

Application for a General Grant

NUMBER
GG2692487

STATUS
Draft

General Information

Enter the project name.

PLAY TO HEAL - URABÁ

What type of project do you plan to carry out?

Humanitarian project

Addresses community needs with measurable and sustainable results.

Primary Contacts

Name	Club	District	Sponsor	Contact
Oscar Morales Velez	Medellín Bolivariana	4271	Rotary Club	Local
Joshua Landis	Pomona	5300	Rotary Club	International

Committee Members

Who are the local members of the project committee?

Name	Club	District	Contact
Gloria Morales Velez	Medellín Bolivariana [Rotary Club]	4271	Secondary Contact
David Gaviria Zea	Medellín Bolivariana [Rotary Club]	4271	Secondary Contact
Julio Casadiego	Medellín Bolivariana [Rotary Club]	4271	Secondary Contact

Who are the international members of the project committee?

Name	Club	District	Contact
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Are there any potential conflicts of interest among the committee members?

Conflicts of interest arise when a person is in a position to make or influence a decision regarding a grant that could directly benefit that person, a family member, their company, or an organization in which such individuals hold a leadership or advisory role, whether paid or volunteer.

For each Rotary member serving on the grant committee, list all relationships that member has with scholarship recipients, partner organizations, project vendors, or other individuals or organizations that will benefit from the grant.

NO

Next, list all relationships that district officers and other members of the sponsoring clubs or districts (who are not part of the grant committee) have with grant recipients, partner organizations, project vendors, or other individuals or organizations that may benefit from the grant.

NO

Project Overview

Tell us about the project. What are its main objectives, and who will benefit from it?

To implement the FAN Foundation's (Fundación de Atención a la Niñez) "JUGAR PARA SANAR" model in the Urabá region—comprising 11 municipalities in the department of Antioquia—to provide specialized psychological care to children, adolescents, and their families and/or support networks who have suffered violence and/or experienced a violation of their rights. It includes individual care and family support based on a rights-based approach that integrates cognitive, emotional, ethical, recreational, and participatory dimensions. It is also complemented by efforts to promote mental and emotional health, as well as to prevent violence against children and adolescents.

JUGAR PARA SANAR is a specialized psychotherapeutic model designed by FAN Foundation, which has more than 15 years of experience in providing mental and emotional health care and restoring the rights of children and adolescents who are victims of various types of violence. The proposal calls for the construction and implementation of a Psychotherapy Center in Apartadó, Antioquia (Urabá subregion), featuring six rooms designed and intended for healing through play, equipped with recreational, sensory, and experiential tools that stimulate the languages of art, play, and the creation of safe spaces and bonds.

The model's primary objective is to strengthen individual and family protective factors by reframing painful experiences and developing coping skills, resilience, and the ability to build a life plan. It includes individual care and family support based on a rights-based approach that integrates cognitive, emotional, ethical, playful, and participatory dimensions; it is also complemented by a process of promoting mental and emotional health, as well as preventing violence against children and adolescents.

Psychotherapeutic care is delivered in phases that include diagnosis, individual intervention, and family support, with impact measured using standardized mixed-methods tools—that is, both quantitative and qualitative.

Implementing "JUGAR PARA SANAR" in Urabá promotes emotional healing in highly violent areas where little attention is paid to the effects of violence; it facilitates the reframing of trauma, strengthens protective environments and secure attachments, and helps children and adolescents build life plans.

The overall objective of the project is to implement FAN Foundation's "JUGAR PARA SANAR" psychotherapeutic care model in the Urabá region of Antioquia (a subregion comprising 11 municipalities in the department of Antioquia) to provide specialized care to children and adolescents and their families and/or support networks who have suffered violence and/or experienced a violation of their rights.

The project aims to contribute to emotional healing, mental health, the strengthening of protective environments, and the development of life plans for children and adolescents in a region with high exposure to violence and limited attention to its psychosocial effects.

Areas of Interest

Which areas of interest does the project fall under?

Peace and Conflict Prevention
Disease Prevention and Treatment

Measuring Success

Peace and Conflict Prevention

Which goals in this area of interest does the project support?

Empower individuals and communities to transform conflicts and build peace.;

How will you measure the project's impact? For more information, see the [publication "Supplement—Global Grants Monitoring and Evaluation Plan."](#) As part of your application, you must include at least one standardized measure from those listed in the drop-down menu.

Measurement Criterion	Method for Collecting Information	Frequency	Beneficiaries
A physical facility that is suitable and equipped for implementing the "Play to Heal" care model	Direct observation	Semiannually	100–499
Number of clients receiving psychotherapeutic care under the PLAY TO HEAL model	Direct observation	Semester	100–499

Measurement criterion	Method for collecting data	Frequency	Beneficiaries
Number of psychotherapy sessions provided to children and adolescents through the JUGAR PARA SANAR model	Direct observation	Quarterly	1,000–2,499
Changes in the level of symptoms related to post-traumatic stress, resilience, anxiety and depression symptoms, and depressive symptoms (Diagnostic and Statistical Manual of Mental Disorders)	Tests	Annual	100–499
Number of professionals in the region trained in the PLAY TO HEAL model	Tests	Semiannual	1–19
Number of people trained	Tests	Semester	1–19

Do you already know who will collect the information needed for evaluation and monitoring?

Yes

Name of the person or organization FAN

Briefly explain why this person or organization is qualified to perform this task.

The FAN Foundation has solid, proven capacity in implementing a monitoring and evaluation system, using both quantitative and qualitative approaches focused on measuring the impact on children and adolescents. Since the design of the JUGAR PARA SANAR model, the incorporation of evaluation as a cross-cutting component has enabled the organization to make strategic decisions based on data and evidence. Standardized tests are administered at the beginning and end of the counseling process to assess changes in key indicators related to symptoms of depression, anxiety, trauma, resilience, and parenting skills. The integration of quantitative methodologies alongside qualitative ones—which have already demonstrated tangible results regarding the impact of the JUGAR PARA SANAR program—has strengthened the development of a data collection and analysis system that facilitates real-time monitoring for strategic decision-making, while also reducing operational costs and enhancing the FAN team’s existing analytical capabilities.

Disease Prevention and Treatment

What goals in this area of interest does the project support?

To promote disease prevention and treatment programs with the aim of containing the spread of communicable diseases and reducing the incidence and consequences of noncommunicable diseases;

How will you measure the project's impact? For more information, see the [publication "Supplement—Global Grants Monitoring and Evaluation Plan."](#) As part of your application, you must include at least one standardized measure from those listed in the drop-down menu.

Measurement criterion	Method for Collecting Information	Frequency	Beneficiaries
A physical facility that is suitable and equipped for implementing the "Play to Heal" care model	Direct observation	Every six months	100–499
Number of clients receiving psychotherapeutic care under the PLAY TO HEAL model	Direct observation	Semester	100–499
Number of psychotherapy sessions provided to children and adolescents using the JUGAR PARA SANAR model	Direct observation	Quarterly	1,000–2,499
Changes in the level of symptoms related to post-traumatic stress, resilience, anxiety and depression symptoms, and depressive symptoms (Diagnostic and Statistical Manual of Mental Disorders)	Tests	Annual	100–499
Number of professionals in the region trained in the PLAY TO HEAL model	Tests	Semiannual	1–19

Measurement criterion	Method for collecting information	Frequency	Beneficiaries
Number of beneficiaries receiving preventive treatment	Direct observation	Every six months	100–499

Do you already know who will collect the information needed for evaluation and monitoring?

Yes

Name of the person or organization FAN

Briefly explain why this person or organization is qualified to perform this task.

The FAN Foundation has solid, proven capacity in implementing a monitoring and evaluation system, using both quantitative and qualitative approaches focused on measuring the impact on children and adolescents. Since the design of the JUGAR PARA SANAR model, the incorporation of evaluation as a cross-cutting component has enabled the organization to make strategic decisions based on data and evidence. Standardized tests are administered at the beginning and end of the counseling process to assess changes in key indicators related to symptoms of depression, anxiety, trauma, resilience, and parenting skills. The integration of quantitative methodologies alongside qualitative ones—which have already demonstrated tangible results regarding the impact of the JUGAR PARA SANAR program—has strengthened the development of a data collection and analysis system that facilitates real-time monitoring for strategic decision-making, while also reducing operational costs and enhancing the FAN team’s existing analytical capacity.

Location and Dates

Humanitarian Project

Where will the project take place?

City or town

SECTION

Country

Colombia

State, province, or department

Antioquia

When will the project take place?

July 1, 2026, to December 15, 2027

Participants

PARTNER ORGANIZATIONS (OPTIONAL)

Name	Website	Address
FAN FOUNDATION FOR CHILD WELFARE	fan.org.co	43 B Street, No. 81-50 Medellín, Colombia
COLOMBIAN INSTITUTE OF FAMILY WELFARE - Quindío Regional Office www.icbf.gov.co Carrera 23, between Calles 3 and 4 ARMENIA, Colombia	www.icbf.gov.co	45th Street #79-141, La América Neighborhood, Medellín, Colombia
ICBF Colombian Institute of Family Welfare	www.icbf.gov.co	Calle 45 # 79 - 141, La América Neighborhood, Medellín, Antioquia, Medellín, Colombia

Supporting Documents

- FAN__ Foundation Overview.docx
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Does any member of the committee have a potential conflict of interest with one of the partner organizations?

No

Why did you decide to collaborate with this organization, and what role will it play?

The Fundación de Atención a la Niñez (FAN) is a nonprofit organization with 61 years of experience supporting children, adolescents, and their families in situations of socioeconomic vulnerability in Medellín, Antioquia, and other municipalities in Colombia. It operates with technical rigor and transparency, under the oversight of the Antioquia Governor's Office, the Colombian Institute of Family Welfare (ICBF), and the National Tax and Customs Directorate (DIAN), which ensures regulatory compliance and the sustainability of its programs. Over the past six decades, FAN has built technical capacity rooted in a high degree of social sensitivity to design, implement, evaluate, and transfer educational and psychosocial programs with technical, methodological, and strategic rigor; today, it is a leading organization that identifies needs, interprets diverse contexts, and strengthens its adaptive capacity in local communities, implementing solutions designed in collaboration with communities to achieve its overarching purpose: to transform lives and shape futures, where mental and emotional health, the protection of rights, and the holistic development of children, adolescents, and their families become the cornerstone of every initiative.

FAN emerged as a public–private partnership that has placed children and families at the center of its work, leading processes of care, intervention, experiential learning, and knowledge transfer using specialized methodologies. Throughout its history, FAN has established a robust scope of specialized psychological care and intervention through its “JUGAR PARA SANAR” (Play to Heal) model, which integrates clinical, psychosocial, and psychopedagogical dimensions. Its evidence-based approach has enabled the development of training programs, care processes, and strategies for preventing mental health risk factors—all of which strengthen protective factors, foster emotional bonds, and reframe adverse experiences. Its institutional work is organized around complementary pillars: (I) supporting children and adolescents in situations of domestic violence, sexual violence, and other forms of abuse through specialized psychological intervention and coordination with the protection, justice, and health systems; (II) designing and implementing training programs that develop life skills, strengthen self-care and emotional regulation, promote respectful treatment, and prevent violence through differentiated approaches, building capacities among families, teachers, institutional teams, and community leaders; (III) comprehensive early childhood care, promoting the holistic development of children under five through an experiential pedagogical approach that strengthens parenting practices and skills; and (IV) knowledge transfer and regional adaptation of models, ensuring technical and administrative alignment with regulations and social realities in other contexts, with the capacity to implement knowledge in a sustainable and scalable manner.

“Playing to Heal” is FAN Foundation’s specialized psychotherapeutic care model, created in 2010, which integrates play, art, literature, and color to promote resilience, life skills, and holistic development in children, adolescents, and their families. The model is implemented through five care centers in Medellín and Rionegro, and its experiential methodology combines clinical, psychosocial, and psychoeducational components in purpose-designed therapeutic environments—specifically, care rooms that foster bonding, physical expression, the identification and reframing of roles, artistic creation, and emotional regulation in the face of fears generated by violence. In these rooms, every element, material, and color scheme is designed to foster a sense of safety and provide symbolic healing within the

. The model is protected as an original work and operates with confidentiality protocols and referral pathways that link the protection and justice systems, with an emphasis on humanized care and the prevention of revictimization.

As evidence of its operational capacity and ability to coordinate with public institutions, FAN has been implementing, in partnership with the Medellín Mayor's Office, the project "La Magia de Jugar y Sanar" (The Magic of Playing and Healing), a comprehensive and humanized care strategy for the prevention and treatment of sexual violence and other human rights violations against children and adolescents. The project integrates play, games, art therapy, and therapeutic methodologies to reframe traumatic experiences, activate protection pathways, and strengthen psychosocial support for the affected population and their families. This initiative has focused on a specialized psychosocial care and support pathway for sexual violence, involving institutional coordination among the Mayor's Office, the Prosecutor's Office, the ICBF, and social organizations, including crisis intervention, legal counseling, educational support, and effective linkage to institutional services. Its results are evident in the care provided to thousands of children and adolescents and in the capacity-building of responsible and co-responsible adults to identify risks early and activate support pathways in educational, health, and community settings, establishing itself as a pioneering model shared in forums for the exchange of best practices. The model's strength is also reflected in its international reach: FAN is currently transferring the specialized psychotherapeutic care model "Jugar para Sanar" to Ciudad Juárez and Chihuahua (Mexico), as part of its adaptation as "Guardia," to support children and adolescents who are victims of sexual violence, ensuring technical and administrative alignment, capacity building, and the sustainability of knowledge within the receiving institution.

COLLABORATORS (OPTIONAL)

List any other collaborators who will participate in this project.

This project will be carried out in coordination with ongoing initiatives in the Urabá region, particularly with the ICBF (Colombian Institute of Family Welfare) and COMFAMA. FAN Foundation already has a solid and well-established track record of working together with these organizations, especially in the restoration of rights and the promotion of mental health through the "JUGAR PARA SANAR" model.

Both the ICBF (Colombian Institute of Family Welfare) and COMFAMA (Antioquia Family Compensation Fund) have identified the emotional impacts resulting from violence in Urabá; however, they lack sufficient capacity, coverage, staff, and methodology to effectively address these needs. As such, FAN would not replace but rather strengthen and complement the existing institutional services, receiving case referrals directly and implementing the specialized psychotherapeutic care model with proven results.

This collaboration not only increases the impact but also ensures long-term sustainability so that the program can continue operating in the region, engaging local stakeholders who would receive the full transfer of knowledge, along with a commitment from public and private actors to work toward providing emotional support and care for communities with high needs.

ROTARY PARTICIPANTS

Describe the roles and responsibilities that local and international sponsors will assume in the project: Be as specific as possible. Which sponsor will receive and administer the grant funds?

CR MEDELLIN BOLIVARIANA will be the fund administrator
selecting the appropriate partners to meet the objectives of this grant coordinating and supervising the activities required for the implementation of the project’s activities
managing the TRF funds in a dedicated account
carry out the purchases required by the project
submit the reports and documents required by the FRI to validate the expenses incurred by the GG

Describe how the collaborative relationship between the local sponsor and the international sponsor was established. What agreement have the sponsors reached to ensure the project’s successful implementation? How will the sponsors address any challenges that may arise throughout the project?

xxxx
financial support \$\$\$
Provide advice on the project design
Audit the proper progress and execution of the GG; to this end, they may visit the project in Colombia and review the proper functioning of the JPS headquarters in Apartado

Budget

Indicate which currency will be used in the project budget.

The currency you select must be the one you use for most of the project’s expenses.

Local currency	Exchange rate (per U.S. dollar)	Saved on
COP	4,000	02/28/2026

Grant Budget

List all budget line items. The total budget must match the amount of funding, which will be calculated in step 9. For this reason, grant budgets—including the Global Fund’s contribution—must be at least US\$30,000.

#	Category	Description	Supplier	Cost in COP	Cost in USD
1	Equipment	Psychotherapy Rooms	Pending	238495000	59624
2	Supplies	Tools, teaching materials, and consumables	Pending	17,000,000	4,250
3	Operations	Office, Cafeteria, Transportation, Supervision, Fire Protection Systems	Pending	70570000	17643
Total Budget:				326,065,000	81,517

Supporting documents

- BUDGET_v7_4000_GG.xlsx
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Funding

Tell us about the funding you have secured for the project. We will use this information to calculate the maximum matching contribution you could receive from the Global Fund.

#	Source	Details	Amount (USD)	Support *	Total
1	Cash from the club	Medellín Bolívariana [Rotary Club]	1,050.00	52.50	1,102.50
2	Cash from the district	4,271	9,870.00	493.50	10,363.50
3	Designated District Fund (FDD)	5,300	39,500.00	0.00	39,500.00

* Whenever a cash contribution is made to a project funded by a Global Grant, an additional 5 percent must be added to cover the costs associated with processing those funds. Clubs and districts will receive Paul Harris Fellow recognition points corresponding to this additional charge.

What amount from the World Fund would you like to receive for this project?

You can request up to 31,600.00 US\$ from the World Fund.

31097

Funding Summary

FDD:	39,500.00
Cash:	10,920.00
Financed Subtotal (Matching Contributions + Global Fund):	81,517.00
Total funding:	81,517.00
Total budget:	81,517.00

Sustainability

HUMANITARIAN PROJECTS

Project Planning

Describes the community needs that the project will address.

Physical, sexual, psychological, and economic violence against children and adolescents in Colombia is highly prevalent and is, moreover, systematically underreported: the silence of victims and their families, driven by fear and a perception of impunity, means that the available figures represent only the tip of the iceberg. Between January and October 2025 alone, the National Institute of Forensic Medicine recorded 14,371 forensic medical examinations for alleged sexual offenses against children and adolescents, 6,399 cases of injuries to children and adolescents in the context of domestic violence, and 26,882 cases of physical or sexual injuries to children and adolescents. During that same period, 1,574 children and adolescents died violent deaths, a figure representing a 9.5% increase compared to the same period in 2024. These are lives cut short, deep-seated trauma, and cycles of violence that, if not addressed in time, are passed down from generation to generation.

The Urabá subregion, in the department of Antioquia, faces an overlapping set of complexities that turns every national indicator into an even greater emergency. Comprising 11 municipalities—Apartadó, Arboletes, Carepa, Chigorodó, Murindó, Mutatá, Necoclí, San Juan de Urabá, Turbo, Vigía del Fuerte, and San Pedro de Urabá—the subregion had an estimated population of 543,054 in 2024, representing 8% of Antioquia’s total population. This population is distributed almost equally between urban (49%) and rural (51%) areas, which creates real, everyday barriers to access to health care, education, and protection.

The region has a markedly young population structure: 25.3% of its residents are under 18 years of age—that is, 137,400 children and adolescents. In addition, more than 21% of the population lives in conditions of multidimensional poverty (ART, 2023), with the highest concentration in population centers and scattered rural areas. The adolescent fertility rate accounts for 18.9% of births among women under 19—an indicator that encapsulates multiple disparities: insufficient access to sexual and reproductive health care, low educational attainment, and mutually reinforcing conditions of poverty.

Urabá is also a strategic hub for drug trafficking, a corridor for forced displacement, and a transit zone for mass migration toward the northern part of the continent through the Darien Gap. The armed conflict, the permanent presence of illegal armed groups, and the humanitarian migration crisis have profoundly eroded the social fabric, weakened family and community ties, and exposed children—including migrant children—to physical, sexual, and psychological violence in a context where institutional capacity to respond is limited.

The municipality of Apartadó has been prioritized as the site for the implementation of “Jugar para Sanar” due to its central location in the subregion and because it is home to the ICBF’s Urabá Regional Center, which serves municipalities such as Apartadó, Carepa, Chigorodó, Arboletes, Murindó, Turbo, and Mutatá. With a population of 131,425 (DANE, 2024), Apartadó has a Problem Interrelation Index (IIP)(4) of 52.47 according to the National Planning Department (2023)(5), placing it at a high level of risk and vulnerability for children and adolescents. The municipalities of Mutatá and Murindó, which are part of the same zonal center, rank among the most critical in the country with IIPs exceeding 90, while Vigía del Fuerte has an IIP of 62.8. This means that the services provided in Apartadó have a regional reach over one of Colombia’s most severe clusters of vulnerability.

In 2024, the ICBF Regional Center reported 89 cases filed under the Administrative Processes for the Restoration of Rights (PARD) in the municipalities under its jurisdiction. Of these, 40 involved cases of sexual violence, 17 involved neglect, 4 involved physical violence, and 1 involved human trafficking. These figures do not reflect the true magnitude of the problem: they represent only the cases that were successfully addressed by institutions, in a context where underreporting is systemic. At the same time, across the Urabá subregion as a whole, 1,491 cases of domestic violence were reported (Medicina Legal / SIVIGILA),(6) primarily affecting women and minors; and in 2024, 199 violent deaths were recorded in 10 municipalities of Urabá, 8% of which involved children and adolescents.

Apartadó accounts for 26% of all cases of sexual violence in the entire Urabá region so far in 2025. According to Medicina Legal, 13% of the municipality's violent deaths in 2024 involved children and adolescents, and sexual violence accounts for 30% of reported non-fatal injuries. Given the scale of this problem, the institutional response is markedly insufficient: only 16 accredited public health institutions (IPS) in the municipality provide mental health care, highlighting a critical gap in one of the most severely affected and, at the same time, most neglected aspects of community life.

The adolescent fertility rate of 18.9% in the subregion—meaning that nearly one in five births is to a mother under the age of 19—is not merely a reproductive health statistic. It is the visible symptom of overlapping forms of violence that operate silently and find one of their most devastating expressions in adolescent pregnancy.

These young women are profoundly alone. They lack support networks for care, and this directly impacts their mental health. There are initiatives that provide them with practical support—aimed at improving their parenting skills—but there are almost no processes that sustain them on a deeper level: reframing what it means to be a mother as a teenager, mourning the dreams that have been cut short, and rebuilding a life plan of their own. This is where ongoing support becomes essential—support that not only teaches parenting skills but also restores their place as adolescents, with rights, desires, and a future.

What is happening to many of these young women is, in terms of human development, an abrupt and forced leap in their life cycle. They are at an age when they are still undergoing the transformations typical of childhood and adolescence—playing, exploring, spending time with friends, building their identity—and, from one moment to the next, they become mothers. This transition not only cuts them off from the chance to experience this stage of life; it also affects the formation of the bond with their children. When motherhood arrives unprepared, without genuine desire, without support, and in the midst of trauma, the bond with the baby becomes fragile. And when there isn't a strong enough bond, care becomes fragile; and when care fails, the cycles of violence, neglect, overwhelming stress, and a lack of tools for responsible and loving parenting deepen. It's not that these young women "don't want" to care for their children well: it's that they are raising their children from a place of loneliness, fear, and survival, without having been cared for or supported themselves.

Added to this is a context of sexual violence that is normalized without being named. Many of these adolescents are involved with adult men with significant age gaps, and what could constitute sexual violence becomes normalized, especially when several of them are minors. Valuables associated with gold circulate in the region, and patterns emerge of gifts or the promise of economic stability in exchange for sexual relations. It has also been identified that some of these men—who in many cases are the babies' fathers—have ties to illegal armed groups. Within this complex web, motherhood becomes for some

girls, a way to “feel fulfilled” or to gain recognition and protection—which is, in reality, a painful shortcut to finding a place in the world: the priority shifts to having a child who guarantees economic security, rather than developing a life plan of their own. All of this occurs in households with a heavy care burden, often headed by a single parent, without sufficient emotional, economic, or community support.

Emotionally, these adolescents are going through experiences that are not appropriate for their stage of life, yet there is a lack of guidance to help them manage those emotions, acknowledge traumatic events, and name their victimization. Sexual violence becomes normalized and goes unprocessed. For this reason, reframing the adolescent as an autonomous person—not just as a “mom”—is a central focus of the project: this recovery of identity and agency also impacts her children, fostering the development of more secure bonds, a more loving upbringing, and the possibility of breaking the intergenerational cycle of violence. Until now, most institutional efforts have focused on helping girls and adolescents improve their parenting skills, but a huge gap remains: where does she fit in as a child, as an adolescent, who also needs to be cared for in order to be able to care for others?

The gap is also institutional. The systematization of the “Emotional Health: Antioquia, a Territory of Love and Care” project—implemented by FAN Foundation for the past three years in municipalities such as Chigorodó—documented low levels of emotional recognition, high indicators of sadness and depression, and a strong association between emotional distress and socioeconomic vulnerability. In Carepa, working with community leaders as change agents showed real changes in conflict management and communication, but it also highlighted the fragility of continuity in the face of structural barriers—transportation, heavy workloads, and weak institutional linkages. As Luisa Blandón, a leader from Chigorodó, warned: “People are so full of fear... and mental health could be the next pandemic.” And as Cielo Estrada, a leader from Carepa, summarized: “When we’re well, we take care of ourselves, others, and our community.” The projected care for 768 children and adolescents through the “Play to Heal” model would represent 51.5% of the 1,491 reported cases of domestic violence, exceed the estimated cases of sexual violence in the subregion by more than 170%, and exceed the 89 admissions to the PARD(7) in 2024 by more than eight times. This is not an intervention intended to address the problem in its entirety—that would require a larger-scale structural transformation—but rather a targeted, specialized, and coordinated response that has a profound impact where the need is most acute and the institutional response is most lacking.

4. The Index of Interrelated Problems (IIP) is a tool developed by Colombia’s National Planning Department (DNP) to identify, measure, and prioritize municipalities based on the degree of accumulation and interaction of social problems affecting children and adolescents. These issues include: poverty and multidimensional deprivation, gender-based violence and domestic violence, the recruitment and use of minors by armed groups, risks associated with mental health, food insecurity, and limited access to education, health, and protection services.

5. Agency for Territorial Renewal. (2023). Urabá – 2023 Subregional Document

<https://centralpdet.renovacionterritorio.gov.co/wp-content/uploads/2022/02/Uraba-Documento-subregional-2023.pdf>

6. National Public Health Surveillance System (SIVIGILA).

7. Administrative process for the restoration of rights.

What process was followed to determine these needs?

The identification of the needs that Jugar para Sanar will address in Urabá is the result of a methodologically mixed and deliberately robust process that combines documentary research of secondary sources with the collection of primary data in the field. It is the result of three years of FAN Foundation's presence in the subregion, coordinated with up-to-date institutional and statistical evidence. As research sources, we have access to figures and data from the National Institute of Legal Medicine and Forensic Sciences, the National Planning Department, ICBF, SIVIGILA (Public Health Surveillance System), the Agency for Territorial Renewal, and DANE. The second pillar—and the most significant in terms of its proximity to community reality—was FAN Fundación's continuous presence in Urabá over three years through the project "Emotional Health: Antioquia, a Territory of Love and Care." This program, aimed at preventing mental health risk factors and promoting emotional health, enabled the building of trusting relationships with communities, leaders, and institutions—relationships that form the foundation of any accurate diagnosis.

Through this presence, FAN Fundación held community meetings in municipalities such as Carepa and Chigorodó, where socio-emotional tools were implemented and the results were systematically documented. The systematization of this experience revealed patterns of emotional distress that are rarely captured by institutional records: low levels of emotional recognition, the normalization of violence as part of daily life, high indicators of sadness and depression in communities with high exposure to armed conflict, and an active demand for safe spaces to manage emotions.

Likewise, this presence facilitated conversations and assessments with institutional actors, including the ICBF and local institutions, which led to explicit requests from both the community and these entities for a program with the approach and capabilities of "Jugar para Sanar."

The data collection process included identifying the specific needs of particularly vulnerable groups (adolescents experiencing early motherhood, girls in situations of sexual exploitation, and female-headed households with heavy caregiving burdens), whose complex situations go beyond institutional metrics and required attentive listening that was ethically committed to the communities.

How did members of the beneficiary community participate in the search for solutions?

Through a process of inquiry and interviews with the community in towns such as Carepa and Chigorodó, three very important findings were identified. First, there is real demand and perceived value: people want to continue and report positive changes in their daily lives. Second, structural barriers persist—transportation, heavy workloads, and weak institutional coordination—which, if left unaddressed, undermine continuity. Third, there is an asset already present in the

region: community leaders capable of scaling up emotional care practices if they are supported and empowered.

During the implementation of the project “Emotional Health: Antioquia, a Territory of Love and Care,” FAN Foundation organized meetings with community stakeholders in municipalities across Urabá, during which participants shared their experiences, concerns, and aspirations. These sessions were not conducted in the form of a survey but rather as sustained support processes where trust allowed narratives to emerge that are rarely expressed in formal institutional settings. These meetings highlighted the serious emotional impacts related to the resurgence of violence: fear, anxiety, depression, mistrust, and a lack of tools for emotional regulation. Participants articulated their distress, identified their own barriers, and indicated what kind of support they would find useful, meaningful, and sustainable.

In Carepa, for example, community leaders involved in prevention and advocacy strategies incorporated the social-emotional practices they had learned into their own groups and families, and concrete changes were observed in conflict resolution and the adoption of more open forms of communication.

“When we’re doing well, we take care of ourselves, others, and our community,” says Cielo Estrada, a community leader in Carepa, highlighting the collective care that the community itself built through the process. In this sense, community leaders are agents capable of spreading emotional care practices if they are supported and empowered.

This integration of contextual research, up-to-date institutional data, and sustained community engagement is what distinguishes this approach from an intervention imposed from the outside. The model’s design—which combines specialized psychotherapeutic care, social-emotional support in schools and the community, training for local professionals, and coordination with the ICBF and COMFAMA—directly addresses what the communities identified as necessary, useful, and feasible.

To what extent were members of the local community involved in planning the project?

Local community participation occurs primarily through the hiring and training of local staff, who are trained in the JUGAR PARA SANAR model. This strengthens the existing capacity of the Apartadó region and ensures greater project sustainability, as well as better adaptation to cultural contexts. In this way, the community’s knowledge and practices inform the project’s actions, making them much more responsive to and contextualized for the local setting.

Although the JUGAR PARA SANAR model is a specialized initiative of the FAN Foundation, its implementation in the Apartadó region of Antioquia aims to transfer skills to local residents, who will be trained and supported to provide specialized psychotherapeutic care. This approach promotes the project’s sustainability by building local capacity and strengthening the community fabric to protect and care for children and adolescents in the Urabá region of Antioquia.

Project Implementation

Summarize each stage of the project's implementation.

Do not include confidential personal information, such as government identification numbers, religion, race, health information, etc. You are responsible for informing volunteer travelers about the personal information you have provided about them to Rotary and that it will be processed in accordance with Rotary's [privacy policy](#).

#	Activity	Duration
1	Technical preparation: Creating room specifications and adapting the "Play to Heal" guide to the local context.	30 days
2	Specialized training: Process of identifying, selecting, and training staff involved in the implementation of "Playing for Healing"	180 days
3	Infrastructure preparation: identifying a property and negotiating its use to set up the rooms	90 days
4	Facility Setup: Construction, Renovation, and Equipping of the Center's Treatment Rooms	180 days
5	Opening of the center: launch of the care center	210 days
6	Engagement and Mobilization Strategy: Development and implementation of engagement processes related to the center's opening, case referrals, and cooperation agreements	90 days
7	Implementation of the care model: case referral and care at the care center	210 days
8	Measurement and monitoring: an ongoing process to assess the effectiveness and impact of the project's implementation	390 days

Will you work in coordination with other related initiatives currently underway in the community?

Yes

Briefly describe these initiatives and their relationship to the project.

This project will be carried out in coordination with ongoing initiatives in the Urabá region, particularly with the ICBF (Colombian Institute of Family Welfare) and COMFAMA. FAN Foundation already has a solid and well-established track record of working together with these organizations, especially in the areas of restoring rights and strengthening mental health through the JUGAR PARA SANAR model.

Both the ICBF (Colombian Institute of Family Welfare) and COMFAMA (Antioquia Family Compensation Fund) have identified the emotional impacts resulting from violence in Urabá, but they lack sufficient capacity, coverage, staff, and methodology to effectively address these needs. As such, FAN would not replace but rather strengthen and complement the existing institutional services, receiving case referrals directly and implementing the specialized psychotherapeutic care model with proven results.

This collaboration not only increases the impact but also ensures long-term sustainability so that the program can continue operating in the region, engaging local stakeholders who would receive the full transfer of knowledge, along with a commitment from public and private actors to work toward providing emotional support and care for communities with high needs.

Describe the training, education, or community outreach programs that the project will include.

As part of the opening of the care center, activities will be implemented to promote ownership of and raise the profile of the specialized psychotherapeutic care center in collaboration with entities linked to the local care pathway, with a focus on humanized care. These activities include communication and outreach initiatives centered on the protection of children and adolescents, mental health prevention, and the celebration of special occasions, among others. In general, the plan includes five thematic areas around which the communication campaigns will be structured: 1) Care pathways and prevention of sexual violence and other forms of abuse; 2) Sexual and reproductive rights; 3) Prevention of child and adolescent pregnancy; 4) Self-care for emotional and mental health; 5) Play and art as strategies for strengthening parenting skills.

What process was followed to identify needs?

We were able to identify certain needs using two approaches. First, a contextual study was conducted, involving an analysis of official data to understand the state of rights violations in the Urabá region, using the Index of Interrelated Issues (IIP) prioritized by the Children and Families Group of the Health Subdirectorates of the National Planning Department (DNP, 2024) as a reference. This revealed serious levels of violence against children and adolescents, early motherhood and early marriages, child labor, multidimensional poverty, and the impacts of the armed conflict.

Additionally, beyond these revealing data, the experience of FAN Foundation in the project “Emotional Health: Antioquia, a Territory of Love and Care”—implemented in 56 municipalities with support from the Antioquia Governor’s Office and the Antioquia Mental Health Hospital—was key. This intervention allowed for direct contact with communities in the Urabá region of Antioquia, where needs related to the population’s emotional health were identified within a context of high conflict, exacerbated violence, and a lack of institutional mental health care: unfulfilled life cycles, the effects of the normalization of sexual violence, high levels of depression, anxiety, and mistrust, and limited emotional regulation skills. The community recognized that these shortcomings represent an urgent need for care from institutions beyond the scope of the state, which falls short in terms of institutional offerings and capacity. Furthermore, the community’s interest is evident in its desire to continue strengthening capacities and spaces for care.

Through a process of inquiry and interviews with the community in towns such as Carepa and Chigorodó, three very important findings were identified. First, there is real demand and perceived value: people want to continue and report positive changes in their daily lives. Second, structural barriers persist—transportation, heavy workloads, and weak institutional coordination—which, if left unaddressed, undermine continuity. Third, there is an asset already present in the region: community leaders capable of scaling up emotional care practices if they are supported and empowered.

What incentives (e.g., financial compensation, awards, certifications, or publicity) will be used to encourage community members to participate in the project?

The project includes the implementation of a strategy of activities aimed at enhancing the center’s visibility and public profile, so that the community feels a sense of ownership and becomes an integral part of the process of preventing and addressing violence.

Enter the names of the community members or groups that will oversee the project’s activities once the grant-funded activities have been completed.

FAN Foundation, ICBF (Colombian Institute of Family Welfare), Comfama (Antioquia Family Compensation Fund), Sura.

BUDGET

Will you use local suppliers to purchase the equipment and materials included in the budget?

Yes

Explain the process used to select the suppliers.

According to the technical guidelines of the “Jugar para Sanar” model, the design and equipping of the care centers are integral to the model’s intended objectives during implementation.

Therefore, if it is not possible to find reliable suppliers that meet the technical requirements, the suppliers must be the same ones used to build the other care centers in Medellín and the Aburrá Valley; consequently, the budget includes freight and transportation costs to the installation site. A similar situation applies to the provision of materials, tools, and care techniques, which must be obtained in accordance with the model’s guidelines.

Regarding the other expense components included in the budget, a selection process for local suppliers will be implemented in accordance with FAN Foundation’s supplier and procurement policies, taking into account cost-benefit analysis and alignment with the budget line item specified in the technical proposal.

Was a competitive bidding process used to select the suppliers?

Yes

If the project includes the procurement of equipment or materials, provide the operation and maintenance plan. The plan must specify who will be responsible for operating and maintaining the equipment and the training they will receive.

FAN Foundation

Describe how community members will maintain the equipment once the grant activities have concluded. Will replacement parts be available?

This project stipulates that professionals assigned to the FAN Foundation’s infrastructure department are responsible for maintaining the facilities. They would provide appropriate training to the professional in charge of maintenance in the local area.

If grant funds will be used to purchase equipment, will this equipment be appropriate for the community’s cultural context and technological standards?

No

Explain how the project team will help community members adopt this technology.

The project does not include the purchase of equipment that requires cultural adaptation.

Once the project is completed, who will own the items purchased with grant funds? No item may be owned by a Rotary member, club, or district.

They will be owned by the FAN Foundation, which will ensure the operation and sustainability of the service center in the medium term through partnerships built with various stakeholders.

FUNDING

Does your project include microcredit activities?

Do you have a local source of funding to sustain the project's results in the long term?

Yes

Describe this funding source.

Based on the experience of implementing the "Jugar para Sanar" model in Medellín and the Aburrá Valley, we plan to establish partnerships with local municipal governments to fund the care of cases referred to the center. This approach has been followed for more than 15 years of the model's operation in partnership with the municipal governments of Medellín, Envigado, and Rionegro. These partnerships prioritize actions and activities focused on care, as well as on advocacy, prevention, and social mobilization.

Will any aspect of the project generate revenue that will be used to fund the project in the long term? If so, please explain.

The experience of Jugar para Sanar enables the implementation of partnerships and agreements with public entities such as the Colombian Institute of Family Welfare for the referral of cases requiring care that are undergoing an administrative process to restore rights, and which are identified through the activation of case management pathways for cases of violence and sexual abuse. In addition, there is the possibility of securing contracts with health care providers such as EPS Sura and others, which offer opportunities for the referral

specific cases. These two sources of revenue currently contribute to the sustainability of Jugar para Sanar.

Supporting Documents

- 37_-_jugar_para_sanar_video_ingles.mp4
- Comfama_resena.docx
- FAN_Fundación_resena.docx
- ICBF_resena.docx
-

Authorizations

Authorization and Legal Agreements

Legal Agreement

Global Grant Agreement, which must be authorized by the primary contacts and club presidents (or, if the grant is sponsored by a district, by the chairs of the District Rotary Foundation Committee)

This Global Grant Agreement (hereinafter the “Agreement”) is entered into between The Rotary Foundation of Rotary International (TRF) and the grant sponsors (hereinafter “Sponsors”). In consideration of receiving this Global Grant from The Rotary Foundation (hereinafter “Grant”), the Sponsors agree to the following terms:

1. To the best of our knowledge, all information included in the application is true and accurate.
2. We have read the “Terms and Conditions for Rotary Foundation Global Grants” (hereinafter “Terms and Conditions”) and will adhere to all guidelines set forth therein.
3. The Sponsors shall defend, indemnify, and hold harmless Rotary International (RI) and The Rotary Foundation (TRF), including their respective directors, trustees, officers, committees, employees, agents, representatives, and affiliated foundations (collectively referred to as “Rotary”), from any and all claims, including, but not limited to, subrogation claims, lawsuits, legal actions, damages, losses, costs, liabilities, expenses (including reasonable attorneys’ fees and other legal expenses), awards, judgments, and

finances against Rotary or recovered from Rotary, arising out of any act, conduct, omission, negligence, misconduct, or unlawful act (or violation of any applicable government ordinance or regulation) directly or indirectly resulting from a Sponsor's or participant's involvement in grant-funded activities, including all travel related thereto.

4. A failure by either party to comply with the terms of this Agreement due to force majeure, strikes, government regulations, armed conflict, fire, riots, civil unrest, hurricanes, earthquakes, or other natural disasters, acts of public enemies, reduced transportation services, political unrest, civil unrest, outbreaks of infectious diseases or illnesses, acts of terrorism, or for reasons beyond the reasonable control of the parties, shall not be considered a breach of this Agreement. In such a case, this Agreement shall be terminated, and the Sponsors must return to LFR all unspent funds from the overall grant within 30 days of termination.

5. LFR's liability is expressly limited to the payment of the total grant funds. LFR assumes no other liability in connection with this grant.

6. LFR reserves the right to cancel the grant and/or this Agreement without prior notice in the event that either or both Sponsors breach the terms of this Agreement and the Terms and Conditions. Upon cancellation, LFR shall be entitled to receive from the Sponsors a refund of any unspent funds from the global grant, including any accrued interest.

7. All matters relating to this Agreement shall be governed by the laws of the State of Illinois, USA, without regard to conflict of laws principles, including, without limitation, the following: interpretation, drafting, performance, and enforcement.

8. Any legal action brought by either party against the other party arising out of or relating to this Agreement shall be filed either in the Circuit Court of Cook County, State of Illinois, USA, or in the Federal Court for the Northern District of Illinois, USA. Each party consents to the exclusive jurisdiction of these courts, and their respective courts of appeal, for the purposes of such actions. No provision of this Agreement shall prevent the party in whose favor one of the aforementioned courts issues a judgment from seeking enforcement in any other court or tribunal. Without prejudice to the foregoing, LFR may also bring a lawsuit against the Sponsors and/or any person traveling with grant funds in any court having jurisdiction over them.

9. This Agreement binds and inures to the benefit of the parties and their respective officers, legal representatives, and authorized successors and assigns.

10. If any provision of this Agreement is held to be illegal, invalid, or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.

11. The Sponsors may not assign any of their rights under this Agreement except with the prior written consent of LFR. The Sponsors may not delegate any performance under this Agreement without the prior written consent of LFR.

Any attempt by the Sponsors to assign rights or delegate performance without the prior written consent of LFR shall be void.

12. LFR may assign some or all of its rights under this Agreement to a foundation affiliated with LFR. LFR may delegate any aspect of the performance of this Agreement to an affiliated foundation. Any other attempt to assign LFR's rights or delegate performance without the prior written consent of the Sponsors shall be void.

13. The Sponsors shall comply with all economic and trade sanctions, including those implemented by the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury, and shall ensure that they do not support or promote violence, terrorist activities, or training related to such activities, nor money laundering.

14. This Agreement constitutes the entire agreement between the parties. No amendment or waiver of this Agreement shall be effective unless set forth in writing and signed by both Parties.

15. Rotary may use the information included in this application and in subsequent reports for promotional purposes, such as in Rotary magazine, the Rotary Leader publication, the rotary.org website, and on social media. For each and every photograph submitted with the Grant application or reports, the Sponsor grants Rotary an irrevocable, perpetual, worldwide license and rights to use, modify, adapt, publish, and distribute such photographs in any medium, whether now known or hereafter invented, including, but not limited to, Rotary's publications, advertisements, websites, and social media channels. The Sponsor represents and warrants that a) all adults appearing in the photograph(s) have granted the Sponsor written consent to be photographed and to use their likeness, including the granting of licenses to third parties for the use of the photograph(s), b) the parents or legal guardians of all persons under the age of 18, or of all persons lacking legal capacity, have granted the Sponsor written consent to have them photographed and to use their likeness, including the granting of licenses to third parties for the use of the photograph(s), and c) the Sponsor owns the copyright in the photograph(s), or the copyright owner of the photograph(s) has granted the Sponsor the right to license or sublicense the photograph(s) to Rotary.

16. Privacy is important to Rotary, and the personal data that the Sponsor shares with Rotary will be used only for official purposes. To minimize the use of personal data, the Sponsor will provide LFR only with the personal data of those Grant recipients that LFR specifically requests. Personal data shared with LFR will be used to facilitate the Sponsor's participation in this Grant process, to enhance the Sponsor's experience with the Grant, and for reporting purposes. Personal data shared with LFR may be transferred to Rotary service providers, such as affiliated entities, to assist Rotary in planning Grant-related activities. When applying for a Grant, the Sponsor may receive information about the Grant and other supplemental services via email. For more information about Rotary's use of personal data, please contact privacy@rotary.org. Personal data provided to LFR or collected on this form is subject to [Rotary's Privacy Policy](#).

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18. Sponsors will ensure that all individuals traveling at the expense of grant funds are informed of the travel policies included in the Terms and Conditions, and that they are responsible for obtaining their own travel insurance.

19. To the best of our knowledge, all relationships between grant committee members, district officers, and other members of the sponsoring clubs or districts and any grant recipient, partner organization, project vendors, or other individuals or organizations that will benefit from the grant have been disclosed in this application. Except as indicated herein, neither we nor any person with whom we have or have had a personal or business relationship will benefit or intend to benefit from The Rotary Foundation grant funds, nor do we have any interest that could constitute a potential conflict of interest. A conflict of interest arises when someone is in a position to make or influence a decision regarding a grant or scholarship that could benefit them, their family, their company, or an entity in which they hold a paid or volunteer leadership or advisory role.

Authorization by the Primary Contact

Global Grant Agreement, which must be authorized by the primary contacts and club presidents (or, if the grant is sponsored by a district, by the chairs of the District Rotary Foundation Committee)

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participation of a Sponsor or a participant in grant-funded activities, including all travel related thereto.

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Authorization by the Chair of the District Rotary Foundation Committee

I hereby certify that this Global Grant application is complete, complies with all guidelines established by The Rotary Foundation, is eligible for funding, and that the sponsoring club and/or district is certified.

SUMMARY OF AUTHORIZATIONS AND LEGAL AGREEMENTS

Authorization by the Primary Contact

Name	Club	District	Status
Oscar Morales Velez	Medellín Bolivariana [Rotary Club]	4271	
Joshua Landis	Pomona [Rotary Club]	5300	

Authorization from the Chair of the District Rotary Foundation Committee

Name	Club	District	Status
Harold Bonilla Granadillo	Fonseca [Rotary Club]	4271	
Michael Soden	Green Valley (Henderson) [Rotary Club]	5300	

Authorization to Use the FDD

Name	Club	District	Status
Michael Soden	Green Valley (Henderson) [Rotary Club]	5300	
Gilda Moshir	San Marino [Rotary Club]	5300	

Legal Agreement

Name	Club	District	Status
Monique Alba	Autoloader - No Parent Match []	The Rotary Foundation	
Gloria Morales Velez	Medellín Bolivariana [Rotary Club]	4271	