



Vitamin Angels Micronutrient Grant Application

Instructions: Read our General Eligibility Requirements, available on our website at: <http://www.vitaminangels.org/field-partners>. If your organization qualifies for a micronutrient grant, complete the application below.

Thank you for your interest in Vitamin Angels. Vitamin Angels (VA) helps at-risk populations in need—specifically pregnant women, new mothers, and children under five—gain access to lifesaving and life changing vitamins and minerals. To fulfill this mission, VA provides annual grants of vitamin A, albendazole, and multivitamins to local organizations seeking to add direct supplementation services to their existing health/nutrition services. An important component of the support provided by VA is to ensure that any products donated are complementary to and coordinated with existing national health services. Grants made by VA should be targeted at “hard to reach” beneficiaries who do not have regular access to micronutrient products from government health care services.

Please return this completed form to programs@vitaminangels.org.

A. General Information

Vitamin Angels requires all grantees to be locally registered in the country in which you are implementing a VA micronutrient supplementation program. Please submit a copy of your registration certificate upon submission of this grant application. Please also complete a separate micronutrient grant application for each country for which you are applying.

Date (MM/DD/YY):	
Organization (Full Legal Name):	
Local Country of Registration:	
Local Gov't Registration No:	
Organization's Website:	
Contact Name:	
Title:	
Phone Number:	
Email Address:	

Full In-Country Headquarters Address (not a US address):	
Street:	
City:	
State:	
Postal Code:	
Country:	

Please briefly describe the following:

1. The organization's mission:
2. The programs and services the organization is currently providing:

B. Project Information

1. Is vitamin A and/or albendazole already being distributed by government authorities and/or other agencies or organizations in the village, district, province, state, or country in which you work (check all that apply):
 - National Ministry of Health
 - District Ministry of Health
 - Local NGO, NPO, or CBO
 - None of the above
2. Please explain why the beneficiaries you serve do not receive these commodities from another source.
3. In some countries, governments may provide iron-folic acid (IFA) supplementation for women during pregnancy as part of the routine antenatal care. Are IFA supplements already being distributed to pregnant women by government authorities and/or other agencies or organizations in the village, district, province, state, or country in which you work (check all that apply):
 - National Ministry of Health
 - District Ministry of Health
 - Local NGO, NPO, or CBO
 - None of the above
4. Please explain why the beneficiaries you serve do not receive iron-folic acid from another source.
5. Do you currently have a vitamin A supplementation, deworming (albendazole), and/or multivitamin distribution program targeting children or women?
 - Yes
 - No
6. If you answered yes to question 5, tell us who (e.g. UNICEF, Government, other NGOs, or purchased by your organization) supplies your vitamin A, albendazole, and/or multivitamins and why this supply is insufficient to meet your needs.
7. Please explain your plans to coordinate with government or other organizations in order to avoid overlapping vitamin A, albendazole, and/or multivitamin distributions in the same geographic area (e.g. UNICEF, government, or NGOs).
8. What forms of documentation can you provide to demonstrate your organization's coordination with government and/or ability to reach those unserved by the government (ie, MOU from the government, letter from a local clinic indicating a coverage gap, survey data)?
9. Will your organization distribute commodities to all beneficiaries within a (check one):
 - Defined geographic area (ie. village/district)
 - Sub-group of beneficiaries (ie. selected schools or program participants)
10. Does your organization's distribution system have the ability to identify and reach the same beneficiaries year after year?
 - Yes
 - No
11. What kind of records do you use or consult to ensure that the beneficiaries aren't receiving vitamin A, albendazole, and/or multivitamins from another source (ie, child health card, clinic register)?
12. How will you track your inventory and distributions?
13. Who will distribute the commodities donated by Vitamin Angels to the intended beneficiaries? Select all that apply
 - Medical doctor
 - Volunteer health workers
 - Nurse
 - Untrained volunteers
 - Government health staff
 - Other:
14. Who will be administering the commodities? (check one):
 - Local representatives of your organization and/or NGO partners

- NGOs and government
- Only government

All partners listed in section C must agree to ALL application terms and conditions.

15. Please indicate if the commodities donated by Vitamin Angels will be distributed as one of the following:

- As an independent program
- Together with other services

16. Will the product requested in this application be distributed as part of a research study?

- Yes
- No

17. Estimated dates of distribution:

Start date (MM/DD/YY): End date (MM/DD/YY):

18. Please check the box(es) that most closely describes your system for distributing commodities donated by Vitamin Angels.

If your organization is distributing **vitamin A and albendazole**:

- Twice annual national level campaign
- Twice annual community level campaign
- Twice annual institutional level campaign (eg. Schools, religious institutions, etc)
- Opportunistic dosing (e.g. with clinic visits)
- Other:

What is your distribution plan for **vitamin A and deworming**? For example, will distribution occur as a part of an existing program, where will the distributions take place, how often would you provide vitamins, would you provide education to the mothers/children, etc.

If your organization is distributing **multivitamins**:

- Community or household level distribution
- Institution level distribution (e.g. maternity clinics, religious institutions, etc.)
- Planned rolling distribution (e.g. distribution across several specific dates)
- Opportunistic dosing (e.g. with clinic visits)
- Other:

What is your distribution plan for **multivitamins for pregnant women**? For example, will distribution occur as a part of an existing program, where will the distributions take place, how often would you provide vitamins, would you provide education to the mothers/children, etc.

19. On average, when do you first reach pregnant women with multivitamins or other services?

- Before conception
- 1st trimester
- 2nd trimester
- 3rd trimester
- Variable, please explain:

20. On average, how many multivitamin doses do you plan to provide to each woman annually?

- 30
- 60
- 90
- 180
- 270
- Other, describe:

C. Beneficiary Information

Vitamin A / Albendazole			
Vitamin A Dosing Schedule for Universal Distribution of Vitamin A: Children 6-59 Months of Age			
	Dose	How Often	Annual Dose
Infants 6-11 months	100,000 IU	Every 4-6 months	1
Children 12-59 months	200,000 IU	Every 4-6 months	2
Albendazole Dosing Schedule in Combination with Universal Distribution of Vitamin A: Children 6-59 Months of Age			
	Dose	How Often	Annual Dose
Infants 6-11 months	Do not give	Do not give	-
Children 12-23 months	200mg (½ tablet 400mg)	Every 6 months	2
Children 24-59 months	400 mg	Every 6 months	2
Multivitamins for Women			
Multivitamin Dosing Schedule for Universal Distribution of Multivitamins: Pregnant Women			
	Dose	How Often	
Pregnant Women	One capsule	Once daily	

Most governments distribute vitamin A, albendazole, and to some extent multivitamins, as part of government programs. Your request to Vitamin Angels is intended to fill any gaps in supply or gaps in coverage of eligible beneficiaries. VA does not want to displace existing programs or supplies. Using the table provided below, request commodities by filling in the cells shaded grey with the number of beneficiaries to be reached by your organization and/or partner organizations during one year. Vitamin Angels will provide micronutrient doses sufficient for one year for each eligible beneficiary reached by your organization.

- Please describe the population you intend to serve by name of organization, geographic location, and age group.
- Geographic location is best described by naming the 2nd administrative level of the location of each distributing partner. If you don't know the second administrative level name, then list the nearest city to each distribution location.
- Limit your commodity requests to demonstrable need and your organization's capacity to distribute micronutrients.
- Limit your request to the beneficiary populations noted in the table. Vitamin Angels only provides micronutrients to children under 5 and/or pregnant women.

Name of Organization	Location Served (2 nd Administrative Level*)	Total Population** of Location Served (2 nd Administrative Level*)	Vitamin A 100,000 IU	Vitamin A 200,000 IU	Albendazole 400 mg	Multivitamins for Women
			No. of Infants 6-11 months	No. of Children 12-59 months	No. of Children 12-59 months	No. of Pregnant Women
Direct Distribution by Your Organization						
Distribution by Partners of your Organization						
TOTAL No. of Beneficiaries						

* A 2nd Administrative Level refers to a subdivision within a country such as a district, municipality, or department.

** Please provide data source(s) for the "Total Population" figures in the above table:

D. Shipping and Storage Information

It is essential that your organization:

- Know the specific documentation required for importation of commodities into the country of destination,
- Understand that if shipping documentation is not properly filled out, it can result in costly delays/fees to your organization,
- Have or be prepared to hire an in-country person who is familiar with clearing commodities from customs, and
- Have a capacity to forward ship and store donated commodities locally (after commodities are cleared from customs).

1. Does your organization ship or hand carry other donations of product/supplies from the US to your country of operation?
 Yes No

2. If you answered YES to the above question, please indicate the **US address** to which VA will ship donated commodities. If you answered NO to the above question, please indicate the **international address** in the country of operation. Please note, for multivitamins for pregnant women, VA has a limited capacity to ship to international locations and will make a decision to do so on a case-by-case basis.

Shipping Address:

Contact Name:	
Telephone Number:	
Email Address:	
Organization Name:	
Street:	
City:	
State:	
Postal Code:	
Country:	

Preferred Port of Entry:	
Address Type:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Unloading Dock:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Hours:	

3. Please check the shipping documentation required to complete the forward shipment to the country of operation (e.g. to secure release of the shipment from customs in the destination port city of entry). Check all that apply:

- Certificate of Gift Donation
- Commercial Invoice / Packing List
- Certificate of Analysis
- Certificate of Origin
- Other:

4. Does your organization have US and/or local, in-country staff with experience extracting commodities out of customs in the country of operation?
 Yes No Not applicable

5. Vitamin Angels does not pay for customs clearance. Does your organization have the ability to pay for extracting commodities out of customs?
 Yes No Not applicable

6. Does your organization have an appropriate (safe, secure, away from direct sunlight, in a cool and dark place) storage facility:
 a. In the US in which to store donated commodities?
 Yes No Not applicable
 b. In the country of operation in which donated commodities may be stored on arrival and before their distribution?
 Yes No Not applicable

7. Does your organization have the ability to move, at its own expense, donated commodities from:
 a. The organization's US-based headquarters or storage facility to the port of entry of the country of operation?
 Yes No Not applicable
 b. The port of entry of the country of operation to the community(s) in which donated commodities will be distributed?
 Yes No Not applicable

E. Reporting Information

Once every 12 months, Vitamin Angels requires the submission of a standard report from all grantees to confirm the number of doses distributed, number of beneficiaries reached, geographic areas of coverage, and inventory remaining. Your organization must have the capacity to track distributions and report accurate information to VA. Please review the standard reporting form available on our website at www.vitaminangels.org/field-resources.

1. Person responsible for monitoring & reporting:

Contact Name:	
Title:	
Telephone Number:	
Email Address:	

2. Vitamin Angels' mandatory annual reporting includes the following:

- Vitamin Angels Annual Reporting Form (due 11 months after grant is made)
 Copies of reporting forms submitted to the government (i.e. Ministry of Health) verifying total number of doses distributed
 Photographs of distribution (photo of distribution site layout(s) and photo(s) of service provider(s) giving commodities to a beneficiary)

F. Reference

Please provide a reference from an outside entity that is familiar with your work (i.e. donor, government official, partner NGO):

Name:	
Title:	
Organization:	
Phone:	
Email:	

It is helpful to VA to understand how your organization is funded. Please describe your current top sources of funding.

G. Authorization for Use of Organization's Name

Vitamin Angels' network of grantees is an important asset in allowing us to reach children worldwide with micronutrients. As part of that network, Vitamin Angels may desire to list the name of your organization on our website (vitaminangels.org) or our partners' site to indicate Vitamin Angels' impact on the region/country in which your organization works. Your name may be shown in the form of: a) a list of field partners, b) on a map (in the regions(s) in which you are distributing product), c) mentioned in relation to the specific region or country in which you work. Please check the box below and enter the name of your organization as you would like it represented to allow Vitamin Angels to use your organization's name in the manner specified above.

- I, as an authorized agent of the organization, agree to the use of our organization's name, .

H. Terms and Conditions for Micronutrient Grants

- Grantee assumes responsibility for ensuring that all Terms & Conditions agreed to herein are passed on to and abided by all sub-grantees listed in Section C.
Do you agree to this term/condition? Yes No
- Grantee must distribute micronutrients in an area of geographic priority to VA situated in Africa, Latin America & Caribbean, Eastern Europe, Asia, and the Middle East.
Do you agree to this term/condition? Yes No
- Grantee must distribute all micronutrients to beneficiaries that are a priority to VA:
 - Infants 6-11 months living in underserved areas, and/or
 - Children 12-59 months living in underserved areas, and/or
 - Pregnant women living in underserved areas.Do you agree to this term/condition? Yes No
- Grantee must distribute micronutrients to underserved beneficiaries.
Do you agree to this term/condition? Yes No
- Grantee must agree not to deny availability, access, or use of a commodity donated by VA to any prospective beneficiary on the basis of ethnicity, race, religion, or ability to pay.
Do you agree to this term/condition? Yes No
- Unless specifically agreed to in writing by VA, Grantee may not charge a fee to any beneficiary for a commodity donated by VA.
Do you agree to this term/condition? Yes No

7. Grantee must agree to provide to VA, on an annual basis, a simple report on distribution achieved (form is provided or available on VA's website).
Do you agree to this term/condition? Yes No
8. Grantee must agree to accept generic products produced to VA's specification. All micronutrients donated to VA meet USFDA requirements for manufacture and distribution as dietary supplements for human consumption, and are not expired. Deworming treatments donated to VA meet international requirements for manufacture and distribution as pharmaceuticals for human consumption, and are not expired.
Do you agree to this term/condition? Yes No
9. VA or our sponsors generally pay for shipping and handling costs to the door of the grantee's US storage facility. Grantee must accept responsibility for all storage and handling costs at the grantee's US storage facility; and for forward shipping from the US to beneficiaries. This may include one or more of the following costs: international shipping, clearing commodities from customs, cost of shipping, handling and proper storage of commodities after arrival at port of entry and until commodities reach beneficiaries. In select circumstances, where grantee does not have a US affiliate to support international transportation of donated goods, VA may approve shipping commodities to the country port of entry. Grantee is still responsible for clearing commodities from customs and all local shipping and distribution costs.
Do you agree to this term/condition? Yes No
10. Grantee must agree, if requested, to permit a VA team to visit Grantee's project sites for the purpose of generating public communication that will assist VA to continue fundraising activities. (VA will pay all its own expenses, will follow UNICEF publicity guidelines, and will give Grantee the right to comment on communications in advance of their use by VA.)
Do you agree to this term/condition? Yes No
11. Grantee must recognize that the majority of micronutrient and pharmaceutical products donated by VA are labeled in English. This creates special burden for those distributing commodities to beneficiaries who do not speak English. Grantee must agree to take steps appropriate to the setting in which donated commodities are to be distributed to ensure proper instructions for use are given to beneficiaries.
Do you agree to this term/condition? Yes No
12. Grantee must agree, if requested, to permit a VA team to visit any of the Grantee's project sites for the purpose of conducting a monitoring visit. VA will pay its own expenses, and will conduct the visit in the least obtrusive manner possible. The purpose is to ensure that projects are conducted in accordance with internationally accepted best practices for micronutrient distribution.
Do you agree to this term/condition? Yes No
13. Grantee must distribute all commodities provided by VA consistent with best practice; and for certain pharmaceutical commodities (e.g., albendazole), these will be distributed consistent with the customary medical or paramedical personnel oversight practiced in the country of distribution. (Best practices and dosing schedules are available on VA's website.)
Do you agree to this term/condition? Yes No
14. VA provides only commodities that meet standards for the manufacture of dietary supplements (for human consumption) or standards for the manufacture of pharmaceutical products (for human consumption) as determined by the US FDA. Grantee accepts that VA accepts no responsibility for any donated commodity after delivery of that commodity is accepted by the Grantee or consignee; and Grantee will hold VA harmless from and against any and all liabilities, losses, damages, costs, and expenses associated with any claim or action brought against the grantee in connection with the use of the commodities donated by VA.
Do you agree to this term/condition? Yes No
15. VA appreciates when Grantees share publicly about our support. However, Grantee must agree to seek approval from VA prior to any public statement that features our logo, images of our product in the field, and describes our work. VA is happy to provide approved content and our logo usage kit and welcomes the publicity.
Do you agree to this term/condition? Yes No
16. Grantee acknowledges that through its work with VA it may have access to various VA photographs, videos and other content (collectively, the "Materials"). Grantee agrees to follow any guidelines or limitations with respect to such Materials, agrees not to make any use of such Materials without VA's approval, and acknowledges that VA cannot be responsible for Grantee's use of any such Materials. Grantee agrees to be solely responsible for its use of the Materials, which may include the determination about whether it is necessary or advisable to secure any permissions or agreements in connection with use of the Materials, and the obtaining of any such consents.
Do you agree to this term/condition? Yes No

Organization Name:		Please scan/email or mail application and NGO registration to: programs@vitaminangels.org Or fax to: +1 805-564-8499 Or mail to: Vitamin Angels, Programs Division PO Box 4490 Santa Barbara, CA 93140
Authorized Agent:		
Title:		
Date:		
Original Signature (required):		