



2015 S.L. Gimbel Foundation Fund Grant Application- International

Internal Use Only:
Grant: \$50,000

Organization / Agency Information

20150349

Organization/Agency Name: HIMALAYAN CATARACT PROJECT			20134
Physical Address: 57 SOUTH MAIN ST.		City/State/Zip WATERBURY, VT 05676	
Mailing Address: PO BOX 55		City/State/Zip WATERBURY, VT 05676	
CEO or Director: JOB HEINTZ		Title: CEO	
Phone: 802-522-9976	Fax: 802-649-1041	Email: JHEINTZ@CUREBLINDNESS.ORG	
Contact Person: EMILY NEWICK		Title: COO	
Phone: 802-522-7630	Fax: 802-649-1041	Email: ENEWICK@CUREBLINDNESS.ORG	
Web Site Address: WWW.CUREBLINDNESS.ORG		Tax ID: 03-0362926	

Program / Grant Information

Interest Area: Education Environmental Protection Health Human Dignity Hunger

Program/Project Name: HIGH-VOLUME CATARACT CARE – EAST HARARGHE, ETHIOPIA			Amount of Grant Requested: \$50,000
Total Organization Budget: \$7,763,417	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 89.4%	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 8.2%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 10.6%
Purpose of Grant Request (one sentence): TO SUPPORT A HIGH-VOLUME CATARACT EVENT IN EAST HARARGHE, ETHIOPIA, RESTORING SIGHT TO APPROXIMATELY 750 PEOPLE, AND TO TRAIN LOCAL EYE CARE TEAMS IN HIGH-VOLUME, HIGH-QUALITY CATARACT DELIVERY.			
Gimbel Grants Received: List Year(s) and Award Amount(s) 2013: \$50,000			

Signatures

Board President / Chair: (Print name and Title) GEOFF TABIN, CHAIRMAN	Signature: 	Date: MARCH 18, 2015
Executive Director/President: (Print name and Title) JOB HEINTZ, CEO	Signature: 	Date: MARCH 20, 2015

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Narrative

I. Organization Background; Target Population:

History, Mission, and Purpose:

The Himalayan Cataract Project (HCP) was established by ophthalmologists Drs. Geoff Tabin and Sanduk Ruit in 1995 to support the Tilganga Institute of Ophthalmology in Kathmandu, Nepal, which has become HCP's main training facility serving over 20 countries. The founding ophthalmologists recognized early on that quality surgery must be the cornerstone of any effort to eradicate cataract blindness, and that the vast majority of surgery must be performed by trained local personnel. In partnership with Tilganga, the HCP has worked for almost two decades in mountainous Asia and now Sub-Saharan Africa to develop a model of highly efficient hospital based care with the requisite modifications for outreach activities in rural environments. Together with its partners, HCP contributes to the screening and examination of more than 700,000 people annually and provides surgical care for more than 50,000, and supports training for hundreds of local eye care professionals.

The Himalayan Cataract Project has been active in Ethiopia since 2008 and has invested nearly \$4 million to support outreach and high-volume cataract surgical events; equipment and consumable purchases; nurse, residency and ophthalmologist training programs; research initiatives; and cornea and eye bank development. This support includes over \$552,000 of donated ophthalmologist time dedicated to training local personnel and over \$1,457,000 worth of donated equipment and consumables. HCP has been working in the East Hararghe District of Ethiopia, at Bisidimo Hospital, since 2013 conducting high volume cataract campaigns and sponsoring training exchanges between Bisidimo Hospital and other institutions. To date, HCP has sponsored two high volume cataract campaigns, providing 1,672 cataract surgeries.

Past organizational accomplishments (last three years):

In September 2013, Tilganga was one of the recipients of the 2013 Champalimaud Vision Award, the world's largest prize in the field of vision and an endorsement of our joint eye care efforts. Tilganga was recognized for its contribution to improving eye care in Nepal. After a ten-year, \$10 million capital improvement coordinated by HCP, Tilganga has been successfully expanded to a 133,000 square foot facility capable of treating 2,500 patients a week and training hundreds of eye care personnel each year. In September 2013, Tilganga (with HCP and USAID support) completed the installation of the largest off-grid solar array in Nepal. The installation provides reliable and clean energy to five different areas of the facility - estimated to save the institution over \$20,000 per year in diesel fuel and utility bill expenses.

HCP has been working in Ghana since 2006 and supported the establishment a 27,000 square foot eye surgery training center - modeled after Tilganga - at Komfo Anokye Teaching Hospital (KATH) in Kumasi. The new center was inaugurated in February 2014. Outreach campaigns continue to expand access to treatment, screenings and education. With additional funding from USAID, HCP is currently meeting the demands of the energy crisis in Ghana by facilitating the procurement and installation of a solar array.

In Ethiopia, HCP has developed strong partnerships with teaching institutions in seven of the country's 11 regions and two districts. With its partners, HCP continues to scale up the number of cataract surgeries in Ethiopia, increasing the number of surgeries at high-volume cataract outreach events from 3,065 surgeries in 2012 to 5,626 in 2014. HCP has also leveraged

partnerships with other NGOs, including Orbis International, SightLife and The Fred Hollows Foundation (FHF) to maximize impact. For example, HCP works with Orbis and SightLife to address corneal blindness in the country by training and equipping corneal surgeons and supporting the Eye Bank of Ethiopia; and HCP works with FHF to address trachoma, another major cause of blindness in the country.

Key programs and activities:

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 12 community eye centers in addition to its central eye hospital. In 2014, Tilganga and its satellites treated over 400,00 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 six eye care institutions and provides support for their clinical staff members through specialized training programs and high-volume cataract campaigns. In 2014, HCP and its Ethiopian partners screened more than 200,000 patients, organized eight outreach surgical events and supported the training of Ethiopian professionals at their home institutions, as well as in Nepal and the US.

II. Project Information:

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).

HCP is seeking funding for a high-volume cataract campaign in East Hararghe District, Ethiopia with an aim to provide 750 sight-restoring cataract surgeries. There is only one ophthalmologist currently working in this district to cover millions of individuals. Therefore resources spent on restoring sight in this area will have a tremendous impact on the community.

Project Goal, Objectives and Methodology

Goal: Enhance eye care in eastern Ethiopia through a high-volume cataract surgical skills transfer campaign.

Objective I: To restore sight to 750 adults and children in the East Hararghe District of Ethiopia by the end of the fourth quarter of 2015.

Activities: High-volume Cataract surgical campaign in East Hararghe District, screening approximately 1,500 patients and providing cataract surgery to 750.

Objective II: To continue providing critical training to ophthalmologists, ophthalmic nurses and ophthalmic personnel to enhance their ability to improve eye care.

Activities: Hands-on surgical training during the cataract campaign for local eye care personnel.

Objective III: To provide equipment and consumable support for additional cataract cases (approx. 1,000) at Bisidimo Hospital so they can continue to provide cataract care after the campaign through end of year 2015 and Q1-2016.

Activities: Procure essential eye care equipment; procure additional surgical consumables for ongoing care.

Timeline: The campaign is scheduled to take place in Q4 of 2015 and will last for approximately 3-4 weeks, including the extensive patient screening. The surgical portion of the campaign will last for approximately 7-10 days. Planning for the campaign starts at least 3 months in advance to ensure that all equipment and consumables are in place.

Description of Target Population:

Beneficiaries are blind patients, primarily from Ethiopia's Oromo ethnic group, from ages 1 - 95 who no longer will be dependent on a family member (approximately 95%+ will be adult patients); their caregivers who can go back to work or school. In addition, beneficiaries include local eye care personnel who will receive training and exposure to cataract surgery delivery and future ophthalmic staff who will be trained by the current trainees.

Participants for Each Activity:

Ophthalmologist-surgery: 2-3; Ophthalmic nurses- pre-op and OR mgmt.: 2; General nurses-patient porters, instruments, and autoclave mgmt.: 7; General nurses-biometry and post-op: 6; Pharmacist-drug dispensing/supplies: 1; Patient porters and cleaners: 8; OR cleaners: 4; Laundry and kitchen services: 3; Driver, Finance, Records, Transport coordination: 1 each.

Project Outcomes and Evaluation:

The key anticipated outcomes of the project and impact to participants and their families are short and long-term. Within 24 hours of surgery the majority of patients will gain independence. This will allow some patients to engage in economic activity, and it will allow caregivers to do the same. Funds from this grant will be used to secure necessary supplies and cover costs related to patients care (pre and post operative). Through the skills transfer training, the eye care personnel involved will have an improved capacity to enhance eye care in their region and increase surgical volume.

III. Project Future

HCP has a multi-year agreement with Bisidimo Hospital through 2018 and will continue its efforts with the Hospital beyond this cataract campaign. Funds from the Conrad N. Hilton Foundation via a multi-year grant will provide support for future project activities. Nevertheless, 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 six-person Board of Directors, chaired by Dr. Geoff Tabin, governs HCP and plays an active role in directing HCP's programmatic activity. Board Member Dr. Matt Oliva has the primary responsibility for HCP's Ethiopia programs and will work closely with the Staff to plan and manage the high-volume cataract program in East Hararghe District. CEO Job Heintz, Esq., manages a staff of eight and all day-to-day operations, program delivery, administration, and fundraising.

Key Personnel/Staff.

-*Emily Newick*, COO, joined HCP in 2003, and has over ten 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 Programs, has over 10 years of experience working in various roles in administration and management.

-*Gertrude Agbozo*, Africa Program Manager, contributes years of technical experience working in Ethiopia in addition to expertise in project management.

-*Jamie Clearfield*, Monitoring and Evaluation Specialist, has years of experience working with NGOs in Africa, and conducting eye health research, monitoring, and evaluation.

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V. Project Budget

Line Item Description	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Screening-per diems	2 weeks of screening activities (finding & screening patients); ophthalmic nurses, cataract surgeons, technicians & drivers		6,000		6,000
Surgical event & follow-up- per diems	2 weeks of surgical event with follow-up; ophthalmologists; cataract surgeons, ophthalmic nurses, technicians, drivers, pharmacist, cleaners, program manager		10,000		10,000
Patient transportation	Patient transport from villages to Bisidimo Hospital via bus			8,000	8,000
Patient medication and supplies	Dilating, antibiotic, and steroid drops, pain medication			1,762	1,762
Fuel	Fuel for screening transportation; fuel for generator during surgical event			1,561	1,561
Patient accommodation	Overnight accommodation for patients and care givers; plus simple meals			5,000	5,000
Surgical Microscope	1 Portable microscope	20,000			20,000
Cataract kit	1 kits includes Pre operative, Intra operative and Post operative consumables for five surgeries. 200 Kits at \$31/each		6,200		6,200
Cataract instrument set	4 sets at \$1,300/each			5,200	5,200
Visco-elastic	1,000 at \$2/each			2,000	2,000
Intraocular lenses	2,000 at 4.8/each			9,600	9,600
Surgical blades	1 box of 1,600 crescent, keratome blades			2,304	2,304
Consumable shipping				5,204	5,204
Consumable customs			4,167	9,369	13,536
Marketing	Radio announcements	650			650
Program Oversight	HR management, planning, and logistics for campaign		1,000		1,000
Travel and lodging	2 ophthalmologist, airfare and local accommodation; at \$4,250 each	4,250	4,250		8,500

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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
Conrad N. Hilton Foundation (support for this outreach, as part of a larger, multi-year grant to enhance eye care in Ethiopia)	\$60,000

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
n/a		

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	\$2,981,627	62	Program Fees	\$0	0
Fundraising/Special Events	\$0	0	Interest Income	\$86,959	1.5
Corp/Foundation Grants	\$1,530,495	18	Other: Procurement Rev	\$367,283	6.5
Government Grants	\$410,266	7	Other	\$259,642	5

Notes:

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VII. Financial Analysis

Agency Name: Himalayan Cataract Project

Most Current Fiscal Year (Dates): From 1/1/2013 To: 12/31/2013

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
\$4,905,479	\$4,385,085	\$400,894	\$119,500

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
4,905,479	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	89.4%	8.2%	2.4%

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 (from cover page)	Column C, Management & general expenses per 990 above	Differential
9 %	8.2 %	.8 %

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
\$1,720,100	\$415,716	\$321,689	6.6

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$233,293	\$(107,322)

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 (3 pages maximum), budget and sources of funding, financial analysis page		A copy of your current 501(c)(3) letter from the IRS
	A list of your Board members and their affiliations		A copy of your most recent year-end financial statements (audited if available; double-sided)
	Your current operating budget and the previous year's actual expenses		A copy of your most recent 990 (double-sided)
	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		
	For past grantees, a copy of your most recent final report.		



HIMALAYAN CATARACT PROJECT BOARD OF DIRECTORS 2015

Co-Founders

Sanduk Ruit, MD
Geoffrey Tabin, MD

Board of Directors

Farran Tozer Brown, MBA
Adrienne Graves, PhD
Matthew Oliva, MD
Randall Olson, MD
Geoffrey Tabin, MD

Officers

Job Heintz, JD MSL
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Emily Newick, MPH
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mission

The Himalayan Cataract Project works to eradicate preventable and curable blindness through high quality ophthalmic care, education and the establishment of a world-class eye care infrastructure.



Chairman and Co-Founder

Geoffrey Tabin, MD

Park City, Utah

*Professor of Ophthalmology & Visual Science and
Director, Division of International Ophthalmology
John A. Moran Eye Center, University of Utah*

Farran Tozer Brown

New York, NY

*Member, Advisory Council
New York Landmark Conservancy*

Adrienne Graves, PhD

San Francisco, CA

*Independent Director: Akorn Inc., TearLab Corporation,
Aerpio Therapeutics, and EncoreVision*

Stewart Halpern

La Jolla, CA

*Member: SANDAG Transnet Independent Taxpayer
Oversight Committee, San Diego Coastkeeper, Free Flight
Exotic Bird Sanctuary, America's Finest Charter School,
Roovy, Inc.; Advisor: Crunch Data, Psyko Audio Labs;
Co-Coordinator, MBAsd; Regional Chapter Leader, Yale
School of Management Alumni of San Diego*

Matthew Oliva, MD

Medford, OR

*Associate Clinical Professor, Casey Eye Institute, Oregon
Health Sciences University; Private Practice
Ophthalmologist, Medical Eye Center, Oregon*

Randall Olson, MD

Salt Lake City, UT

*Professor and Chairman, John A. Moran Eye Center,
University of Utah*

HIMALAYAN CATARACT PROJECT 2015 BUDGET

	2015 Budget	2014 Actual
INCOME		
Contributions; Gifts and Grants		
Non-Cash Contributions	1,901,500	1,371,893
Gifts	2,400,000	2,100,398
Grants	1,400,000	1,039,830
Grants - Government	870,000	410,266
Total Contributions; Gifts and Grants	6,571,500	4,922,387
Procurement Program	500,000	367,283
Operational Reserve		
Investment Revenue	105,000	86,959
TOTAL INCOME	7,176,500	5,636,270
 EXPENSES		
Program - Grants & Allocations		
Grants & Allocations		
Nepal	1,443,748	681,355
India	60,000	19,876
Bhutan	100,000	135,802
Ghana	704,500	655,282
Ethiopia	1,137,000	964,384
Other Country Progs	25,000	12,054
International Fellows	35,000	30,582
Travel - Prog. Implem & Monitor	75,000	64,969
Procurement - Costs of Goods Sold	425,000	338,823
Total Grants & Allocations	4,005,248	2,903,127
Donated Goods & Services	1,901,500	1,216,531
Total Program - Grants & Allocations	5,906,748	3,780,834
Personnel Related Expenses		
Salaries & related expenses	1,242,669	792,683
Contract Service Expenses	200,000	95,852
Total Personnel Related Expenses	1,442,669	888,535
Non-personnel Related Expenses		
Non-personnel Expenses	81,000	76,915
Facility & Equipment Expenses	79,000	68,195
Travel	150,000	146,943
Other Expenses	97,000	83,623
Total Non-personnel Related Expenses	407,000	371,525
Depreciation	7,000	6,687
TOTAL EXPENSES	7,763,417	5,064,153
NET	(586,917)	233,293
 NET NEGATIVE REDUCTION (through planned use of assets)		
(previously "Operational Reserve in 2014 Budget)	586,917	

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,186,319.	3,186,319.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	328,483.	177,381.	108,399.	42,703.
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	338,648.	236,900.	59,963.	41,785.
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,286.	14,933.	9,575.	5,778.
10 Payroll taxes	48,679.	30,437.	12,175.	6,067.
11 Fees for services (non-employees):				
a Management				
b Legal	1,330.		1,330.	
c Accounting	49,118.	17,705.	31,413.	
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.)	68,740.	21,482.	47,258.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	16,662.	100.	16,562.	
15 Royalties				
16 Occupancy	34,914.	26,775.	5,523.	2,616.
17 Travel	127,963.	125,839.	806.	1,318.
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	6,688.	4,946.	1,742.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TECHNOLOGY AND PROCUREMENT	443,893.	443,893.		
b OTHER	91,270.	59,601.	12,436.	19,233.
c BANK CHARGES & INVESTMENT	27,564.	2,700.	24,864.	
d SHIPPING AND POSTAGE	22,238.	3,913.	18,325.	
e All other expenses	82,684.	32,161.	50,523.	
25 Total functional expenses. Add lines 1 through 24e	4,905,479.	4,385,085.	400,894.	119,500.
26 Joint costs. Complete this line only if the organization reported in column (D) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following BOP 98-2 (ASC 558-720)



GRANT EVALUATION FORM S.L. GIMBEL FOUNDATION

Evaluation Completion: December 12, 2014
Organization Name: Himalayan Cataract Project
Grant #: 20130829
Grant Period: 12/1/13-11/30/2014
Location of Services: Arba Minch, Ethiopia
Name/Title: Catherine Hogan, Development Manager
Phone: 802-505-0354
Email: chogan@cureblindness.org

*I took off Tigist's patch today. She could see!
She started crying and hugged me. Before the
surgery she had amblyopia, but as soon as we fixed
her eye it began to straighten.*
- Sara Tabin, Volunteer



Key Outcomes & Results

The goal of the Himalayan Cataract Project's (HCP) Ethiopia Program is to reduce the prevalence of curable and treatable blindness in target areas of Ethiopia and establish lasting systems of eye care in the country. Ethiopia has one of the highest rates of blindness in the world, and more than 50% is due to cataract.

HCP delivers cost-effective, expedient, accessible surgical interventions designed to serve Ethiopia's poor, largely rural population, and provides training for local ophthalmic personnel to make quality care more readily available. Through high-volume surgical campaigns conducted year round across the country in collaboration with local partners, HCP provides free, quality care to people of all ages, and provides hands-on training for local doctors, nurses, and technicians.

This grant helped to fund the July, 2014 campaign conducted in Arba Minch, during which HCP teams worked with local partners to provide screenings for more than 2,100 patients and surgeries for 703 patients. This was the fifth of a total of seven high-volume cataract campaigns conducted in Ethiopia in 2014.

Arba Minch is located in southwestern Ethiopia in the Southern Nations, Nationalities, and Peoples' (SNNP) Region, roughly 311 miles from the capital of Addis Ababa. With a population of nearly 100,000 people, Arba Minch is the second largest city in SNNP. SNNP is home to

roughly 20% of the country and an estimated 18 million people, with more than 300,000 people suffering from blindness or low vision. This includes people of all ages. The patients served through this program were: 3% 0-21 yrs; 2% 22-55; 95% 55+. They were all below poverty level, and 100% disadvantaged and underserved.

HCP has been working in Arba Minch since 2011, conducting high volume cataract campaigns and sponsoring training for staff members from Arba Minch General Hospital, including ophthalmologists, nurses, and management professionals. To date, HCP has sponsored seven high volume cataract campaigns (inclusive of the July, 2014 campaign), contributing to more than 3,100 cataract surgeries.

In July, working with our partners from Arba Minch and around the country, we met or nearly met the following objectives:

Objective #1: Provide sight-restoring surgery to 750 adults and children with little access to quality eye care.

Outcome: The surgical campaign was held from July 14-20, providing treatment for a total of 703 patients. This included cataract surgery for 571 individuals, including 14 children. And additional treatment for 132 patients, including pterygium (12) and trachoma trichiasis surgery (120).

Objective #2: Enhance eye care in southern Ethiopia through skills transfer, providing training for ophthalmic personnel via high-volume cataract campaigns.

Outcome: HCP co-founder Dr. Geoff Tabin worked with Arba Minch General Hospital physician Dr. Dawit Gidey, currently the only full-time ophthalmologist in the SNNP region. They were assisted by ophthalmic nurses from Quiha Zonal Hospital in northern Ethiopia who have received training with support from HCP, a nurse from the Sinskey Clinic in Addis Ababa who received hands-on surgical training, and volunteers from the U.S. In addition, local staff worked for weeks in advance of the event to screen more than 2,100 people from 18 surrounding villages and communities prior to the event, and arrange transportation to and from Arba Minch for patients and accommodations while there.

Objective #3: Equip local providers with the tools and materials needed to provide quality care.

Outcome: HCP provided a new, state-of-the-art portable surgical microscope for Arba Minch General Hospital as well as cataract instrument sets, cataract kits (with pre-/intra-/post-operative consumables) and intraocular lenses to facilitate high quality care during the campaign and after.

Challenges/Obstacles

The primary challenges HCP and its partners face are:

1) Most of Ethiopia's population lives in rural areas with limited transportation infrastructure, while the few current ophthalmic personnel in the country practice in and around the cities. For campaigns to be successful, staff must be able to travel throughout rural areas to screen and identify patients prior, and to provide transportation to and from the hospital for patients.

Teams encountered difficulty securing reliable transportation during the screening period for the July campaign, which limited the reach of patient education and selection in some areas. HCP is working with partners in the region to address this issue in advance of the next campaign.

2) There are significant challenges in importing, managing, and maintaining quality equipment and materials in Ethiopia. HCP has established relationships with national and regional partners to address this challenge, and today helps to procure and import materials for HCP's and other organization's programs. Still, problems arise. There was a shortage of surgical blades and intraocular lenses during the July campaign, which meant local staff had to make alternate arrangements to get the needed materials in time. HCP is working with Ethiopia's Ministry of Health in the hopes of addressing these problems long-term, and is strengthening its capacity to ensure timely delivery of equipment and materials.

3) Ideally, all patients would receive follow-up visits or be able to travel for follow-up appointments to ensure that the surgery has been successful and address any complications. Financial constraints for patients and providers make this difficult, so that follow-up and evaluation is inconsistent. HCP is working to secure funding that would enable teams to travel to patients in the month following surgery, and/or provide subsidies for patients to support transportation to follow-up appointments.

Unintended Positive Outcomes

- HCP is making treatment more available by broadening capacity at every level of the ophthalmic team. This is particularly true for ophthalmic nurses, who, with proper training, can provide care once limited to ophthalmologists. This campaign would not have been possible without the help of two nurses (who have received training with support from HCP) who traveled from the northern part of Ethiopia to assist. They and others like them are serving as role models and mentors for teams across the country.
- The work in Arba Minch has led to expanding partnerships in the SNNP region. HCP worked with a new partner – a private clinic in Durame focusing on family health – to conduct a joint cataract/public health education campaign in December, 2014, providing cataract surgeries for 640 patients.

Impact of Grant on HCP and the Community

This grant helped to support the expansion of our work in Ethiopia in 2014. HCP is committed to strengthening Ethiopia's eye care infrastructure. In order to do so, we are working closely with partners like Arba Minch General Hospital to raise the level of training for ophthalmic personnel and increase the volume of direct service to the poor. This funding helped to alleviate key financial constraints that are specific to Ethiopia, including the need to subsidize transportation for outreach staff and for patients. As skilled treatment becomes more available in

Ethiopia, patients are increasingly able to rely on quality care, and growth in demand for services creates a sustainable base of paying patients. These revenues help to subsidize care for the poor.

How Funds Were Used

Funding helped to support: staff for screenings, outreach, surgeries, and follow-up; transportation, including buses, rental cars and drivers during screenings and for transporting patients to and from the hospital; accommodations for patients; and materials for surgeries, including cataract kits and lenses. Detail below.

	Support from HCP	Support from other funders	S.L. Gimbel Foundation Grant	Total
Ethiopian Clinical Personnel Ophthalmologists, nurses, technicians	-	11,968	15,450	27,418
Transportation and Accommodation Patients and staff	-	21,050	13,250	34,300
Surgical Equipment & Consumables Intraocular lenses, microscope, instruments	14,550	4,000	21,300	39,850
Hospital Administration Marketing, program oversight	400	250	0	650
US Volunteer Trainers Travel, accommodations	3,145	3,000	0	6,145
TOTAL	18,095	40,268	50,000	108,363

Tigist's Story

Dr. Tabin's 17-year-old daughter, Sara, served as a volunteer during the campaign in Arba Minch. One day she took a trip to the market and met a girl her age. Here is her story.



July 18 - Today after post-ops we had a lot of volunteers, so I decided to go to market with Tyler, Elizabeth, and Jeffrey. While shopping for jerseys we were approached by a young girl selling avocados and limes from a large tray. Her name is Tigist. She is 17, like me.

I immediately noticed the white at the center of her eye. She had a trauma cataract. I asked our guide to inform her about our program and let her know

surgery would be free. The girl's face lit up and she ran straight to the hospital. I couldn't stop thinking about her the whole way back.

When we got back to the hospital she ran up to me and hugged me as she showed off a pink slip of paper qualifying her for surgery. Her surgery was complicated and she was nervous, but it went well.

July 19 – I took off Tigist's patch today. She could see! She started crying and hugged me. Before the surgery she had amblyopia, but as soon as we fixed her eye it began to straighten.



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

DEPARTMENT OF THE TREASURY

Date: APR 08 2004

Employer Identification Number:
03-0362926

DLN:

17051080768034

HIMALAYAN CATARACT PROJECT INC

C/O LYNETTE WILLIAMS, NONPROFIT SUPPORT SERVICES

Contact Person:
THOMAS C KOESTER

ID# 31116

PO BOX 10008

Contact Telephone Number:

(877) 829-5500

EUGENE, OR 97440

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)



The
Community
Foundation

Strengthening Inland Southern California through Philanthropy

S. L. Gimbel Foundation Fund

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Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

May 26, 2015

Mr. Job Heintz
Chief Executive Officer
Himalayan Cataract Project
PO Box 55
Waterbury, VT 05676

Dear Mr. Heintz:

Congratulations! A grant has been approved for **Himalayan Cataract Project** in the amount of **\$50,000** from the S.L. Gimbel Foundation. The **performance period for this grant is June 1, 2015 to May 30, 2016**. 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:

High-Volume Cataract Care-East Hararghe, Ethiopia: To support a high-volume cataract event in east Hararghe, Ethiopia, restoring sight to approximately 750 people and to train local eye care teams in high-volume, high-quality cataract delivery.

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 enclosed copy and return the original copy to The Community Foundation within the next two weeks. Please retain a copy of 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 June 15, 2016** 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 951-684-4192 ext. 114 or email me at ccudiamat@thecommunityfoundation.net.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20134 Himalayan Cataract Project

20150349

GIMBEL



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

3700 Sixth Street, Suite 200 ~ Riverside, California 92501
P: 951.241.7777 ~ F: 951.684.1911 ~ www.thecommunityfoundation.net

2015 S.L. Gimbel Foundation Fund

Grant Agreement

Organization: Himalayan Cataract Project

Grant Amount: \$ 50,000 **Grant Number:** 20150349

Grant Period: June 1, 2015 to May 30, 2016 (Evaluations due by June 15, 2016)

Purpose: High-Volume Cataract Care-East Hararghe, Ethiopia: To support a high-volume cataract event in east Hararghe, Ethiopia, restoring sight to approximately 750 people and to train local eye care teams in high-volume, high-quality cataract delivery.

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.

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 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.

6. Publicity

The Community Foundation recommends publicity for the grant and acknowledging The Community Foundation in internal correspondence, brochures as appropriate; newsletters, annual reports and email blasts or e-newsletters.

The credit line of "Made possible in part by a grant from the **"S.L. Gimbel Foundation Advised Fund at The Community Foundation – Inland Southern California"**" is suggested. When your donors are listed in printed materials, include the S.L. Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. 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 our logo is also appreciated. Our logo can be downloaded from our website at www.thecommunityfoundation.net.

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.

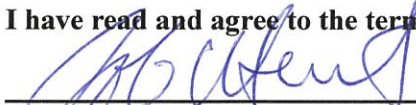
8. Termination

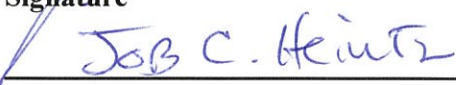
The Community Foundation may terminate this agreement, withhold payments, or both at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement.

9. Limitation of Support

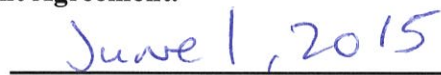
This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.


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



Signature


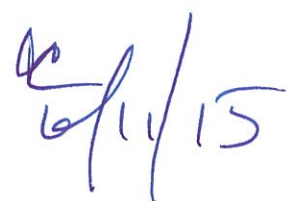
Printed Name



Date


Title

Organization: 20134 Himalayan Cataract Project
Grant Number: 20150349





The
Community
Foundation

Strengthening Inland Southern California through Philanthropy

S. L. Gimbel Foundation Fund

BOARD OF DIRECTORS

June 15, 2015

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Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Mr. Job Heintz
Chief Executive Officer
Himalayan Cataract Project
PO 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 June 15, 2016 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: "The (name of project/program) is supported by a grant from The S. L. Gimbel Foundation."** You may send copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

If you have any questions, please contact me at 951-684-4194.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20150349

39261

GIMB2

Dr. Jonathan Lorenzo Yorba
President and CEO



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

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

39261

Check Fraud Protection for Business

PAY * Fifty Thousand and no/100 *

TO THE ORDER OF

Himalayan Cataract Project
 PO Box 55
 Waterbury, VT 05676

DATE

05/26/2015

AMOUNT

\$****50,000.00



Jonathan Lorenzo Forba
Celia Andriani
 AUTHORIZED SIGNATURE

Security features. Details on back.

⑈039261⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

39261

20134	Himalayan Cataract Project	05/26/2015	039261	
20150349	High-Volume Cataract Care-East Hararghe, Ethioipia	05/26/2015		50,000.00
GIMB	S.L. Gimbel Foundation Advised Fund			50,000.00

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

The Community Foundation

39261

20134	Himalayan Cataract Project	05/26/2015	039261	
20150349	High-Volume Cataract Care-East Hararghe, Ethioipia	05/26/2015		50,000.00
GIMB	S.L. Gimbel Foundation Advised Fund			50,000.00

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