

扶輪傳愛~優化嘉義濱海偏鄉五官科醫療設備計畫

壹、現況：

嘉義縣自 106 年起蟬聯人口老化最嚴重縣市榜首，根據內政部統計資料，截至 112 年 12 月底，臺灣整體老化指數為 154，嘉義縣為 263，遠高於全國老化指數 71%。全台最老縣市嘉義縣，老年人口比率占 22.36%冠居全國，老化及慢性病，促使當地民眾對醫療需求相對增加。

在眼科方面，糖尿病有很高的視網膜病變風險，尤其年長者糖尿病視網膜病變、黃斑部病變、糖尿病等眼睛病變，初期症狀多不明顯，等發覺視力出問題，眼睛已經嚴重受損，糖尿病雖是慢性病，但它對眼睛症狀的影響並非也呈緩慢進行，有時病狀的改變會急速進行，故定期檢查眼睛，是養眼護眼第一步。而嘉義縣 18 鄉鎮僅 5 鄉鎮有眼科，其中診所 11 家及 3 家醫院設有眼科，醫療資源缺乏加上交通不便，看眼科成為很多鄉親的困擾，甚至錯過治療黃金期。因此每年至少要接受 1 次眼底鏡檢查，透過早期檢查早期治療，可減少 50% 失明機率。隨著科技的進步，精密儀器設備經常可彌補專業人力的不足，藉由高效能儀器提早發現眼睛的病變。

另外，在牙科方面，口腔健康是衡量個人整體健康福祉和生活品質的關鍵指標，依據衛生福利部調查 50 歲到 64 歲民眾常有牙周病問題，尤其年長者口腔組織老化、牙齒磨耗、牙周病惡化等問題逐漸衍生，影響咀嚼及吞嚥功能，不僅易導致營養攝取不良，還可能增加罹患慢性病的風險，且缺漏牙亦會影響自我認同及人際社交關係，對長者健康和生命造成嚴重威脅。

111 年嘉義縣僅 98 位牙醫師，每萬人口 2.01 位醫師，平均每位牙醫師需服務 4,975 位居民，相較嘉義市 238 位牙醫師平均服務 1,105 位居民，高於 4.5 倍。此外嘉義縣面積幅員遼闊，偏鄉多為農、漁、牧業地區，城鄉發展差距明顯，醫療資源尤甚，近年人口外流日愈趨嚴重，留鄉居民多為老弱婦孺、外籍配偶或移工，受地理環境、農忙時節和教育知識水準等影響，口腔衛生保健較不受居民重視。目前嘉義縣牙醫師公會定期巡迴於東石衛生所，衛生所內的牙科 X 光設備已老舊且經常故障、急需汰換。

惟購置全新眼科 AI 高效能儀器及現代化牙科 X 光設備費用昂貴，東石衛生所方自籌經費困難，希望連結國際扶輪資源協助捐贈，以提升該所眼科、牙科診療設備與服務，並透過健保署及嘉義縣衛生局等機構醫事人力協助，能夠讓偏鄉地區民眾在眼科、牙科均能及時獲得適當的診療及照護，強化偏鄉的健康照護體系，邁向健康平權的目標。

貳、目的：

眼科：

- 一、優化偏鄉醫療服務品質：透過東石衛生所醫療人員以 AI 眼底高效能儀器協助視力檢查，不僅輔助判讀檢查結果，且免使用散瞳劑，有效縮短檢查時間以及受檢者不舒服的感覺。
- 二、降低病變失明風險：每年至少要接受 1 次眼底鏡檢查，透過早期檢查早期治療，降低糖尿病友視網膜病變等併發症，並減少 50% 失明機率。

牙科：

- 一、提升偏鄉醫療服務可近性：設備汰換後，牙醫師公會派牙醫師巡迴駐診服務，提供口腔疾病、根管治療、齲齒、塗氟、白齒窩溝封填、乳牙保健、口腔篩檢、篩檢異常個案轉診、假牙裝置、牙周病統合檢查等項目，當地民眾可就近診治，免除舟車勞頓之苦。
- 二、強化偏鄉的健康照護體系：當地民眾安心接受專業牙科診療，不僅讓民眾從「齒」健康，逐步邁向健康平權的目標。

參、篩檢需求：

- 一、眼底檢查：主要是視網膜、黃斑部及視神經部分，如糖尿病患者體內長期處於高血糖的環境，容易損傷視網膜血管內皮，引起一系列眼底病變，需依賴眼底鏡檢查，達到早期發現。
- 二、眼壓計檢查：主要是檢測青光眼，青光眼是一種神經病變，大多是因為眼壓高成視神經病變及典型的視野缺損，到了晚期更是造成視神經萎縮而導致失明，故檢測是為避免惡化甚至到全盲。
- 三、牙科 X 光(根尖 X 光機、數位讀取機、X 光室)檢查：提供牙醫師高解析度的影像，清晰地顯示牙齒、牙齦和其他口腔組織的影像、記錄治療前後的口腔狀況，幫助牙醫師更清楚地觀察患者的口腔狀況及追蹤療程效果，以便做出更準確的診斷和治療。

肆、設備儀器需求：

優化嘉義縣東石鄉五官科醫療設備計畫 設備儀器需求及經費預估				
項次	項目	說明	金額 (USD)	換算台幣(1:30)
1	Centervue Drsplus 彩色眼底掃描儀(含電動桌)	眼底檢查：視網膜、黃斑部及視神經部分	23,800	714,000
2	Canon TX-20p 全自動眼壓計(含電動桌)	眼壓計檢查：主要是檢測青光眼	15,200	456,000
3	牙科 X 光設備 (含跟尖 X 光機 1、數位讀取機、X 光室等)	當地民眾就近接受專業牙科診療	16,000	480,000
4	稅(5%)		2,750	82,500
5	雜費(4%)		2,250	67,500
		計畫預算總金額(美金)：	60,000	1,800,000

伍、預期效益：

一. 實現送醫療到偏鄉：

- (一) 提升該所眼科、牙科診療設備與服務。
- (二) 讓偏鄉地區民眾在眼科、牙科均能及時獲得適當的診療及照護。
- (三) 強化偏鄉的健康照護體系，提供便捷的醫療服務，改善偏鄉居民就醫不便的問題。

二. 加強眼科疾病管理：

- (一) 透過早期檢查早期治療，降低年長者糖尿病視網膜病變、黃斑部病變等眼睛病變，並減少 50% 失明機率。
- (二) 藉由高效能儀器提早發現眼睛的病變。
- (三) 每年使用免散瞳眼底鏡及眼壓檢測技術進行約 8,000 人的篩檢。

三. 提升口腔保健服務：

- (一) 優化偏鄉醫療設備及診療環境，提升口腔保健醫療的可用性和安全性。
- (二) 減緩年長者牙齒磨耗、牙周病惡化等問題，避免影響咀嚼及吞嚥功能，導致營養攝取不良及增加罹患慢性病的風險。
- (三) 建設牙科保健安全網，吸引更多牙醫師投入偏鄉巡迴醫療，確保居民享有口腔衛生保健的權益。

四. 推廣正確保健觀念：鼓勵定期檢查，推動預防重於治療，早期發現並治療疾

病，減少未來醫療資源消耗。

五. 結合長照資源：打造社區保健服務據點，提供高齡人口友善資源，縮小城鄉醫療差距，提升偏鄉居民健康水平。



圖 1-4: 桃園儷德扶輪社徐雅菁社長邀請友社、健保署南區業務組林純美組長及嘉義縣政府衛生局人員等於 113 年 5 月 21 日拜會嘉義縣東石鄉衛生所蔡怡瑩代理主任，研商汰換全新眼科 AI 高效能儀器及牙科 X 光等設備事宜

東石鄉衛生所附設牙醫醫療站



圖 5、6: 嘉義縣東石鄉衛生所設備老舊不便使用 急需汰換

Centervue Drsplus 彩色眼底掃描儀



Canon TX-20p 全自動眼壓計



牙科根尖 X 光機(座椅式)



數位口內影像讀取機

圖 7、計畫所需設備儀器(圖示)



COOPERATING ORGANIZATION MEMORANDUM OF UNDERSTANDING

An agreement between

[D3502 Rotary Club Of Taoyuan Li-Te ,Taoyuan City ,Taiwan], “Host Sponsor,”
[3502 地區桃園儷德扶輪社] [地主贊助國]

[D3590 Rotary Club of Tongyoung-Hanryeo,Korea], “International Sponsor,”
[3590 地區韓國 Tongyoung-Hanryeo 扶輪社] [國際贊助者]

[National Health Insurance Administration-Southern Division ,Ministry of Health and Welfare ,Taiwan],
“Organization 1”
[衛生福利部中央健康保險署南區業務組,臺灣] [組織 1]

[Chiayi County Dental Association ,Taiwan], “Organization 2,”
[嘉義縣牙醫師公會,嘉義縣,臺灣] [組織 2]

[Chiayi County Health Bureau,Taiwan], “Organization 3,”
[嘉義縣衛生局,嘉義縣,臺灣] [組織 3]

[Chiayi County Dongshi Township Health Center], “Organization 4”
[嘉義縣東石鄉衛生所,臺灣] [組織 4]

Note: The Foundation needs to receive this memorandum of understanding (MOU) in this exact form. Complete the form fields but do not edit any other text. If you aren't sure how to complete the fields, refer to the tips at the end.

1. SUBJECT

全球獎助金# [GG2568860], [Rotary Love Forward Enhancing Ophthalmology & Dentistry Care in Rural Coastal Chiayi 扶輪傳愛-優化嘉義濱海偏鄉五官科醫療設備計畫], [Chiayi County/嘉義縣], [Taiwan/臺灣], “扶輪獎助金.”

2. DEFINITION

A cooperating organization is any reputable non-Rotary organization that provides expertise, infrastructure, advocacy, training, education, or other support for the grant project. Cooperating organizations must comply with all reporting and auditing activities required by The Rotary Foundation and provide receipts as requested.

所謂合作組織是指，能夠為獎助金專案提供專業知識、基礎設施、倡導、培訓、教育或其他支援，且具良好

聲譽的任何非扶輪組織或學術機構。合作組織必須遵守扶輪基金會規定的報告及稽查事宜，並提供基金會所要求的購買證明及收據。

3. PURPOSE

This document establishes an agreement between the parties listed above to implement a project funded by a Grant from The Rotary Foundation. This document may also be used with other groups that are participating in the project, such as beneficiary organizations, nonprofit contractors, or government agencies.

本備忘錄為執行扶輪基金會資助的專案時，上述各方必須遵守的協議。本備忘錄也可用於與參加本專案的與其他組織（諸如受益組織、非營利的承包商或政府機構）之間的協議。

4. PROJECT OBJECTIVES

All parties listed in this agreement will collaborate to achieve the following project objectives:

為了實現下列的共同目標，所有列於此備忘錄者必須合作：

- a. [Purchase medical equipment for taking care of the oral health and eye care of local residents.]
- b. [在嘉義縣東石鄉衛生所購置設備眼科及牙科醫療設備，照顧在地民眾的口腔健康及眼睛保健]
- c. [Expand the resources of the dental and ophthalmic equipment to local residents and nearby neighborhoods to take care of the disadvantaged residents of about 99,016 people in those remote areas including Liujial Township, Budai Town, Yizhu Township, Lucao Township in Chiayi County]
- d. [將此眼科及牙科診療設備資源擴大到鄰里，讓嘉義縣東石鄉及鄰近偏鄉(包含布袋鎮、六腳鄉、義竹鄉及鹿草鄉)、約99,016位民眾獲得照護]
- e. [All medical services and the application process for this project must comply with Taiwan's laws.]
- f. [所有醫療活動及此計畫申請過程都須符合當地法律]

5. HOST SPONSOR RESPONSIBILITIES 地主贊助者的責任

Describe the specific responsibilities of the Host Sponsor. The Host Sponsor will:

地主贊助者將：

- a. [Manage the grant funds and pay suppliers, vendors, or contractors.]
[管理獎助金資金並支付提供者、供應商或承包商的費用]
- b. [Prepare Rotary Grant project reports, in cooperation with the International Sponsor.]
[與國際贊助者合作，撰寫獎助金專案報告]
- c. [Measure and evaluate project activities.]
[衡量及評估專案活動]
- d. [Host visiting Rotarians who come to support or learn about the Rotary Grant project.]
[接待為支援專案或學習專案而來訪的扶輪社員]

- e. [Check the progress of the project from time to time to ensure that the plan implements its goals, and report relevant results in the Final Report.]
[不定期查核專案進度以確保此計畫執行其目標，並將其相關結果呈報在結案報告]
- f. [Report the progress to all rotary clubs involved in this project, and be responsible for the communication between Chaiyi Dental Association and Rotary.]
[為所有參與此計畫的扶輪社提報案件進度，並負責在嘉義縣牙醫師公會與扶輪之間的溝通]
- g. [Rotary Club has the right to suspend this case, if any there is any incident against local laws or Rotary Club terms.]
[如計畫進行中有發現任何違反當地法律或扶輪社條款之事件，有權提出中止此案]
- h. [Seek Chaiyi Dental Association's support and resources for the project.]
[要求嘉義縣牙醫師公會為此專案提供支援及資源]

6. INTERNATIONAL SPONSOR RESPONSIBILITIES 國際贊助者的責任

國際贊助者將：

Describe the specific responsibilities of the International Sponsor. The International Sponsor will:

- a. [Direct and coordinate international fundraising efforts.]
[指導及協調國際性的籌款活動]
- B. [Assist the Host Sponsor in implementing and reporting on the Rotary Grant project.]
[協助地主贊助者執行扶輪的獎助金專案及撰寫報告]

7. ORGANIZATION 1 RESPONSIBILITIES 合作組織 1 的責任

Describe the specific responsibilities of Organization 1.

Organization 1 will:

合作組織1將：

- a. [Provide expertise, infrastructure, advocacy, training, education, or other support for the Rotary Grant project.]
- b. [為扶輪獎助金專案提供專業知識、基礎設施、倡導或其他支援]
- c. [Maintain sufficient records and data to complete reports to The Rotary Foundation.]
- d. [儘量保存所有的紀錄和數據，以將完整的報告提交扶輪基金會]
- e. [Report activities and results to the Host Sponsor and International Sponsor accurately and in a timely way.]
- f. [將所執行的活動及結果，報告給地主贊助者和國際贊助者]
- g. [Measure and evaluate project activities.]
- h. [衡量及評估專案活動]

- i. [Contact appropriate medical service institutions with national health insurance (referred to as NHI medical service institutions) to participate and support the project to improve the overall medical service.]
- j. [聯繫適當的全民健康保險醫事服務機構(以下簡稱保險特約院所)參與及支援本計畫，提升整體服務醫事人力]
- k. [Coordinate NHI medical service institutions' task division and coordination, and to integrate medical team strength.]
- l. [協調保險特約院所間之任務分工協調，以整合及發揮團隊最大力量]
- m. [Assist with other organization to expand medical services if necessary.]
- n. [必要時協助安排與其他單位合作以擴大醫療服務]
- o. 加添其他責任

8. ORGANIZATION 2 RESPONSIBILITIES 合作組織 2 的責任

Describe the specific responsibilities of Organization 2.

Organization 2 will:

合作組織2將:

- a. [All medical services are subject to the requirements of the Ministry of Health and Welfare, ROC.]
[所有醫療之業務須符合衛福部之相關規定]
- b. [Be responsible for arrange qualified dental and ophthalmic care workers to participate in the dental and ophthalmic care program in the health center.]
[負責安排具有合格證照之牙科及眼科醫療人員參與衛生所牙科及眼科診療]
- c. [Coordinate NHI medical service institutions' task division and coordination, and to integrate medical team strength.]
[協調保險特約院所間之任務分工協調，以整合及發揮團隊最大力量]
- d. [Provide regular dental care services, education, training and professional consultation.]
[定期提供看診服務,提供教育訓練、培訓及專業諮詢]
- e. 加添其他責任

9. ORGANIZATION 7 RESPONSIBILITIES 合作組織 3 的責任

Describe the specific responsibilities of Organization 3

Organization 3 will:

合作組織 3 將:

- a. [Contact and Coordinate appropriate medical station or community health clinic to participate and support the project
to enhance the oral health of school children.]

[聯繫與協調嘉義縣偏鄉衛生室或醫療站參與此專案並提供支援

- b. 加添其他責任

10. ORGANIZATION 8 RESPONSIBILITIES 合作組織 4 的責任

Describe the specific responsibilities of Organization4.

Organization4 will:

合作組織4將:

- a. [Provide the space, pay for the bill of water and electric, and maintain the equipment well.]
[提供場地並支付水電費及設備基本清潔維護]
- b. [Be responsible for arrange local residents to participate in dental and ophthalmic care and necessary courses
related to oral hygiene.]
[負責協助安排在地居民參與牙科及眼科診療及相關必要課程]
- c. 加添其他責任

11. MUTUAL UNDERSTANDINGS 相互的理解

All parties agree that:

所有關係者同意:

- a. The Rotary Grant, if approved, will be awarded to the Host Sponsor and International Sponsor.
核准的扶輪獎助金資金將撥付給地主贊助者與國際贊助者。
- b. The Host Sponsor and International Sponsor will control and manage the Rotary Grant.
地主贊助者與國際贊助者負責管理和控制扶輪獎助金。
- c. The Host Sponsor and International Sponsor will be involved in all stages of the project.
地主贊助者與國際贊助者必須參與專案的所有階段。
- d. The Host Sponsor and International Sponsor will each have a grant project management committee with at least three members, responsible for managing the project on their behalf.
地主贊助者與國際贊助者必須各自設立，由至少3名扶輪社員組成的獎助金專案管理委員會來負責管理專案。
- e. The Host Sponsor and International Sponsor and the Organizations will abide by the Terms and Conditions for Rotary Foundation District Grants and Global Grants.
地主贊助、國際贊助者及合作組必須遵守「地區獎助金與全球獎助金的條款與條件」。
- f. The Host Sponsor and International Sponsor affirm that the Organizations are reputable and responsible and act within all laws of the project country.

地主贊助者與國際贊助者必須卻合作組織是有良好的信譽且負責任的組織，且必遵照專案執行國的法律執行活動。

- g. All grant funds will be received and managed by the Host Sponsor or the International Sponsor and will not be managed by the Organizations.**

所有的獎助獎學金資金將由地主贊助者與國際贊助者管理，而不得由合作組織管理。

- h. Grant funds will remain in the designated Rotary Grant bank account until they are needed to pay a vendor or reimburse a purchase.**

在支付供應商之前，或在付還購買物品的墊付款之前，必須將資金存留在被指定的扶輪獎助金銀行帳戶。

- i. All payments to vendors and reimbursements to Organizations will be supported by receipts, paid invoices, vouchers or written agreements.**

所有支付供應商的款項，或者付還合作組織墊付的款項，都必須有收據、證明付款的發票、證件或書面的同意。

- j. The Organizations may contribute funds toward the project, but The Rotary Foundation does not match these funds.**

合作組織可捐獻資金給專案，然而，扶輪基金會對此捐獻不做配合。

- k. The Organizations' project-related documentation may be subject to independent financial and operational review by The Rotary Foundation.**

合作組織擁有的相關專案的文件，可能由扶輪基金會執行的第三者財務及營運審查。

- l. In their separate club or district qualification memorandum of understanding, the Host Sponsor and International Sponsor have agreed to:**

- m. 地主贊助者與國際贊助者，在各自的社或地區的資格認證備忘錄中同意下列事項：**

- **Ensure that all grant activities, including the conversion of funds from one currency to another, comply with local law.**

確保所有的獎助金活動，包括將資金從一種貨幣兌換成另一種貨幣，都須遵照當地的法律進行。

- **Ensure that the project adheres to The Rotary Foundation's stewardship measures and grant management practices.**

確保專案遵循扶輪基金會的資金管理措施及專案管理辦法。

- **Ensure that all people involved in a grant conduct their activities in a way that avoids any actual or perceived conflict of interest.**

確保所有參與專案的人士，在執行專案前，都不會有利益衝突或可能被視為有利益衝突的作為

- **Report to the district any potential or real misuse or mismanagement of grant funds.**

將資金的濫用與管理不善的事實或可能性報告地區。

- **Cooperate with any financial, grant, or operational audits.**

在財務稽查、獎助金稽查或運作稽查上合作。

- **Maintain a standard set of accounts, which includes a general ledger and a complete record of**

all receipts and all disbursements of grant funds

維持標準帳戶（包括總帳、所有的收據、付還款的完整紀錄）。

- Disburse grant funds in accordance with the Terms and Conditions for Rotary Foundation District Grants and Global Grants.

遵照「地區獎助金與全球獎助金的條款與條件」撥付資金。

- Maintain records for items that are purchased, produced, or distributed through grant activities.

保存透過獎助金活動分發、購入或製作的項目紀錄。

- Maintain a dedicated bank account to be used only for receiving and disbursing grant funds.

開設並管理專為獎助金資金收支用的銀行帳戶。

- Have a minimum of two Rotarian bank account signatories from the sponsoring clubs or districts for disbursements.

贊助社或贊助地區必須指定至少2名扶輪社員為簽署人，負責撥付資金。

- Maintain a separation of duties for handling funds so no one person is solely in control of them.

資金管理必須由多人分擔不同的任務，以避免完全由一個人全權管理資金。

- Maintain a written plan for transferring custody of bank accounts in the event of a change in signatories.

制定一份書面的轉移計畫，以為改換簽署人時用。

- Retain bank statements to substantiate the receipt and use of grant funds.

保留銀行對帳單，以證實收入和支出的款項。

- Retain grant documents in a location known by and accessible to club and district officers.

將有關獎助金的文件，保存在社及在地區職員都知道且可存取的地方。

- Retain grant documents for a minimum of five years, or longer if required by local law.

將有關獎助金的文件保留至少5年，或依照當地法律保存更久。

12. **CONFLICTS OF INTEREST** 利益衝突

- a. Any real or perceived conflicts of interest must be disclosed to The Rotary Foundation, in compliance with The Rotary Foundation's Conflict of Interest Policy for Program Participants in the Terms and Conditions for Rotary Foundation District Grants and Global Grants. This includes any instances of Rotarians acting as vendors or serving as trustees, directors, officers, or staff of one of the Organizations. If in doubt, any potential conflict should be disclosed.

遵照「扶輪基金會地區獎助金與全球獎助金的條款與條件」中的「為計劃參加者規定的利益衝突款」，向扶輪基金會公開任何實際或被視為的利益衝突。利益衝突的情況包括：扶輪社員為供應商，或任何作組織的保管委員、理事、高級職員或辦事員。若無法確定是否屬利益衝突，將其潛在可能性公開。

- b. Identify any real or perceived conflicts here:

將實際或被視為利益衝突得情況記述如下：

c.[Names, roles]

[無]

13. MODIFICATION 修改

Modifications to this document will be made by mutual consent of the parties. A written modification, signed and dated by all parties and approved by The Rotary Foundation, must be issued before acting on any changes.

有關本備忘錄的修改，必須由關係者同意。在履行更改事項前，必須先將所有備忘錄立書人所同意、簽署並附日期的書面修改提交扶輪基金會，並獲核准。

14. CONTACT INFORMATION 聯絡資訊

Your privacy is important to Rotary International and The Rotary Foundation (collectively, “Rotary”) and the personal data you share with Rotary will only be used for official Rotary business, such as in relation to the Rotary Grant. Personal data collected on this form is subject to Rotary’s privacy policy.

您的隱私權對國際扶輪及扶輪基金會（統稱「扶輪」）極為重要。您與扶輪分享的個人資訊將限用於扶輪的業務（如與扶輪獎助金有關的業務）。個人資訊的收集必須按照「扶輪的隱私政策」 Rotary’s privacy policy 執行。

15. AUTHORIZATIONS 授權

By signing below, the parties agree to the terms of this memorandum of understanding.

各方關係者以簽署餘下表示同意本備忘書的條款。

Host Sponsor authorization:

地主贊助者授權: 3502地區 桃園儷德扶輪社

Signature: 簽署: 徐雅菁 Date: 日期: 2024/08/06

Printed Name: 姓名: 徐雅菁 Position: 職位: 社長

Postal Address: 郵寄地址: 桃園市桃園區永安路300號2樓

Phone: 電話: 886-910272453 Email: 電子郵件: angelhsu571118@gmail.com

International Sponsor authorization:

國際贊助者: 3590地區韓國 한국로터리 클럽명扶輪社 Tongyoung-Hanryeo

Signature: 簽署: 윤성현 Date: 日期: 2024/08/19

Printed Name: 姓名: Seong Hyun Yoon Position: 職位: 社長

Postal Address: 郵寄地址: 대한민국 통영시 광도면 죽림1로 17-43, 2층

Phone: 電話: 010-5145-8550 Email: 電子郵件: cheongbo01@naver.com

Organization 1 authorization:

合作組織1授權：衛生福利部中央健康保險署南區業務組

Signature: 簽署: 林純美 Date: 日期: 2024/08/07
Printed Name: 姓名: 林純美 Position: 職位: 組長
Postal Address: 郵寄地址: 700臺南市中西區公園路96號
Phone: 電話: 886-6-245678#8104 Email: 電子郵件: melin@nhi.gov.tw

Organization 2 authorization:

合作組織2授權：嘉義縣牙醫師公會

Signature: 簽署: 張世誠 Date: 日期: 2024/08/07
Printed Name: 姓名: 張世誠 Position: 職位: 理事長
Postal Address: 郵寄地址: 600嘉義市西區世賢路一段677號6號樓之1
Phone: 電話: 886-5-2621277 Email: 電子郵件: chanchi2@ms45.hinet.net

Organization 3 authorization:

合作組織3授權:嘉義縣衛生局

Signature: 簽署: 趙紋華 Date: 日期: 2024/08/13
Printed Name: 姓名: 趙紋華 Position: 職位: 局長
Postal Address: 郵寄地址: 61249嘉義縣太保市祥和二路東段3號
Phone: 電話: 886-05-3620600 Email: 電子郵件: cyao624@cys hb.gov.tw

Organization 4 authorization:

合作組織4授權：嘉義縣東石鄉衛生所

Signature: 簽署: 蔡怡瑩 Date: 日期: 2024/08/08
Printed Name: 姓名: 蔡怡瑩 Position: 職位: 主任
Postal Address: 郵寄地址: 614嘉義縣東石鄉3-7號
Phone: 電話: 886-5-3732340 Email: 電子郵件

TIPS FOR COMPLETING THIS FORM

GENERAL

If you're working with just one organization, provide information for Organization 1 only. Always include the Rotary Host Sponsor and International Sponsor.

PROJECT OBJECTIVES

In this section, project partners outline the overall goals of the project that all partners hope to achieve together.

For example:

- Improve the quality of education students receive at Community Primary School
- Improve the quality of care for cancer patients at Community Hospital
- Increase farmers' yields by 10% through drip irrigation

RESPONSIBILITIES SECTIONS

Meeting with all project partners to assign responsibilities and record them in writing can prevent conflicts and increase your project's chances of success. It helps ensure that everyone agrees on the basics of the project plan and prevents confusion during implementation. When you define the responsibilities of each partner, carefully consider their resources and skills. Remember that each project has its own unique roles and responsibilities that are essential for effective implementation. List detailed and specific responsibilities for your project.

Questions to consider when determining responsibilities:

- Who will provide technical and professional services? What specific services will be provided, or what specific skills are needed?
- What types of staffing, infrastructure, or equipment is required, and who will provide those?
- Who will provide training, mentoring, education, advocacy, and financial review?
- Who will direct and coordinate local community education and public relations?
- Who will seek community support and resources for the project?
- Who will manage the grant funds and pay suppliers, vendors, and contractors?
- Will cooperating organizations submit itemized expense statements and receipts before they receive grant funds?
- Who will direct and coordinate fundraising efforts?
- Who will pay for long-term equipment maintenance, operations, programming,

and staffing after Rotary Grant funding ends? (Note that Rotarians may continue to support the project, but the project should not depend solely on that support.)

- Who will prepare Rotary Grant reports? Who will collaborate on reporting?
- How will financial records be stored? Who will maintain these records? What is the document retention plan?
- Who will measure and evaluate the project's outcomes? How will they do this? Who will collect results? How will the outcomes be shared?

MUTUAL UNDERSTANDINGS

For legal reasons, the Foundation needs this section to remain as it is. It must not be added to or edited. We understand that, for certain relationships, Rotarians may need to sign a second MOU or contract to comply with local laws. Even in such cases, however, the Foundation needs this MOU to be submitted with your grant application.

AUTHORIZATIONS

Make sure that all parties have signed the MOU. If any signature is missing, it will be considered incomplete. Each sponsor and organization should decide who will represent it as a signatory.

If you have any concerns or questions, your regional grants officer can review your MOU before it is signed to make sure it's complete.

扶輪社：國際扶輪 3502 地區 桃園儷德扶輪社

相關焦點領域：疾病預防與治療

計劃名稱：扶輪傳愛-捐贈嘉義濱海偏鄉五官科醫療設備計畫

計劃內容：

嘉義縣自 106 年起蟬聯人口老化最嚴重縣市榜首，根據內政部統計資料，截至 112 年 12 月底，臺灣整體老化指數為 154，嘉義縣為 263，遠高於全國老化指數 71%。全台最老縣市嘉義縣，老年人口比率占 22.36% 冠居全國，老化及慢性病，促使當地民眾對醫療需求相對增加。

在眼科方面，糖尿病有很高的視網膜病變風險，尤其年長者糖尿病視網膜病變、糖尿病等眼睛病變，而嘉義縣 18 鄉鎮僅 5 鄉鎮有眼科，其中診所 11 家及 3 家醫院設有眼科，醫療資源缺乏加上交通不便，看眼科成為很多鄉親的困擾，甚至錯過治療黃金期。因此每年至少要接受 1 次眼底鏡檢查，透過早期檢查早期治療，可減少 50% 失明機率。

在牙科方面，口腔健康是衡量個人整體健康福祉和生活品質的關鍵指標，依據衛生福利部調查 50 歲到 64 歲民眾常有牙周病問題，尤其年長者口腔組織老化、牙齒磨耗、牙周病惡化等問題逐漸衍生，不僅易導致營養攝取不良，還可能增加罹患慢性病的風險。111 年嘉義縣僅 98 位牙醫師，每萬人口 2.01 位醫師，平均每位牙醫師需服務 4,975 位居民，相較嘉義市 238 位牙醫師平均服務 1,105 位居民，高於 4.5 倍。

嘉義縣東石鄉屬於嘉義縣次醫療區，無牙醫診所執業，目前嘉義縣牙醫師公會定期巡迴於東石衛生所，衛生所內的牙科 X 光設備已老舊且經常故障、急需汰換。惟購置全新眼科 AI 高效能儀器及現代化牙科 X 光設備費用昂貴，東石衛生所方自籌經費困難，希望連結國際扶輪資源協助捐贈，以提升該所眼科、牙科診療設備與服務，並透過東石衛生醫療機構人力協助，能夠照護東石鄉及鄰近偏鄉(包含布袋鎮、六腳鄉、義竹鄉及鹿草鄉)合計居民共 39,886 戶 99,016 人，讓偏鄉地區民眾在眼科、牙科均能及時獲得適當的診療及照護，強化偏鄉的健康照護體系，邁向健康平權的目標。

參與國際社：國際扶輪 3590 地區

扶輪社

可持續性的特質：

1. 全新眼科 AI 高效能儀器及現代化牙科 X 光設備有助於將醫療資源帶入鄰近周邊醫療不足的偏鄉社區，降低糖尿病友視網膜病變等併發症，提升弱勢居民口腔健康。
2. 優化偏鄉醫療設備及改善診療環境，不僅提高社區居民接受治療的安全和醫師提供醫療服務的品質，建置良善保健安全網，也提升醫師看診舒適度，及持續前往

偏鄉醫療提供服務意願。

3. 吸引更多醫師投入偏鄉巡迴醫療，評估增加服務診次可行性，確保偏鄉居民接受衛生保健的權益。
4. 完善偏鄉醫療服務，提高社區居民五官科保健醫療可用性。
5. 整合當地衛生所、預防保健、醫療、長照一站式的完善服務，完善偏鄉醫療照護，讓在地居民能就近獲得醫療照護，長者能在熟悉的環境中安心老化。

將使用的衡量成果方式：

1. 在眼科方面，運用免散瞳眼底鏡及眼壓進行社區篩檢，每年完成篩檢人數約 8,000 人。
2. 在牙科方面，讓偏鄉地區民眾均能及時獲得適當的診療及照護，提供醫療服務人次，及社區居民服務人次。

初估預算：

購置項目/計劃費用	金額(美金/匯率 30)
Centervue Drspplus 彩色眼底掃描儀(含電動桌)	23,800
Canon TX-20p 全自動眼壓計(含電動桌)	15,200
牙科 X 光設備 (含跟尖 X 光機 1、數位讀取機、X 光室等)	16,000
稅	2,750
雜費	2,250
合計	60,000

初估經費來源：

來源	金額(美金/匯率 30)
3502 地區：桃園儷德社	Rotary Club of Taoyuan Li-Te 6,400
3502 地區：桃園福德社	Rotary Club of Taoyuan Ford 5,000
3502 地區：八德旭德社	Rotary Club of Pa-Te Shu Te 5,000
3502 地區：八德同德社	Rotary Club of Pa-Te Tong-Te 5,000
3470 地區：嘉義朴子社	Rotary Club of Po Tzu 5,000
3470 地區：嘉義百合社	Rotary Club of Chiayi LiLi 5,000
3470 地區：嘉義北回社	Rotary Club of Chiayi Pei Huei 5,000
3590 地區：Tongyoung-Hanryeo 社	Rotary Club of Tongyoung-Hanryeo 2,000
3502 地區 DDF 金額	1,000
3590 地區 DDF 金額(韓國地區)	11,000
Rotary International	9,600

合計(美金/匯率 30)： 60,000

監督社員 1. 李泓清 2. 魏新輝 3. 吳規楚

社長姓名及簽章 徐雅青

申請日期：西元 113 年 07 月 23 日



東御貿易行

TUNG YU Trade Co.

嘉義市東區興業三村 110 號 1 樓 電話: 0978157319 傳真: 05-2222138
1F., No.110, Xingye 3rd Vil., East Dist., Chiayi City 600, Taiwan (R.O.C.)

報價單

QUOTATION

客戶名稱: 嘉義縣東石鄉衛生所
聯絡電話: 05-3732340
聯絡人員: 侯燕如 藥師

報價編號: PH13080701
報價日期: 2024/08/07
有效期限: 30 天

項次	品名	數量	單價 NT\$(含稅)	總價 NT\$(含稅)
壹	高頻式診斷型 X 光機 廠牌:DK 型號:Accuray 525R 包含: 1. Accuray 525R 150 KV 630mA X-ray Generator (150KV, 630mA X 光產生器) 2. X-ray Tube 150KHU 0.6/1.2mm (X 光管球) 3. SF-80B Tube stand (立式管球支持架) 4. VB-20 Bucky stand (立式攝影台) 5. TE-85 6-Way Up/Down Floating Bucky Table (六向浮頂臥式攝影台) 6. Manual collimator (手動式準值儀) 7. H. V cable (高壓電纜) ----- ----- -----	乙組 1SET 1SET 1SET 1SET 1SET 1SET 1SET 1PAIR	115 萬	115 萬
貳	KONICA MINOLTA CR-SIGMA2 數位影像讀取系統(日本廠) Model: Regius-Sigma2 包含 ✓ 診間主機。 ✓ 2M 醫療級液晶螢幕 (醫師閱片螢幕)。 ✓ 醫師閱片軟體。 ✓ 詳細規格如附件說明。 --- 以下空白 ---	乙套	59 萬	59 萬
備註: 1. 包含安裝及教學, 保固 2 年(但不包含耗材)。 2. 不含輻防隔間, 電源網路設置等工程費用。 3. 不含規費。			合計 NT\$(含稅)	174 萬

- | | | |
|-----------------------|--|--|
| 4. 不含輻射檢測費用。 | | |
| 5. UPS(不斷電系統)附贈品保固期壹年 | | |



報價聯絡人：林先生
聯絡電話：0978157319

客戶確認簽章(CUSTOMER CHOP OR SIGNATURE)



COOPERATING ORGANIZATION MEMORANDUM OF UNDERSTANDING

An agreement between

[D3502 Rotary Club Of Taoyuan Li-Te ,Taoyuan City ,Taiwan], “Host Sponsor,”
[3502 地區桃園儷德扶輪社] [地主贊助國]

[D3670 Rotary Club of Tongyoung-Hanryeo,Korea], “International Sponsor,”
[3670 地區韓國 Tongyoung-Hanryeo 扶輪社] [國際贊助者]

[National Health Insurance Administration-Southern Division ,Ministry of Health and Welfare ,Taiwan],
“Organization 1”
[衛生福利部中央健康保險署南區業務組,臺灣] [組織 1]

[Chiayi County Dental Association ,Taiwan], “Organization 2,”
[嘉義縣牙醫師公會,嘉義縣,臺灣] [組織 2]

[Chiayi County Health Bureau,Taiwan], “Organization 3,”
[嘉義縣衛生局,嘉義縣,臺灣] [組織 3]

[Chiayi County Dongshi Township Health Center], “Organization 4”
[嘉義縣東石鄉衛生所,臺灣] [組織 4]

Note: The Foundation needs to receive this memorandum of understanding (MOU) in this exact form. Complete the form fields but do not edit any other text. If you aren't sure how to complete the fields, refer to the tips at the end.

1. SUBJECT

全球獎助金# [GG2568860], [Rotary Love Forward Enhancing Ophthalmology & Dentistry Care in Rural Coastal Chiayi 扶輪傳愛-優化嘉義濱海偏鄉五官科醫療設備計畫] , [Chiayi County/嘉義縣], [Taiwan/臺灣], “扶輪獎助金。”

2. DEFINITION

A cooperating organization is any reputable non-Rotary organization that provides expertise, infrastructure, advocacy, training, education, or other support for the grant project. Cooperating organizations must comply with all reporting and auditing activities required by The Rotary Foundation and provide receipts as requested.

所謂合作組織是指，能夠為獎助金專案提供專業知識、基礎設施、倡導、培訓、教育或其他支援，且具良好

聲譽的任何非扶輪組織或學術機構。合作組織必須遵守扶輪基金會規定的報告及稽查事宜，並提供基金會所要求的購買證明及收據。

3. PURPOSE

This document establishes an agreement between the parties listed above to implement a project funded by a Grant from The Rotary Foundation. This document may also be used with other groups that are participating in the project, such as beneficiary organizations, nonprofit contractors, or government agencies.

本備忘錄為執行扶輪基金會資助的專案時，上述各方必須遵守的協議。本備忘錄也可用於與參加本專案的與其他組織（諸如受益組織、非營利的承包商或政府機構）之間的協議。

4. PROJECT OBJECTIVES

All parties listed in this agreement will collaborate to achieve the following project objectives:

為了實現下列的共同目標，所有列於此備忘錄者必須合作：

- a. [Purchase medical equipment for taking care of the oral health and eye care of local residents.]
- b. [在嘉義縣東石鄉衛生所購置設備眼科及牙科醫療設備，照顧在地民眾的口腔健康及眼睛保健]
- c. [Expand the resources of the dental and ophthalmic equipment to local residents and nearby neighborhoods to take care of the disadvantaged residents of about 99,016 people in those remote areas including Liujial Township, Budai Town, Yizhu Township, Lucao Township in Chiayi County]
- d. [將此眼科及牙科診療設備資源擴大到鄰里，讓嘉義縣東石鄉及鄰近偏鄉(包含布袋鎮、六腳鄉、義竹鄉及鹿草鄉)、約99,016位民眾獲得照護]
- e. [All medical services and the application process for this project must comply with Taiwan's laws.]
- f. [所有醫療活動及此計畫申請過程都須符合當地法律]

5. HOST SPONSOR RESPONSIBILITIES 地主贊助者的責任

Describe the specific responsibilities of the Host Sponsor. The Host Sponsor will:

地主贊助者將：

- a. [Manage the grant funds and pay suppliers, vendors, or contractors.]
[管理獎助金資金並支付提供者、供應商或承包商的費用]
- b. [Prepare Rotary Grant project reports, in cooperation with the International Sponsor.]
[與國際贊助者合作，撰寫獎助金專案報告]
- c. [Measure and evaluate project activities.]
[衡量及評估專案活動]
- d. [Host visiting Rotarians who come to support or learn about the Rotary Grant project.]
[接待為支援專案或學習專案而來訪的扶輪社員]

- e. [Check the progress of the project from time to time to ensure that the plan implements its goals, and report relevant results in the Final Report.]
[不定期查核專案進度以確保此計畫執行其目標，並將其相關結果呈報在結案報告]
- f. [Report the progress to all rotary clubs involved in this project, and be responsible for the communication between Chaiyi Dental Association and Rotary.]
[為所有參與此計畫的扶輪社提報案件進度，並負責在嘉義縣牙醫師公會與扶輪之間的溝通]
- g. [Rotary Club has the right to suspend this case, if any there is any incident against local laws or Rotary Club terms.]
[如計畫進行中有發現任何違反當地法律或扶輪社條款之事件，有權提出中止此案]
- h. [Seek Chaiyi Dental Association's support and resources for the project.]
[要求嘉義縣牙醫師公會為此專案提供支援及資源]

6. INTERNATIONAL SPONSOR RESPONSIBILITIES 國際贊助者的責任

國際贊助者將:

Describe the specific responsibilities of the International Sponsor. The International Sponsor will:

- a. [Direct and coordinate international fundraising efforts.]
[指導及協調國際性的籌款活動]
- B. [Assist the Host Sponsor in implementing and reporting on the Rotary Grant project.]
[協助地主贊助者執行扶輪的獎助金專案及撰寫報告]

7. ORGANIZATION 1 RESPONSIBILITIES 合作組織 1 的責任

Describe the specific responsibilities of Organization 1.

Organization 1 will:

合作組織1將:

- a. [Provide expertise, infrastructure, advocacy, training, education, or other support for the Rotary Grant project.]
- b. [為扶輪獎助金專案提供專業知識、基礎設施、倡導或其他支援]
- c. [Maintain sufficient records and data to complete reports to The Rotary Foundation.]
- d. [儘量保存所有的紀錄和數據，以將完整的報告提交扶輪基金會]
- e. [Report activities and results to the Host Sponsor and International Sponsor accurately and in a timely way.]
- f. [將所執行的活動及結果，報告給地主贊助者和國際贊助者]
- g. [Measure and evaluate project activities.]
- h. [衡量及評估專案活動]

- i. [Contact appropriate medical service institutions with national health insurance (referred to as NHI medical service institutions) to participate and support the project to improve the overall medical service.]
- j. [聯繫適當的全民健康保險醫事服務機構(以下簡稱保險特約院所)參與及支援本計畫，提升整體服務醫事人力]
- k. [Coordinate NHI medical service institutions' task division and coordination, and to integrate medical team strength.]
- l. [協調保險特約院所間之任務分工協調，以整合及發揮團隊最大力量]
- m. [Assist with other organization to expand medical services if necessary.]
- n. [必要時協助安排與其他單位合作以擴大醫療服務]
- o. 加添其他責任

8. ORGANIZATION 2 RESPONSIBILITIES 合作組織 2 的責任

Describe the specific responsibilities of Organization 2.

Organization 2 will:

合作組織 2 將:

- a. [All medical services are subject to the requirements of the Ministry of Health and Welfare, ROC.]
[所有醫療之業務須符合衛福部之相關規定]
- b. [Be responsible for arrange qualified dental and ophthalmic care workers to participate in the dental and ophthalmic care program in the health center.]
[負責安排具有合格證照之牙科及眼科醫療人員參與衛生所牙科及眼科診療]
- c. [Coordinate NHI medical service institutions' task division and coordination, and to integrate medical team strength.]
[協調保險特約院所間之任務分工協調，以整合及發揮團隊最大力量]
- d. [Provide regular dental care services, education, training and professional consultation.]
[定期提供看診服務,提供教育訓練、培訓及專業諮詢]
- e. 加添其他責任

9. ORGANIZATION 7 RESPONSIBILITIES 合作組織 3 的責任

Describe the specific responsibilities of Organization 3

Organization 3 will:

合作組織 3 將:

- a. [Contact and Coordinate appropriate medical station or community health clinic to participate and support the project
to enhance the oral health of school children.]

[聯繫與協調嘉義縣偏鄉衛生室或醫療站參與此專案並提供支援

- b. 加添其他責任

10. ORGANIZATION 8 RESPONSIBILITIES 合作組織 4 的責任

Describe the specific responsibilities of Organization4.

Organization4 will:

合作組織4將:

- a. [Provide the space, pay for the bill of water and electric, and maintain the equipment well.]
[提供場地並支付水電費及設備基本清潔維護]
- b. [Be responsible for arrange local residents to participate in dental and ophthalmic care and necessary courses
related to oral hygiene.]
[負責協助安排在地居民參與牙科及眼科診療及相關必要課程]
- c. 加添其他責任

11. MUTUAL UNDERSTANDINGS 相互的理解

All parties agree that:

所有關係者同意:

- a. The Rotary Grant, if approved, will be awarded to the Host Sponsor and International Sponsor.
核准的扶輪獎助金資金將撥付給地主贊助者與國際贊助者。
- b. The Host Sponsor and International Sponsor will control and manage the Rotary Grant.
地主贊助者與國際贊助者負責管理和控制扶輪獎助金。
- c. The Host Sponsor and International Sponsor will be involved in all stages of the project.
地主贊助者與國際贊助者必須參與專案的所有階段。
- d. The Host Sponsor and International Sponsor will each have a grant project management committee with at least three members, responsible for managing the project on their behalf.
地主贊助者與國際贊助者必須各自設立，由至少3名扶輪社員組成的獎助金專案管理委員會來負責管理專案。
- e. The Host Sponsor and International Sponsor and the Organizations will abide by the Terms and Conditions for Rotary Foundation District Grants and Global Grants.
地主贊助、國際贊助者及合作組必須遵守「地區獎助金與全球獎助金的條款與條件」。
- f. The Host Sponsor and International Sponsor affirm that the Organizations are reputable and responsible and act within all laws of the project country.

地主贊助者與國際贊助者必須卻合作組織是有良好的信譽且負責任的組織，且必遵照專案執行國的法律執行活動。

- g. All grant funds will be received and managed by the Host Sponsor or the International Sponsor and will not be managed by the Organizations.**

所有的獎助獎學金資金將由地主贊助者與國際贊助者管理，而不得由合作組織管理。

- h. Grant funds will remain in the designated Rotary Grant bank account until they are needed to pay a vendor or reimburse a purchase.**

在支付供應商之前，或在付還購買物品的墊付款之前，必須將資金存留在被指定的扶輪獎助金銀行帳戶。

- i. All payments to vendors and reimbursements to Organizations will be supported by receipts, paid invoices, vouchers or written agreements.**

所有支付供應商的款項，或者付還合作組織墊付的款項，都必須有收據、證明付款的發票、證件或書面的同意。

- j. The Organizations may contribute funds toward the project, but The Rotary Foundation does not match these funds.**

合作組織可捐獻資金給專案，然而，扶輪基金會對此捐獻不做配合。

- k. The Organizations' project-related documentation may be subject to independent financial and operational review by The Rotary Foundation.**

合作組織擁有的相關專案的文件，可能由扶輪基金會執行的第三者財務及營運審查。

- l. In their separate club or district qualification memorandum of understanding, the Host Sponsor and International Sponsor have agreed to:**

- m. 地主贊助者與國際贊助者，在各自的社或地區的資格認證備忘錄中同意下列事項：**

- **Ensure that all grant activities, including the conversion of funds from one currency to another, comply with local law.**

確保所有的獎助金活動，包括將資金從一種貨幣兌換成另一種貨幣，都須遵照當地的法律進行。

- **Ensure that the project adheres to The Rotary Foundation's stewardship measures and grant management practices.**

確保專案遵循扶輪基金會的資金管理措施及專案管理辦法。

- **Ensure that all people involved in a grant conduct their activities in a way that avoids any actual or perceived conflict of interest.**

確保所有參與專案的人士，在執行專案前，都不會有利益衝突或可能被視為有利益衝突的作為

- **Report to the district any potential or real misuse or mismanagement of grant funds.**

將資金的濫用與管理不善的事實或可能性報告地區。

- **Cooperate with any financial, grant, or operational audits.**

在財務稽查、獎助金稽查或運作稽查上合作。

- **Maintain a standard set of accounts, which includes a general ledger and a complete record of**

all receipts and all disbursements of grant funds

維持標準帳戶（包括總帳、所有的收據、付還款的完整紀錄）。

- **Disburse grant funds in accordance with the Terms and Conditions for Rotary Foundation District Grants and Global Grants.**
遵照「地區獎助金與全球獎助金的條款與條件」撥付資金。
- **Maintain records for items that are purchased, produced, or distributed through grant activities.**
保存透過獎助金活動分發、購入或製作的項目紀錄。
- **Maintain a dedicated bank account to be used only for receiving and disbursing grant funds.**
開設並管理專為獎助金資金收支用的銀行帳戶。
- **Have a minimum of two Rotarian bank account signatories from the sponsoring clubs or districts for disbursements.**
贊助社或贊助地區必須指定至少2名扶輪社員為簽署人，負責撥付資金。
- **Maintain a separation of duties for handling funds so no one person is solely in control of them.**
資金管理必須由多人分擔不同的任務，以避免完全由一個人全權管理資金。
- **Maintain a written plan for transferring custody of bank accounts in the event of a change in signatories.**
制定一份書面的轉移計畫，以為改換簽署人時用。
- **Retain bank statements to substantiate the receipt and use of grant funds.**
保留銀行對帳單，以證實收入和支出的款項。
- **Retain grant documents in a location known by and accessible to club and district officers.**
將有關獎助金的文件，保存在社及在地區職員都知道且可存取的地方。
- **Retain grant documents for a minimum of five years, or longer if required by local law.**
將有關獎助金的文件保留至少5年，或依照當地法律保存更久。

12. CONFLICTS OF INTEREST 利益衝突

- a. Any real or perceived conflicts of interest must be disclosed to The Rotary Foundation, in compliance with The Rotary Foundation's Conflict of Interest Policy for Program Participants in the Terms and Conditions for Rotary Foundation District Grants and Global Grants. This includes any instances of Rotarians acting as vendors or serving as trustees, directors, officers, or staff of one of the Organizations. If in doubt, any potential conflict should be disclosed.

遵照「扶輪基金會地區獎助金與全球獎助金的條款與條件」中的「為計劃參加者規定的利益衝突款」，向扶輪基金會公開任何實際或被視為的利益衝突。利益衝突的情況包括：扶輪社員為供應商，或任何作組織的保管委員、理事、高級職員或辦事員。若無法確定是否屬利益衝突，將其潛在可能性公開。

- b. Identify any real or perceived conflicts here:

將實際或被視為利益衝突得情況記述如下：

c.[Names, roles]

[無]

13. MODIFICATION 修改

Modifications to this document will be made by mutual consent of the parties. A written modification, signed and dated by all parties and approved by The Rotary Foundation, must be issued before acting on any changes.

有關本備忘錄的修改，必須由關係者同意。在履行更改事項前，必須先將所有備忘錄立書人所同意、簽署並附日期的書面修改提交扶輪基金會，並獲核准。

14. CONTACT INFORMATION 聯絡資訊

Your privacy is important to Rotary International and The Rotary Foundation (collectively, “Rotary”) and the personal data you share with Rotary will only be used for official Rotary business, such as in relation to the Rotary Grant. Personal data collected on this form is subject to Rotary’s privacy policy.

您的隱私權對國際扶輪及扶輪基金會（統稱「扶輪」）極為重要。您與扶輪分享的個人資料將限用於扶輪的業務（如與扶輪獎助金有關的業務）。個人資料的收集必須按照「扶輪的隱私政策」Rotary’s privacy policy 執行。

15. AUTHORIZATIONS 授權

By signing below, the parties agree to the terms of this memorandum of understanding.

各方關係者以簽署餘下表示同意本備忘書的條款。

Host Sponsor authorization:

地主贊助者授權: 3502地區 桃園僑德扶輪社

Signature: 簽署: 徐雅菁 Date: 日期: 2024/08/06
Printed Name: 姓名: 徐雅菁 Position: 職位: 社長
Postal Address: 郵寄地址: 桃園市桃園區永安路300號2樓
Phone: 電話: 886-910272453 Email: 電子郵件: angelhsu571118@gmail.com

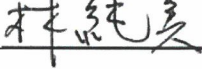
International Sponsor authorization:

國際贊助者: 3670地區韓國 한국로터리 클럽명扶輪社 Tongyoung-Hanryeo

Signature: 簽署: _____ Date: 日期: _____
Printed Name: 姓名: Seong Hyun Yoon Position: 職位: _____
Postal Address: 郵寄地址: _____
Phone: 電話: _____ Email: 電子郵件: cheongbo01@naver.com

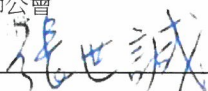
Organization 1 authorization:

合作組織1授權：衛生福利部中央健康保險署南區業務組

Signature: 簽署:  Date: 日期: 2024/08/07
Printed Name: 姓名: 林純美 Position: 職位: 組長
Postal Address: 郵寄地址: 700臺南市中西區公園路96號
Phone: 電話: 886-6-245678#8104 Email: 電子郵件: melin@nhi.gov.tw


Organization 2 authorization:

合作組織2授權：嘉義縣牙醫師公會

Signature: 簽署:  Date: 日期: 2024/08/07
Printed Name: 姓名: 張世誠 Position: 職位: 理事長
Postal Address: 郵寄地址: 600嘉義市西區世賢路一段677號6號樓之1
Phone: 電話: 886-5-2621277 Email: 電子郵件: chanchi2@ms45.hinet.net

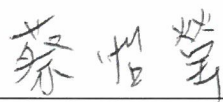
Organization 3 authorization:

合作組織3授權：嘉義縣衛生局

Signature: 簽署:  Date: 日期: 2024/08/13
Printed Name: 姓名: 趙紋華 Position: 職位: 局長
Postal Address: 郵寄地址: 61249嘉義縣太保市祥和二路東段3號
Phone: 電話: 886-05-3620600 Email: 電子郵件: cyao624@cysbh.gov.tw

Organization 4 authorization:

合作組織4授權：嘉義縣東石鄉衛生所

Signature: 簽署:  Date: 日期: 2024/08/08
Printed Name: 姓名: 蔡怡瑩 Position: 職位: 主任
Postal Address: 郵寄地址: 614嘉義縣東石鄉3-7號
Phone: 電話: 886-5-3732340 Email: 電子郵件:

TIPS FOR COMPLETING THIS FORM

GENERAL

If you're working with just one organization, provide information for Organization 1 only. Always include the Rotary Host Sponsor and International Sponsor.

PROJECT OBJECTIVES

In this section, project partners outline the overall goals of the project that all partners hope to achieve together.

For example:

- Improve the quality of education students receive at Community Primary School
- Improve the quality of care for cancer patients at Community Hospital
- Increase farmers' yields by 10% through drip irrigation

RESPONSIBILITIES SECTIONS

Meeting with all project partners to assign responsibilities and record them in writing can prevent conflicts and increase your project's chances of success. It helps ensure that everyone agrees on the basics of the project plan and prevents confusion during implementation. When you define the responsibilities of each partner, carefully consider their resources and skills. Remember that each project has its own unique roles and responsibilities that are essential for effective implementation. List detailed and specific responsibilities for your project.

Questions to consider when determining responsibilities:

- Who will provide technical and professional services? What specific services will be provided, or what specific skills are needed?
- What types of staffing, infrastructure, or equipment is required, and who will provide those?
 - Who will provide training, mentoring, education, advocacy, and financial review?
 - Who will direct and coordinate local community education and public relations?
 - Who will seek community support and resources for the project?
 - Who will manage the grant funds and pay suppliers, vendors, and contractors?
 - Will cooperating organizations submit itemized expense statements and receipts before they receive grant funds?
 - Who will direct and coordinate fundraising efforts?
 - Who will pay for long-term equipment maintenance, operations, programming,

and staffing after Rotary Grant funding ends? (Note that Rotarians may continue to support the project, but the project should not depend solely on that support.)

- Who will prepare Rotary Grant reports? Who will collaborate on reporting?
- How will financial records be stored? Who will maintain these records? What is the document retention plan?
- Who will measure and evaluate the project's outcomes? How will they do this? Who will collect results? How will the outcomes be shared?

MUTUAL UNDERSTANDINGS

For legal reasons, the Foundation needs this section to remain as it is. It must not be added to or edited. We understand that, for certain relationships, Rotarians may need to sign a second MOU or contract to comply with local laws. Even in such cases, however, the Foundation needs this MOU to be submitted with your grant application.

AUTHORIZATIONS

Make sure that all parties have signed the MOU. If any signature is missing, it will be considered incomplete. Each sponsor and organization should decide who will represent it as a signatory.

If you have any concerns or questions, your regional grants officer can review your MOU before it is signed to make sure it's complete.

育盛醫療儀器材料行

E-MAIL: jacky4586@yahoo.com.tw

地址: 台南市永康區中山東路 337 號

聯絡人: 李家雄 0921687615

電話: 06-3110715 傳真: 06-3110718

報價單

尊戶: 桃園市儷德扶輪社

報價日期 2024/06/28

項目	產品	數量	單價	總價
1	牙科根尖 X 光機 座椅式 型號: PY-70C	1 台	135000	135000
2	原子能委員會規費	1 次	2200	2200
3	數位讀取機 Durr+桌上型電腦主機+螢幕	1 組	320000	320000
4	成人單面式無領鉛衣	1 件	5000	5000
	以下空白			
				總計: \$462200



備註: 1. 以上均為含稅價

2. 此報價單 60 天內有效

For Multi Districts Global Grant Projects

跨扶輪地區全球獎助金專案計畫

主辦社：國際扶輪 3502 地區桃園儷德扶輪社

1. How did you come by this project? 請問這個計畫起源為何？

嘉義縣東石衛生所內的眼科及牙科設備缺乏、老舊且經常故障、急需汰換，惟購置全新眼科 AI 高效能儀器及現代化牙科 X 光設備費用昂貴，所方自籌經費困難，希望連結國際扶輪資源協助捐贈，以提升該所眼科、牙科診療設備與服務，並透過健保署及嘉義縣衛生局等機構協調醫事人力協助，能夠讓偏鄉地區民眾在眼科、牙科均能及時獲得適當的診療及照護，強化偏鄉的健康照護體系，邁向健康平權的目標。

2. Have you contacted the district leaders of this project site and sent them the proposal? 請問您通知這個專案計畫執行地的地區領導人還有轉送這個專案的計畫書給他們了嗎？

Yes, 已通知。

3. Have you received their agreements? 請得到這個地區領導人的同意授權。

Yes, 已授權。

Signatures 簽名

國際扶輪 3470 地區 DG 總監

國際扶輪 3470 地區 DGE 總監 當選人

國際扶輪 3470 地區 DRFC 基金會主委

日期：113.08.20



COOPERATING ORGANIZATION MEMORANDUM OF UNDERSTANDING

An agreement between

[D3502 Rotary Club Of Taoyuan Li-Te ,Taoyuan City ,Taiwan], “Host Sponsor,”
[3502 地區桃園儷德扶輪社] [地主贊助國]

[D3670 Rotary Club of Tongyoung-Hanryeo,Korea], “International Sponsor,”
[3670 地區韓國 Tongyoung-Hanryeo 扶輪社] [國際贊助者]

[National Health Insurance Administration-Southern Division ,Ministry of Health and Welfare ,Taiwan],
“Organization 1”
[衛生福利部中央健康保險署南區業務組,臺灣] [組織 1]

[Chiayi County Dental Association ,Taiwan], “Organization 2,”
[嘉義縣牙醫師公會,嘉義縣,臺灣] [組織 2]

[Chiayi County Health Bureau,Taiwan], “Organization 3,”
[嘉義縣衛生局,嘉義縣,臺灣] [組織 3]

[Chiayi County Dongshi Township Health Center], “Organization 4”
[嘉義縣東石鄉衛生所,臺灣] [組織 4]

Note: The Foundation needs to receive this memorandum of understanding (MOU) in this exact form. Complete the form fields but do not edit any other text. If you aren't sure how to complete the fields, refer to the tips at the end.

1. **SUBJECT**

全球獎助金# [GG2568860], [Rotary Love Forward Enhancing Ophthalmology & Dentistry Care in Rural Coastal Chiayi 扶輪傳愛-優化嘉義濱海偏鄉五官科醫療設備計畫], [Chiayi County/嘉義縣], [Taiwan/臺灣], “扶輪獎助金。”

2. **DEFINITION**

A cooperating organization is any reputable non-Rotary organization that provides expertise, infrastructure, advocacy, training, education, or other support for the grant project. Cooperating organizations must comply with all reporting and auditing activities required by The Rotary Foundation and provide receipts as requested.

所謂合作組織是指，能夠為獎助金專案提供專業知識、基礎設施、倡導、培訓、教育或其他支援，且具良好

聲譽的任何非扶輪組織或學術機構。合作組織必須遵守扶輪基金會規定的報告及稽查事宜，並提供基金會所要求的購買證明及收據。

3. PURPOSE

This document establishes an agreement between the parties listed above to implement a project funded by a Grant from The Rotary Foundation. This document may also be used with other groups that are participating in the project, such as beneficiary organizations, nonprofit contractors, or government agencies.

本備忘錄為執行扶輪基金會資助的專案時，上述各方必須遵守的協議。本備忘錄也可用於與參加本專案的與其他組織（諸如受益組織、非營利的承包商或政府機構）之間的協議。

4. PROJECT OBJECTIVES

All parties listed in this agreement will collaborate to achieve the following project objectives:

為了實現下列的共同目標，所有列於此備忘錄者必須合作：

- a. [Purchase medical equipment for taking care of the oral health and eye care of local residents.]
- b. [在嘉義縣東石鄉衛生所購置設備眼科及牙科醫療設備，照顧在地民眾的口腔健康及眼睛保健]
- c. [Expand the resources of the dental and ophthalmic equipment to nearby neighborhoods to take care of the disadvantaged residents of about 81,929 people in those remote areas including Liujial Township, Budai Town, Yizhu Township, Lucao Township in Chiayi County]
- d. [將此眼科及牙科診療設備資源擴大到鄰里，讓嘉義縣六腳鄉、布袋鎮、義竹鄉、鹿草鄉、約81,929位民眾獲得照護]
- e. [All medical services and the application process for this project must comply with Taiwan's laws.]
- f. [所有醫療活動及此計畫申請過程都須符合當地法律]

5. HOST SPONSOR RESPONSIBILITIES 地主贊助者的責任

Describe the specific responsibilities of the Host Sponsor. The Host Sponsor will:

地主贊助者將:

- a. [Manage the grant funds and pay suppliers, vendors, or contractors.]
[管理獎助金資金並支付提供者、供應商或承包商的費用]
- b. [Prepare Rotary Grant project reports, in cooperation with the International Sponsor.]
[與國際贊助者合作，撰寫獎助金專案報告]
- c. [Measure and evaluate project activities.]
[衡量及評估專案活動]
- d. [Host visiting Rotarians who come to support or learn about the Rotary Grant project.]
[接待為支援專案或學習專案而來訪的扶輪社員]
- e. [Check the progress of the project from time to time to ensure that the plan implements its

goals, and report relevant results in the Final Report.]

[不定期查核專案進度以確保此計畫執行其目標，並將其相關結果呈報在結案報告]

- f. [Report the progress to all rotary clubs involved in this project, and be responsible for the communication between **Chaiyi** Dental Association and Rotary.]

[為所有參與此計畫的扶輪社提報案件進度，並負責在嘉義縣牙醫師公會與扶輪之間的溝通]

- g. [Rotary Club has the right to suspend this case, if any there is any incident against local laws or Rotary Club terms.]

[如計畫進行中有發現任何違反當地法律或扶輪社條款之事件，有權提出中止此案]

- h. [Seek **Chaiyi** Dental Association's support and resources for the project.]

[要求嘉義縣牙醫師公會為此專案提供支援及資源]

6. INTERNATIONAL SPONSOR RESPONSIBILITIES 國際贊助者的責任

國際贊助者將:

Describe the specific responsibilities of the International Sponsor. The International Sponsor will:

- a. [Direct and coordinate international fundraising efforts.]

[指導及協調國際性的籌款活動]

- B. [Assist the Host Sponsor in implementing and reporting on the Rotary Grant project.]

[協助地主贊助者執行扶輪的獎助金專案及撰寫報告]

7. ORGANIZATION 1 RESPONSIBILITIES 合作組織 1 的責任

Describe the specific responsibilities of Organization 1.

Organization 1 will:

合作組織1將:

- a. [Provide expertise, infrastructure, advocacy, training, education, or other support for the Rotary Grant project.]

- b. [為扶輪獎助金專案提供專業知識、基礎設施、倡導或其他支援]

- c. [Maintain sufficient records and data to complete reports to The Rotary Foundation.]

- d. [儘量保存所有的紀錄和數據，以將完整的報告提交扶輪基金會]

- e. [Report activities and results to the Host Sponsor and International Sponsor accurately and in a timely way.]

- f. [將所執行的活動及結果，報告給地主贊助者和國際贊助者]

- g. [Measure and evaluate project activities.]

- h. [衡量及評估專案活動]

- i. [Contact appropriate medical service institutions with national health insurance (referred to as

- NHI medical service institutions) to participate and support the project to improve the overall medical service.]
- j. [聯繫適當的全民健康保險醫事服務機構(以下簡稱保險特約院所)參與及支援本計畫，提升整體服務醫事人力]
 - k. [Coordinate NHI medical service institutions' task division and coordination, and to integrate medical team strength.]
 - l. [協調保險特約院所間之任務分工協調，以整合及發揮團隊最大力量]
 - m. [Assist with other organization to expand medical services if necessary.]
 - n. [必要時協助安排與其他單位合作以擴大醫療服務]
 - o. 加添其他責任

8. ORGANIZATION 2 RESPONSIBILITIES 合作組織 2 的責任

Describe the specific responsibilities of Organization 2.

Organization 2 will:

合作組織2將:

- a. [All medical services are subject to the requirements of the Ministry of Health and Welfare, ROC.]
[所有醫療之業務須符合衛福部之相關規定]
- b. [Be responsible for arrange qualified **dental and ophthalmic care** workers to participate in **the dental and ophthalmic care program in the health center.**]
[負責安排具有合格證照之**牙科及眼科**醫療人員參與**衛生所牙科及眼科**診療]
- c. [Coordinate NHI medical service institutions' task division and coordination, and to integrate medical team strength.]
[協調保險特約院所間之任務分工協調，以整合及發揮團隊最大力量]
- d. [Provide regular dental care services, education, training and professional consultation.]
[定期提供看診服務,提供教育訓練、培訓及專業諮詢]
- e. 加添其他責任

9. ORGANIZATION 7 RESPONSIBILITIES 合作組織 3 的責任

Describe the specific responsibilities of Organization 3

Organization 3 will:

合作組織 3 將:

- a. [Contact and Coordinate appropriate medical station or community health clinic to participate and support the project
to enhance the oral health of school children.]
[聯繫與協調嘉義縣偏鄉衛生室或醫療站參與此專案並提供支援]

- b. 加添其他責任

10. **ORGANIZATION 8 RESPONSIBILITIES** 合作組織 4 的責任

Describe the specific responsibilities of Organization4.

Organization4 will:

合作組織4將:

- a. [Provide the space, pay for the bill of water and electric, and maintain the equipment well.]
[提供場地並支付水電費及設備基本清潔維護]
- b. [Be responsible for arrange **local residents to participate in dental and ophthalmic care and necessary courses**
related to oral hygiene.]
[負責協助安排在地居民參與牙科及眼科診療及相關必要課程]
- c. 加添其他責任

11. **MUTUAL UNDERSTANDINGS** 相互的理解

All parties agree that:

所有關係者同意:

- a. The Rotary Grant, if approved, will be awarded to the Host Sponsor and International Sponsor.
核准的扶輪獎助金資金將撥付給地主贊助者與國際贊助者。
- b. The Host Sponsor and International Sponsor will control and manage the Rotary Grant.
地主贊助者與國際贊助者負責管理和控制扶輪獎助金。
- c. The Host Sponsor and International Sponsor will be involved in all stages of the project.
地主贊助者與國際贊助者必須參與專案的所有階段。
- d. The Host Sponsor and International Sponsor will each have a grant project management committee with at least three members, responsible for managing the project on their behalf.
地主贊助者與國際贊助者必須各自設立，由至少3名扶輪社員組成的獎助金專案管理委員會來負責管理專案。
- e. The Host Sponsor and International Sponsor and the Organizations will abide by the [Terms and Conditions for Rotary Foundation District Grants and Global Grants](#).
地主贊助、國際贊助者及合作組必須遵守「地區獎助金與全球獎助金的條款與條件」。
- f. The Host Sponsor and International Sponsor affirm that the Organizations are reputable and responsible and act within all laws of the project country.
地主贊助者與國際贊助者必須卻合作組織是有良好的信譽且負責任的組織，且必遵照專案執行國的

法律執行活動。

- g. All grant funds will be received and managed by the Host Sponsor or the International Sponsor and will not be managed by the Organizations.

所有的獎助獎學金資金將由地主贊助者與國際贊助者管理，而不得由合作組織管理。

- h. Grant funds will remain in the designated Rotary Grant bank account until they are needed to pay a vendor or reimburse a purchase.

在支付供應商之前，或在付還購買物品的墊付款之前，必須將資金存留在被指定的扶輪獎助金銀行帳戶。

- i. All payments to vendors and reimbursements to Organizations will be supported by receipts, paid invoices, vouchers or written agreements.

所有支付供應商的款項，或者付還合作組織墊付的款項，都必須有收據、證明付款的發票、證件或書面的同意。

- j. The Organizations may contribute funds toward the project, but The Rotary Foundation does not match these funds.

合作組織可捐獻資金給專案，然而，扶輪基金會對此捐獻不做配合。

- k. The Organizations' project-related documentation may be subject to independent financial and operational review by The Rotary Foundation.

合作組織擁有的相關專案的文件，可能由扶輪基金會執行的第三者財務及營運審查。

- l. In their separate club or district qualification memorandum of understanding, the Host Sponsor and International Sponsor have agreed to:

- m. 地主贊助者與國際贊助者，在各自的社或地區的資格認證備忘錄中同意下列事項：

- Ensure that all grant activities, including the conversion of funds from one currency to another, comply with local law.

確保所有的獎助金活動，包括將資金從一種貨幣兌換成另一種貨幣，都須遵照當地的法律進行。

- Ensure that the project adheres to The Rotary Foundation's stewardship measures and grant management practices.

確保專案遵循扶輪基金會的資金管理措施及專案管理辦法。

- Ensure that all people involved in a grant conduct their activities in a way that avoids any actual or perceived conflict of interest.

確保所有參與專案的人士，在執行專案前，都不會有利益衝突或可能被視為有利益衝突的作為

- Report to the district any potential or real misuse or mismanagement of grant funds.

將資金的濫用與管理不善的事實或可能性報告地區。

- Cooperate with any financial, grant, or operational audits.

在財務稽查、獎助金稽查或運作稽查上合作。

- Maintain a standard set of accounts, which includes a general ledger and a complete record of all receipts and all disbursements of grant funds

維持標準帳戶（包括總帳、所有的收據、付還款的完整紀錄）。

- Disburse grant funds in accordance with the Terms and Conditions for Rotary Foundation District Grants and Global Grants.

遵照「地區獎助金與全球獎助金的條款與條件」撥付資金。

- Maintain records for items that are purchased, produced, or distributed through grant activities.

保存透過獎助金活動分發、購入或製作的項目紀錄。

- Maintain a dedicated bank account to be used only for receiving and disbursing grant funds.

開設並管理專為獎助金資金收支用的銀行帳戶。

- Have a minimum of two Rotarian bank account signatories from the sponsoring clubs or districts for disbursements.

贊助社或贊助地區必須指定至少2名扶輪社員為簽署人，負責撥付資金。

- Maintain a separation of duties for handling funds so no one person is solely in control of them.

資金管理必須由多人分擔不同的任務，以避免完全由一個人全權管理資金。

- Maintain a written plan for transferring custody of bank accounts in the event of a change in signatories.

制定一份書面的轉移計畫，以為改換簽署人時用。

- Retain bank statements to substantiate the receipt and use of grant funds.

保留銀行對帳單，以證實收入和支出的款項。

- Retain grant documents in a location known by and accessible to club and district officers.

將有關獎助金的文件，保存在社及在地區職員都知道且可存取的地方。

- Retain grant documents for a minimum of five years, or longer if required by local law.

將有關獎助金的文件保留至少5年，或依照當地法律保存更久。

12. CONFLICTS OF INTEREST 利益衝突

- a. Any real or perceived conflicts of interest must be disclosed to The Rotary Foundation, in compliance with The Rotary Foundation's Conflict of Interest Policy for Program Participants in the Terms and Conditions for Rotary Foundation District Grants and Global Grants. This includes any instances of Rotarians acting as vendors or serving as trustees, directors, officers, or staff of one of the Organizations. If in doubt, any potential conflict should be disclosed.

遵照「扶輪基金會地區獎助金與全球獎助金的條款與條件」中的「為計劃參加者規定的利益衝突款」，向扶輪基金會公開任何實際或被視為的利益衝突。利益衝突的情況包括：扶輪社員為供應商，或任何作組織的保管委員、理事、高級職員或辦事員。若無法確定是否屬利益衝突，將其潛在可能性公開。

- b. Identify any real or perceived conflicts here:

將實際或被視為利益衝突得情況記述如下：

- c. [Names, roles]

[無]

13. MODIFICATION 修改

Modifications to this document will be made by mutual consent of the parties. A written modification, signed and dated by all parties and approved by The Rotary Foundation, must be issued before acting on any changes.

有關本備忘錄的修改，必須由關係者同意。在履行更改事項前，必須先將所有備忘錄立書人所同意、簽署並附日期的書面修改提交扶輪基金會，並獲核准。

14. CONTACT INFORMATION 聯絡資訊

Your privacy is important to Rotary International and The Rotary Foundation (collectively, “Rotary”) and the personal data you share with Rotary will only be used for official Rotary business, such as in relation to the Rotary Grant. Personal data collected on this form is subject to Rotary’s privacy policy.

您的隱私權對國際扶輪及扶輪基金會（統稱「扶輪」）極為重要。您與扶輪分享的個人資料將限用於扶輪的業務（如與扶輪獎助金有關的業務）。個人資料的收集必須按照「扶輪的隱私政策」Rotary’s privacy policy 執行。

15. AUTHORIZATIONS 授權

By signing below, the parties agree to the terms of this memorandum of understanding.

各方關係者以簽署餘下表示同意本備忘書的條款。

Host Sponsor authorization:

地主贊助者授權: 3502地區 桃園儷德扶輪社

Signature: 簽署: 徐雅菁 Date: 日期: 2024/08/06

Printed Name: 姓名: 徐雅菁 Position: 職位: 社長

Postal Address: 郵寄地址: 桃園市桃園區永安路300號2樓

Phone: 電話: 886-910272453 Email: 電子郵件: angelhsu571118@gmail.com

International Sponsor authorization:

國際贊助者: 3670地區韓國 한국로터리 클럽명扶輪社 Tongyoung-Hanryeo

Signature: 簽署: _____ Date: 日期: _____

Printed Name: 姓名: Seong Hyun Yoon Position: 職位: _____

Postal Address: 郵寄地址: _____

Phone: 電話: _____ Email: 電子郵件: cheongbo01@naver.com

Organization 1 authorization:

合作組織1授權：衛生福利部中央健康保險署南區業務組

Signature: 簽署: 林純美 Date: 日期: 2024/08/07
Printed Name: 姓名: 林純美 Position: 職位: 組長
Postal Address: 郵寄地址: 700臺南市中西區公園路96號
Phone: 電話: 886-6-245678#8104 Email: 電子郵件: melin@nhi.gov.tw

Organization 2 authorization:

合作組織2授權：嘉義縣牙醫師公會

Signature: 簽署: 張世誠 Date: 日期: 2024/08/07
Printed Name: 姓名: 張世誠 Position: 職位: 理事長
Postal Address: 郵寄地址: 600嘉義市西區世賢路一段677號6號樓之1
Phone: 電話: 886-5-2621277 Email: 電子郵件: chanchi2@ms45.hinet.net

Organization 3 authorization:

合作組織3授權:嘉義縣衛生局

Signature: 簽署: 趙紋華 Date: 日期: 2024/08/08
Printed Name: 姓名: 趙紋華 Position: 職位: 局長
Postal Address: 郵寄地址: 61249嘉義縣太保市祥和二路東段3號
Phone: 電話: 886-05-3620600 Email: 電子郵件: cyao624@cyshb.gov.tw

Organization 4 authorization:

合作組織4授權：嘉義縣東石鄉衛生所

Signature: 簽署: 蔡怡瑩 Date: 日期: 2024/08/08
Printed Name: 姓名: 蔡怡瑩 Position: 職位: 主任
Postal Address: 郵寄地址: 614嘉義縣東石鄉3-7號
Phone: 電話: 886-5-3732340 Email: 電子郵件: _____

TIPS FOR COMPLETING THIS FORM

GENERAL

If you're working with just one organization, provide information for Organization 1 only. Always include the Rotary Host Sponsor and International Sponsor.

PROJECT OBJECTIVES

In this section, project partners outline the overall goals of the project that all partners hope to achieve together.

For example:

- Improve the quality of education students receive at Community Primary School
- Improve the quality of care for cancer patients at Community Hospital
- Increase farmers' yields by 10% through drip irrigation

RESPONSIBILITIES SECTIONS

Meeting with all project partners to assign responsibilities and record them in writing can prevent conflicts and increase your project's chances of success. It helps ensure that everyone agrees on the basics of the project plan and prevents confusion during implementation. When you define the responsibilities of each partner, carefully consider their resources and skills. Remember that each project has its own unique roles and responsibilities that are essential for effective implementation. List detailed and specific responsibilities for your project.

Questions to consider when determining responsibilities:

- Who will provide technical and professional services? What specific services will be provided, or what specific skills are needed?
- What types of staffing, infrastructure, or equipment is required, and who will provide those?
- Who will provide training, mentoring, education, advocacy, and financial review?
- Who will direct and coordinate local community education and public relations?
- Who will seek community support and resources for the project?
- Who will manage the grant funds and pay suppliers, vendors, and contractors?
- Will cooperating organizations submit itemized expense statements and receipts before they receive grant funds?
- Who will direct and coordinate fundraising efforts?
- Who will pay for long-term equipment maintenance, operations, programming,

and staffing after Rotary Grant funding ends? (Note that Rotarians may continue to support the project, but the project should not depend solely on that support.)

- Who will prepare Rotary Grant reports? Who will collaborate on reporting?
- How will financial records be stored? Who will maintain these records? What is the document retention plan?
- Who will measure and evaluate the project's outcomes? How will they do this? Who will collect results? How will the outcomes be shared?

MUTUAL UNDERSTANDINGS

For legal reasons, the Foundation needs this section to remain as it is. It must not be added to or edited. We understand that, for certain relationships, Rotarians may need to sign a second MOU or contract to comply with local laws. Even in such cases, however, the Foundation needs this MOU to be submitted with your grant application.

AUTHORIZATIONS

Make sure that all parties have signed the MOU. If any signature is missing, it will be considered incomplete. Each sponsor and organization should decide who will represent it as a signatory.

If you have any concerns or questions, your regional grants officer can review your MOU before it is signed to make sure it's complete.

For Multi Districts Global Grant Projects

跨扶輪地區全球獎助金專案計畫

主辦社：國際扶輪 3502 地區桃園儷德扶輪社

1. How did you come by this project? 請問這個計畫起源為何？

嘉義縣東石衛生所內的眼科及牙科設備缺乏、老舊且經常故障、急需汰換，惟購置全新眼科 AI 高效能儀器及現代化牙科 X 光設備費用昂貴，所方自籌經費困難，希望連結國際扶輪資源協助捐贈，以提升該所眼科、牙科診療設備與服務，並透過健保署及嘉義縣衛生局等機構協調醫事人力協助，能夠讓偏鄉地區民眾在眼科、牙科均能及時獲得適當的診療及照護，強化偏鄉的健康照護體系，邁向健康平權的目標。

2. Have you contacted the district leaders of this project site and sent them the proposal? 請問您通知這個專案計畫執行地的地區領導人還有轉送這個專案的計畫書給他們了嗎？

Yes, 已通知。

3. Have you received their agreements? 請得到這個地區領導人的同意授權。

Yes, 已授權。

Signatures 簽名

國際扶輪 3470 地區 DG 總監

HERN Hsien Lin

國際扶輪 3470 地區 DGE 總監 當選人

莊和達

國際扶輪 3470 地區 DRFC 基金會主委

陳心欣

日期：113.08.20