Global Eye Care, Inc.

Proposal to The XYZ Foundation

Blindness Prevention and Treatment for Children in Developing Nations
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The XYZ Foundation
For
Blindness Prevention and Treatment
for Children in Developing Nations

Summary
Global Eye Care, Inc. requests a grant in the amount of $40,000 for each of three years to help prevent and reverse blindness in children in Namibia and Honduras—sites for its permanent eye clinics. Since 1998, Global Eye Care has brought teams of volunteer ophthalmologists and eye care professionals to two continents. In just two years, the organization has restored vision to over 1,800 people on two continents and reached over 2,000 young people with its cataract and blindness prevention campaigns.

Specifically, grant funds will be used 1) to provide education and awareness materials, 2) to add equipment for pediatric surgeries in the eye clinics and 3) to help support two, in-country Program Coordinators who will expand Global Eye Care’s Children’s Program in these countries. Global Eye Care has commitments for $1,017,600 in donated services, medicine and surgical supplies and corrective lenses.

I. ABOUT GLOBAL EYE CARE, INC.

Purpose
Global Eye Care, Inc. is a nonprofit organization whose goal is to establish permanent, self-sufficient and modern eye care centers in developing countries. To accomplish this goal, Global Eye Care receives donations of equipment and supplies from over a dozen companies and organizations. In addition, an international pool of over three hundred volunteer eye surgeons and professionals conduct eye camps and provide ongoing support and training to the countries’ ophthalmologists and other eye care professionals.

History and Background
Dr. Ifeoma Ezekwo, a U.S. physician, founded Global Eye Care, Inc. in 1998; She is double board-certified in both ophthalmology and internal medicine, with a private practice in New York City. She received her specialty training from the College of Physicians and Surgeons of Columbia University. Having successfully run a fully equipped, state-of-the-art office in an under-served area of New York City since 1983, she has a unique understanding of eye care delivery to the needy. Over the years, she discovered that the poor truly appreciate and will seek good care if it is available to them,

Dr. Ezekwo researched the effect of poor eye care in developing countries for three years. The results of the research were compelling. Environmental, economic and nutritional conditions in developing countries contribute to vision problems and eye diseases. There is just one ophthalmologist for every one million people in most developing countries, as compared to one ophthalmologist for every 10,000 people in the United States. Complicating matters is the fact that the available doctors in the developing countries are operating in facilities that are under-equipped and using out-of-date techniques. In these countries, there are thousands of people on waiting lists for eye surgeries. The backlog has increased over the last decade as scarce resources have been diverted to address the AIDS epidemic, particularly in African nations.

With these circumstances in mind, Dr. Ezekwo, Founder and President of Global Eye Care, decided to spearhead a change in the way people of developing countries receive eye care.

**Global Eye Care is already making a difference**

Since its founding in 1998, Global Eye Care has conducted four eye camps on two continents and established a permanent eye clinic in Namibia. Three eye camps were held in Namibia and one in Peru. In Namibia, a team of 15 volunteer surgeons performed over 600 eye surgeries for cataracts, glaucoma and muscle problems. In Peru, 4 volunteer ophthalmologists performed 127 eye surgeries. During the camps the team of doctors also saw over 60 difficult cases on consultation. The Cataract and Blindness Prevention programs reached over 2,000 people. Children are the primary focus for the prevention programs.

In keeping with the commitment to strengthening local capacity, while at the eye camps, the volunteer ophthalmologists also trained over three dozen local ophthalmologists and technicians. With the help of this training and donated medicine and supplies, local eye care professionals have performed an additional 1,100 surgeries. 100% of the volunteer ophthalmologists have made a commitment to volunteer for the eye camps scheduled for 2002.
In 2002 there are plans for camps in Africa (Namibia), Central America (Guatemala, Honduras), South America (Peru) and Asia (China).

In 2002, awareness and educational programs to prevent blindness from glaucoma and diabetes among minorities, disadvantaged and the uninsured in U.S. will begin in the New York metropolitan area.

Support from multiple sources
Supplies and surgical equipment, prescription eyeglasses, sunglasses, sun visors and vitamins are donated on an ongoing basis through Gifts-In-Kind International, Alcon, Interfaith Medical Assistance, Dioptics Medical Products and NAEIR. The in-kind value of these donations is over $280,000. Global Eye Care has also received two multi-year grants from two small foundations for partial start-up support. Over 300 additional ophthalmologists have registered to volunteer with Global Eye Care through the American Academy of Ophthalmology International Volunteer Registry.

Currently, Global Eye Care is supported by five supply and six pharmaceutical companies who donate surgical supplies and medication before each planned trip to the developing countries. Current supporters include Alcon, Allergan, Bausch and Lomb, Ethicon, and Becton-Dickenson-Visitec. Annual commitments from these companies are valued at $500,000. Additionally, the organization receives educational materials from Interfaith Medical Assistance and help from Gifts-In-Kind International and MAP International.

Collaboration and outreach
Global Eye Care participates in the American Academy of Ophthalmology’s (AAO) International Ophthalmology Volunteer Registry, which matches nonprofit organizations like Global Eye Care to volunteer ophthalmologists, nurses, and technicians. AAO also makes donations of books, videotapes, and other educational materials, which Global Eye Care uses to teach local ophthalmologists in developing countries. Global Eye Care exhibits at the AAO annual conference/meeting every year in order to raise awareness and recruit volunteer ophthalmologists dedicated to teaching and performing eye surgeries in developing countries. During the conference, Global Eye Care representatives also meet and network with others in the eye care industry that help in charity work.

At all times, Global Eye Care works closely with local officials and hospital personnel to develop “in-country” relationships to ensure that customs and import regulations are followed and met, enabling supplies to reach their destinations intact and in a timely manner.

Global Eye Care is committed to the implementation of sustained programs on the ground with the aggressive goal of achieving self-sufficient eye care centers and
continuing to provide a steady stream of volunteer ophthalmologists and other eye care professionals in those developing countries where the commitment of local officials fits with Global Eye Care’s mission.

II. PROBLEMS & NEEDS ADDRESSED BY GLOBAL EYE CARE, INC.

Childhood blindness: treatable and preventable

The World Health Organization estimates that approximately 1.5 million children are blind worldwide. Because reporting is often inconsistent and incomplete, these figures are conservative.

Blindness in children, in order of frequency, is caused by five primary factors:

1. Malnutrition and Vitamin A deficiency
2. Childhood and other diseases such as measles and trachoma.
3. Disorders that occur at the time of birth and the first four weeks of life
4. Maternal exposure to rubella during pregnancy
5. Genetic causes

Eye diseases affecting children fall into three categories:

A. Preventable disease and conditions (trachoma, river blindness, malnutrition, vitamin A deficiency),
B. Treatable diseases (cataracts, glaucoma, pterigium), and
C. Vision problems (myopia, astigmatism, muscle problems, injuries), and

A. Preventable
1. Vitamin A deficiency results in a form of blindness that is alleviated when proper levels of the nutrient are restored. The blinding form of Vitamin A deficiency most often occurs between one and three years of age. Over half of the children will die within a year of going blind.

2. Malnutrition also causes blindness in older pre-school children, especially when protein-energy malnutrition is accompanied by Vitamin A deficiency.

3. Blindness is also caused by preventable diseases such as trachoma (a chronic bacterial infection transmitted by houseflies) and river blindness. Trachoma and river blindness are reversible with proper medication.

- Approximately 1.5 million children are blind worldwide, mainly in Africa and Asia.
- 500,000 go blind each year from a deficiency of vitamin A. Over half of those will die within a year of going blind.

Source: World Health Organization
B. Treatable
1. Congenital glaucoma also affects thousands of children. If children are not diagnosed at birth and treated with surgery and topical medication, result is permanent blindness. Another common, treatable disease is pterigium, a growth on the eye caused by excessive sun and wind.

2. Children are also affected by congenital cataracts, which are easily treatable with surgery.

C. Vision Problems
1. Vision problems, including myopia (nearsightedness), hyperopia (farsightedness), astigmatism (irregular structure of the cornea), and aphakia (absence of the lens due to surgical removal, perforating wound or ulcer or congenital anomaly) can be treated with glasses and contact lenses. And, unfortunately, even something as simple as glasses and contact lenses are not affordable to most children in developing countries.

2. Complicating factors include the use of health practices that are either ineffective (wearing special charms) or harmful (putting goat urine in the eyes.)

Muscle Problems—A Social Stigma
Children with muscle problems (“lazy eye” or “crossed-eyes”) face additional hardships. Although the problem is easily corrected with surgery, children—especially girls and young women—are ostracized. Girls and young women with this condition are considered to have “the evil eye” (when one or both eyes go inward) or “4 o’clock eye” (when the eye looks out). In Africa, both conditions are thought to bring bad luck—but the “evil eye” brings worse luck. Consequently, the girls are not chosen as wives and remain unmarried.

Limited access to vision care in developing countries

The ratio of ophthalmologists to population in developing countries is 1:1 million. In the US it is 1:10,000.

--American Academy of Ophthalmology

In the United States, vision care centers with state-of-the-art technology are easily accessible. Even the very poor have easy access to competent care through government programs such as Medicaid.
By contrast, millions of people around the world need vision care – but have little access to it. In most developing countries, the ratio of ophthalmologists to people is 1:1,000,000, with one ophthalmologist for every 18,000 square miles (an area roughly the size of New Jersey and Massachusetts combined) as compared to one for every 330 square miles in the United States. In the U.S., the ratio of ophthalmologists to people is 1:10,000.

Furthermore, eye care is restricted to only the largest communities. For the poor in most countries in Africa, South and Central America and Asia, receiving care requires long journeys from remote rural areas. Travel with children under these conditions is particularly difficult due to the distances, roads and heat. Even when medical clinics are available, adults will often travel without the children because of the risks.

The few existing eye clinics are decades out of date, ill-equipped and manned by ophthalmologists who have learned to make do. At best, people who need eye care find themselves on waiting lists, faced with many years of blindness from problems that are routinely cleared up in a manner of days in the United States.

**Surgery for children: high risk**

Prevention of blindness in children is so important, in part, because the risks of surgery are so high. Almost no facilities providing eye care have the needed equipment or trained professionals for pediatric surgeries. Although adults undergo most eye surgeries with local anesthesia, children require the services of an anesthesiologist trained in pediatrics that can administer general anesthesia and utilize specialized monitoring equipment (e.g. heart monitor). As a consequence, pediatric surgeries can only be performed where Global Eye Care has permanent eye clinics with the required equipment.

**III. OBJECTIVES**

In areas where Global Eye Care supports clinics, are as follows:

**A. Objectives for children**

1. On an annual basis, Global Eye Care will reduce the backlog of cataract, glaucoma and muscle surgeries by performing 500 surgeries on children through the use of volunteer surgeons. (300 in Namibia; 200 in Honduras)

2. Medication will be provided for a minimum of 6,000 children (3,000 per country) with glaucoma, trachoma, and river blindness to curtail or reverse the effects of these diseases.

3. Information will be distributed through churches, schools, and village chiefs to educate the local populations so that they will understand the need to seek eye
care at the earliest stages of a disease, rather than waiting until their diseases are advanced, thereby requiring expensive intervention.

4. Global Eye Care will distribute 20,000 units of vitamin A (10,000 units per country) to allow children to develop normally and prevent blindness from malnutrition and vitamin A deficiency.

5. Multivitamins will be distributed to 20,000 children (10,000 units per country) for prevention of cataracts.

6. Global Eye Care will provide a minimum of 3,000 pairs of corrective lenses and 10,000 pairs of sunglasses and sun visors for children to correct vision and to reduce sun damage to eyes.

B. Staff and Volunteer Objectives

1. Increase the knowledge about childhood blindness and increase skill levels of local ophthalmologists and other eye care professionals in areas where Global Eye Care operates eye camps and establishes permanent clinics.

2. Establish long-term, ongoing relationships between local health care workers and midwives for the purpose of improving early diagnosis and continuing education/training and support.

3. Global Eye Care will document cases, lessons learned, testimonials (video) and provide biannual reports of comprehensive data on the success of treatment and outcome for use in future planning.

IV. METHODS

To achieve its objectives, Global Eye Care utilizes the following methods, which are described in detail below:

A. Establishing Permanent Eye Clinics with Pediatric Facilities
B. Pediatric Eye Clinics for Children
C. Cataract and Blindness Prevention Campaigns
D. Training of Health Care Workers and Midwives
E. Staffing

A. Establishing Permanent Eye Clinics with Pediatric Facilities

Access to Modern Facilities

During Global Eye Care’s first five years of operation, permanent eye clinics will be strategically located in four under-served regions of the world (e.g. Central America – Guatemala/Honduras; South America - Peru; Africa - Namibia; Asia - China ). From
these bases, additional clinics will be added until all countries with deficient eye care in that continent are reached.

Clinics will be established in conjunction with established local hospitals with an existing infrastructure, staff and space that can be converted into a modern eye care facility. If an eye clinic currently exists, the facilities and equipment will be brought up to standards currently in use in developed countries.

**Equipment**

Clinics will consist of two examining lanes of ophthalmic equipment with accessory equipment such as visual field (for testing), angiogram, an optical shoppe, a waiting area, and an adjoining area for dispensing eye drops. Pediatric facilities, including an area for screening will be included. There will also be a two-room operating suite and recovery room fully functional with operating microscope, instruments, and monitors. Supplies for surgery to handle case volumes will be on hand. One argon laser and one diode laser will be provided to treat retinal and glaucoma diseases. One YAG laser will be used to treat blurring of vision following cataract surgery.

**B. Pediatric Eye Clinics for Children**

Patient eye care is provided via screening, surgeries, treatment and consultation and education/prevention activities with parents and children.

**Surgeries**

The following surgeries are performed at eye camps and subsequently at permanent clinics where they are established (in order of frequency):

- Cross-eye surgery for children
- Surgery for ptosis (droopy eye lid)
- Lid surgeries associated with traumatic reconstructive surgery
- Cataract surgery with lens implants using modern techniques of small incision extra-capsular extraction and phacoemulsification (modern methods used by surgeons in developed countries)
- Surgery for late-stage trachoma (chronic bacterial infection of eye transmitted by houseflies)
- Cataract surgery with lens implants using modern techniques of small incision extra-capsular extraction and phacoemulsification (modern methods used by surgeons in developed countries)
- Glaucoma surgery
- Retinal detachment surgery for retinopathy of prematurity and trauma.
- Pterigium surgery with grafts (growth on the eye caused by excessive sun and wind; grafts to prevent immediate return of growth)
Treatment

Global Eye Care volunteers provide the following treatment and services:

- Providing screening eye exams for children to detect treatable and preventable eye diseases for early intervention.
- Distribution of donated medication and multivitamins for treatment of infectious diseases like trachoma and river blindness and blinding diseases such as glaucoma, vitamin A deficiency and malnutrition.
- Distribution of pre-operative medications, anesthetics and post-operative medications.
- Distribution of refurbished donated prescription eyeglasses and sunglasses to children with vision problems who cannot afford glasses.

C. Cataract and Blindness Prevention Campaigns

Education and prevention efforts are an integral part of Global Eye Care’s strategy. A Cataract and Blindness Prevention Campaign is initiated as a part of every eye clinic. The Global Eye Care team works with local nurses to mobilize the campaign. Pamphlets and posters that promote awareness of the importance of eye care and blinding conditions are disseminated. Information is also communicated through church and village leaders and volunteer workers. Word spreads quickly throughout each country. Hundreds, and sometimes thousands of people assemble in public gathering places to receive donated sun visors, hats, sunglasses and multivitamins. Education sessions in the local language are conducted. Based on the experience in these settings, crowd control measures are a critical part of the planning process once the team arrives in a country.

Radio is also used as an adjunct method of spreading information to remote areas – through public service announcements and, where warranted, paid advertising. Information is provided in local languages as well as in English, French and Spanish.

D. Training of Health Care Workers and Midwives

In developing countries, remote areas are served by nurses and midwives who travel to villages to provide health care and screenings. These workers are affiliated with regional hospitals and health care centers. Knowledge about eye diseases and conditions is critical in order to prevent blindness, particularly in children. With training, nurses and midwives can screen and provide early diagnosis. Part of Global Eye Care’s educational program focuses on these practitioners. Training sessions and educational materials are
provided during eye camps and throughout the year at permanent clinics. Focus areas for training include:

- Recognition and treatment of maternal infection.
- Immediate neonatal care practices (cleansing lid margins and application of prophylactic medication.)
- Monitoring of oxygen therapy
- Increase maternal Vitamin A supply
- Encouraging breast feeding
- Prevent and control childhood diseases and infections
- Measles immunization
- Health education, community awareness about harmful eye practices
- Improved community hygiene—regular face washing.

E. Staffing

Volunteers
A pool of over 300 ophthalmologists, nurses and technicians have committed to donate a minimum of two weeks of time to participate in eye clinics. Some volunteers are also willing to go for extended visits where permanent eye clinics are in place. Volunteers also pay for their own travel to the eye camp mission. Housing and meals are provided by the in-country hospitals and governmental officials.

Program Coordinators (2—In-country)

Global Eye Care will hire two program coordinators (one based in Namibia, one based in Honduras) in order to provide local communication, training and outreach for the children’s program. Coordinators will be responsible for implementing the specialized requirements for pediatric surgeries, disseminating educational materials, working with local health care workers and midwives, and arranging logistics for screenings and eye camps. The Coordinator in each country will also be a liaison between in-country officials and Global Eye Care.

Other Global Eye Care staff based in New York includes:

President/CEO: Responsible for overall leadership and management of Global Eye Care, Inc. Develops initial contacts with ophthalmologists and other volunteers. Communicates with ophthalmologists as needed. Plans and oversees eye camps and permanent clinic operations. Performs surgeries and consultations during eye camps. Serves as spokesperson for Global Eye Care and as liaison to medical and pharmaceutical companies, the American Academy of Ophthalmologists, and charitable organizations.

Chief Operations/Financial Officer: Responsible for organizational planning and financial operations. Prepares and manages budgets, financial reporting and collection of
evaluation information. Manages grant requirements and oversees fundraising planning. Attends eye camps and provides operational and logistical support.

**Volunteer & Resource Coordinator:** Responsible for day-to-day communications and scheduling of volunteers. Coordinates shipping of donated medical, surgical and other supplies. Develops support materials for volunteers to prepare for in-country visits. Liaison with in-country contacts to arrange for volunteers’ housing.

**Education Program Coordinator:** Responsible for development of communications program, including Global Vision newsletter, the website, Cataract and Blindness Prevention Program materials, and in-country support for eye camps. Arranges for translators and translation of written materials. Works with Development Coordinator (consultant) to support grant development and fundraising efforts. Develops New York City contacts for U.S. Cataract and Blindness Prevention Program implementation.

**Administrative Assistant:** Provides administrative and clerical support for staff and volunteers. Assists with preparations for eye camps, including shipping arrangements, packing, and customs regulations. Manages email, correspondence, fax and telephone communications.

**Consultants**

- **Website consultant/webmaster:** Responsible for design and maintenance of Global Eye Care’s website, including keeping program information updated and the newsletter current. Also responsible for coordination of technical environment, including keeping the organization visible on various search engines.

- **Communications consultant:** Responsible for design and production of Global Eye Care’s quarterly newsletter, Global Visions, and all other communications materials such as brochures and annual reports. Coordinates with Website consultant to make print materials available electronically. Coordinates with Program Coordinator for production of materials in native languages.

- **Development coordinator:** Responsible for research on funding sources, preparation of grant proposals and execution of all fundraising activities, including development of the membership program (corporate & individual), special events, annual fund, endowment and direct mail.
V. EVALUATION PLAN
Evaluation of the program will be done initially by Global Eye Care staff based on data collected routinely during clinic operations. Beginning in 20xx, a formal, external evaluation study will be planned for implementation in 20xx. The following information is currently being gathered for use in program evaluation and reporting activities:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data To Be Collected</th>
<th>Data Collection Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce backlog of surgeries</td>
<td># of surgeries performed</td>
<td>Clinic/Hospital records</td>
</tr>
<tr>
<td></td>
<td># on waiting lists</td>
<td>Ministry of health records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eye camp patient schedules</td>
</tr>
<tr>
<td>Increase number of surgeries performed by local physicians</td>
<td># of surgeries by local physicians</td>
<td>Clinic records</td>
</tr>
<tr>
<td>Reverse blindness</td>
<td># of children who recover sight</td>
<td>Patient records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pre- and post-operative vision</td>
</tr>
<tr>
<td>Administer medication and vitamins</td>
<td>Medicine/vitamin supplements distributed</td>
<td>Inventory records</td>
</tr>
<tr>
<td>Increased knowledge about possibility of prevention</td>
<td># of children seeking treatment at early stages</td>
<td>Clinic records</td>
</tr>
<tr>
<td></td>
<td># of children who reduce risk of exposure to sun</td>
<td></td>
</tr>
<tr>
<td>Improved vision</td>
<td># of children wearing corrective lenses</td>
<td>Vision testing</td>
</tr>
<tr>
<td>Establish permanent eye clinics with pediatric facilities</td>
<td># of eye clinic facilities hospitals renovated and equipped.</td>
<td>In-country reports</td>
</tr>
<tr>
<td></td>
<td>Costs</td>
<td>Financial reports</td>
</tr>
<tr>
<td></td>
<td>Clinic standards</td>
<td>Review of equipment inventory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Donation records</td>
</tr>
<tr>
<td>Increased awareness and involvement of local governments</td>
<td># of government officials engaged in dialogue and planning</td>
<td>Correspondence</td>
</tr>
<tr>
<td></td>
<td>local resource commitments e.g. housing</td>
<td>Review of news media</td>
</tr>
<tr>
<td>Participation of volunteer eye care professionals, including return visits</td>
<td># of volunteers</td>
<td>Clinic records and reports</td>
</tr>
<tr>
<td></td>
<td># of volunteers who participate in repeat visits</td>
<td>Correspondence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Volunteer satisfaction surveys</td>
</tr>
<tr>
<td>Increase knowledge/skills of local eye care professionals, health care workers and midwives</td>
<td># of local ophthalmologists, nurses, and technicians trained</td>
<td>Feedback/assessment by Global Eye Care’s</td>
</tr>
<tr>
<td></td>
<td>Skill levels of physicians, nurses, technicians, health care workers, midwives</td>
<td>CEO/Ophthalmologist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Records from regional hospitals and health care centers.</td>
</tr>
</tbody>
</table>
## VI. Budget

<table>
<thead>
<tr>
<th>Category</th>
<th>Requested</th>
<th>Donated</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Personnel</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Salaries &amp; Wages</td>
<td></td>
<td></td>
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<tr>
<td>2 In-Country Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinators @ $10,000 each</td>
<td>$20,000</td>
<td>$20,000</td>
<td></td>
</tr>
<tr>
<td>B. Fringe Benefits</td>
<td>$5,000</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>C. Consultants &amp; Volunteers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Consultants</td>
<td></td>
<td></td>
<td>$60,000</td>
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<tr>
<td>(Web, Communications, Development)</td>
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<tr>
<td>2. Volunteers @ $1,000 per surgery</td>
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<td>$500,000</td>
<td>$560,000</td>
</tr>
<tr>
<td><strong>Total Personnel</strong></td>
<td>$85,000</td>
<td>$500,000</td>
<td>$585,000</td>
</tr>
<tr>
<td><strong>II. Non-Personnel</strong></td>
<td></td>
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<td></td>
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<tr>
<td>A. Space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. In-country within hospital</td>
<td></td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>B. Equipment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(Pediatric ophthalmic lane, automatic kerameter, automatic refractor, tonometer, strabismus exam) kit</td>
<td>$35,650</td>
<td>$35,650</td>
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<tr>
<td>C. Supplies</td>
<td>$25,160</td>
<td>$475,600</td>
<td>$500,760</td>
</tr>
<tr>
<td><strong>D. Travel</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Staff travel to clinics</td>
<td></td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>2. 20 Volunteers travel expenses @$1,500 each. (Volunteers pay their own way)</td>
<td></td>
<td>$42,000</td>
<td>$54,000</td>
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<tr>
<td>E. Other Costs</td>
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<td></td>
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</tr>
<tr>
<td>1. Shipping</td>
<td>$4,000</td>
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<td>$4,000</td>
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<tr>
<td>2. Printing (brochures, educational materials, publicity)</td>
<td>$14,000</td>
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<tr>
<td>3. Postage</td>
<td>$2,000</td>
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<td>$20,000</td>
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<tr>
<td><strong>Total Non-Personnel</strong></td>
<td>$92,810</td>
<td>$517,600</td>
<td>$610,410</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td>$177,810</td>
<td>$1,017,600</td>
<td>$1,195,410</td>
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