related Expenses	458,518	526,893	68,375	15%
Depreciation	2,473	7,000	4,527	183%
Total Expense	8,922,278	11,564,223	2,641,945	30%
NET	1,860,408	(0)	-1,860,408	-100%

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

☒ X

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	4,376,384.	4,376,384.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	374,728.	202,353.	123,660.	48,715.
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	729,720.	401,297.	66,937.	261,486.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	72,429.	43,457.	6,519.	22,453.
10 Payroll taxes	77,422.	45,410.	12,997.	19,015.
11 Fees for services (non-employees):				
a Management				
b Legal	8,467.		8,467.	
c Accounting	38,367.		38,367.	
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.)	31,689.	4,000.	12,658.	15,031.
12 Advertising and promotion				
13 Office expenses				
14 Information technology	40,865.	2,044.	38,795.	26.
15 Royalties				
16 Occupancy	71,592.	54,238.	15,148.	2,206.
17 Travel	146,796.	91,259.	43,174.	12,363.
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	4,946.		4,946.	
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 PROCUREM	273,078.	273,078.		
b OTHER	109,625.	41,150.	5,342.	63,133.
c WEBSITE MANAGEMENT	84,984.	0.	84,984.	0.
d PRINTING AND REPRODUCTI	44,566.	0.	38,276.	6,290.
e All other expenses SEE SCH O	113,504.	22,812.	89,354.	1,338.
25 Total functional expenses. Add lines 1 through 24e	6,599,162.	5,557,482.	589,624.	452,056.
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
2018**

Geoffrey Tabin, MD Chairman

Professor of Ophthalmology & Visual Sciences, Director, Division of International Ophthalmology

Byers Eye Institute, Stanford University

Farran Tozer Brown, MBA

Member of Advisory Council

New York Landmark Conservancy

Jeffrey Goldberg, MD

Professor and Chair of Ophthalmology

Byers Eye Institute at Stanford University

Stewart Halpern

Member of Board of Directors

SANDAG Transnet Independent Taxpayer Oversight Committee, San Diego Coastkeeper
Financial Advisor

Crunch Data, Psyko Audio Labs

Guy Kezirian, MD, FACS

President

SurgiVision® Consultants, Inc.

Adrienne Graves, PhD

Independent Director

Akorn Inc, TearLab Corporation, Aerpio Therapeutics, and EncoreVision

Matthew Oliya, MD

Associate Clinical Professor

Casey Eye Institute, Oregon Health Sciences University

Private Practice Ophthalmologist

Medical Eye Center, Oregon

Mo Siegel

Owner

Capital Peaks Investments



Board Committees

Program Committee:

Geoff Tabin (Chair), Matt Oliva

Finance & Audit Committee:

Stewart Halpern – Chair; Farran Tozer Brown, Matt Oliva, Mo Siegel, Geoff Tabin

Investment Committee:

Stewart Halpern – Chair; Adrienne Graves, Guy Kezirian, Geoff Tabin

Nominating & Governance Committee:

Adrienne Graves – Chair; Mo Siegel, Geoff Tabin

#180

COMPLETE

Collector: Gimbel Foundat...nd Evaluation (Web Link)
Started: Wednesday, February 21, 2018 12:46:04 PM
Last Modified: Friday, February 23, 2018 1:24:29 PM
Time Spent: Over a day
IP Address: 73.68.102.131

Page 1

Q1 Name of your organization.

Himalayan Cataract Project

Q2 Grant #

20170146 - 42289 GIMBI

Q3 Grant Period

May 1, 2017 - April 30, 2018.

Q4 Location of your organization

City	Waterbury
State	Vermont

Q5 Name and Title of person completing evaluation.

Roger Clapp, Major Gifts Officer

Q6 Phone Number:

802-505-0711

Q7 Email address.

rclapp@cureblindness.org

Page 2: Key Outcomes and Results

S.L. Gimbel Foundation Fund

Q8 Total number of clients served through this grant funding:

3958 = 3938 patients + 20 local medical staff

Q9 Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

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.

Activities: Between July 1 and August 20, 2017, primary care and diagnostic teams from the Quiha Zonal Hospital (QZH) in Mekelle traveled to 50 districts in the Tigray Region to set up eye clinics 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 3,938 individuals, more than 31% more than originally anticipated. Of those, approximately 1,300 patients received referrals and transportation vouchers to receive cataract surgical treatment at QZH later in August.

Outcomes: Over 3,935 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 during a 5 day high-volume surgical intervention to restore vision to those who were blind due to cataracts.

Activities: HCP Program, Procurement and Coordination teams worked with QZH and Ethiopian government officials to get the ophthalmic materials to Mekelle. QZH teams coordinated the transportation, lodging and feeding of approximately 1,300 patients arriving from towns and villages across the Tigray Region. HCP affiliated ophthalmologists Drs. Geoff Tabin, Sean Ianchulev and Neda Nikpoor arrived from the U.S. to join QZH Director of Ophthalmology Dr. Tilahun Kiros to set up the surgical theatre with 20 staff members including 3 medical residents, ophthalmic nurses and technicians to provide thorough and efficient patient care. From August 21 to 26, a total of 1,367 cataract surgeries were performed for approximately 1,300 patients, including 51 children. Several patients received bilateral surgery, operations on both eyes. After a 24 hour recovery, all patients were examined by their surgeons and transported back home with their care-takers.

Results and Outcomes: A total of 1,367 cataract surgeries were performed, over 35% more than were originally anticipated, restoring sight for 1,300 individuals who will receive further follow-up in their homes 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. This represents more than three times the number of surgeries residents normally experience in their day to day work at the hospital.

S.L. Gimbel Foundation Fund

Q10 Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

Getting the all the necessary materials in place 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.

Q11 How did you overcome and/or address the challenges and obstacles?

By working with a growing number implementing partners, HCP Country Representative Dr. Liknaw Adamu and his team can make inventory adjustments among partner hospitals to fulfill these needs 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.

Q12 Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Dr. Sean Ianchulev has pioneered a surgical technique that may represent an improvement on the Small Incision Cataract Surgery refined by HCP co-founders Drs. Sanduk Ruit and Geoff Tabin. Dr. Ianchulev was able to explain and demonstrate this technique during the campaign. This may lead to further improvement in the approach used by HCP and its partners into the future.

Q13 Briefly describe the impact this grant has had on the organization and community served.

The \$50,000 provided by the S.L. Gimbel Foundation Fund covered an estimated 59% of the cost of this surgical outreach including the pre-operative screenings and transportation to and from the surgical center in Mekelle, Ethiopia. A total of 3,938 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 1,300 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 work force 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 two 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.

S.L. Gimbel Foundation Fund

Q14 Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

Mekelle Surgical Outreach August 21- 26, 2017

Staff Support:	\$19,483
- Recruitment, screening and diagnosis teams	
- Local surgical teams and medical residents	
- Ophthalmic nursing and technical support	
- Patient care coordination	
Transportation:	\$8,960
- Travel costs for recruitment & screening team	
- Travel costs for patients and care takers	
Lodging:	\$6,860
- Lodging expenses for patients and care-takers	
Food:	\$9,204
- Food and cooking costs for patients & care-takers	
Fuel:	\$1,799
- Diesel fuel for generators	
Medical supplies:	\$3,785
- Lenses, medicines and bandages	
Total	\$50,091

Page 4: Success Stories

Q15 Please relate a success story:

Here's a link to a story that ran in our e-newsletter and went out to over 9,000 HCP supporters and is currently on our website:

<http://www.cureblindness.org/eye-on-the-world/news/successful-cataract-outreach-in-mekelle-ethiopia>

Q16 Please relate a success story here:

This outreach in Mekelle, Ethiopia provided a great and unexpected opportunity for Peace Corps volunteers to participate in sight-restoring surgical intervention in the northern Region of Tigray in Ethiopia. This area was the scene of intense fighting during the war with Eritrea until the early 2000's. Since then, the region has slowly recovered. However, Tigray like most of Ethiopia still has one of the highest rates of cataract blindness in the world.

Thanks to this grant from S.L. Gimbel Foundation, the Himalayan Cataract Project was able to provide screening and basic eye care to 3,938 individuals across 50 districts in the Tigray Region. Of these an estimated 1,300 received referrals and transportation vouchers to receive sight-restoring cataract surgery at Quiha Zonal Hospital in the regional capital of Mekelle. From August 21 and 26, three US-based ophthalmologists joined a local team of eye surgeons led by Dr. Tilahun Kiros to perform 1,367 eye surgeries, including 51 children whose lives were transformed by a simply ten minute surgical intervention.

Q17 Please relate a success story here:

Respondent skipped this question

Page 5: Organizational Information

S.L. Gimbel Foundation Fund

Q18 Which category best describes the organization.
Please choose only one.

**Medical/Health/Public
Agency**

Q19 What is the organization's primary program area of interest?

**Health & Human
Services**

Q20 Percentage of clients served through grant in each ethnic group category. Total must equal 100%

Asian/Pacific Islander	25
Other	75

Q21 Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age	1
Children ages 06-12 years of age	3
Youth ages 13-18	5
Young Adults (18-24)	3
Adults	30
Senior Citizens	58

Q22 Approximate percentage of clients served with disabilities from grant funds.

Blind & Vision Impaired	98
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Q23 Approximate percentage of clients served in each economic group.

At/Below Poverty Level	98
Working Poor	2

Q24 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.

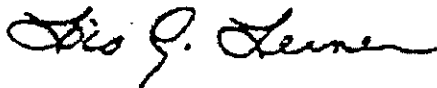
Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

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)