Vitamin Angels Annual Report

Canada-Based Programs

### **Instructions**

This report is to be completed once annually by each recipient of a Vitamin Angels grant/donation. At this time, you may also apply for an extension to your grant via the Grant Extension Application.

Please complete and return this form to [domesticprograms@vitaminangels.org](mailto:domesticprograms@vitaminangels.org).

|  |  |
| --- | --- |
| Date of Report (mm/dd/yy): | |
| Organization Name: | |
| Contact Person: | Title: |
| Email: | Phone Number: |

### **General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Commodity** | **Starting Inventory**  (# bottles remaining from previous grant) | **Total Bottles Received**  (# bottles shipped  this grant cycle) | **Total # Bottles to account for this grant cycle**  (Starting Inventory + Bottles Received) |
| Multiple Micronutrient Supplements (**MMS**) for Pregnant Women |  |  |  |

### **Distribution to Beneficiaries**

|  |  |
| --- | --- |
| **Using the table below, give distribution details for Vitamin Angels multiple micronutrient supplements for pregnant women (MMS), which are commonly referred to as prenatal multivitamins.**  **PLEASE NOTE:**   * For each distribution location, please record total number of bottles distributed to beneficiaries * Be sure to include all sites where MMS were distributed, including subgrantees, if applicable * If additional lines are necessary, please attach a spreadsheet outlining details below. | |
| **Distribution Location**  (Clinic Name / City, County or District, Province) | **Number of Bottles Distributed to**  **Pregnant Women** |
| /       ,       , |  |
| /       ,       , |  |
| /       ,       , |  |
| /       ,       , |  |
| /       ,       , |  |
| /       ,       , |  |
| /       ,       , |  |
| /       ,       , |  |
| **Total Bottles Distributed:** |  |
| **Total Losses \*:** |  |
| **Inventory Remaining in Stock:** |  |
| \*Product loss includes damaged, misplaced or expired product not being distributed | |

1. Please explain your method of distribution (how MMS got from the shelf to the woman):

1. How many bottles of MMS did you give to each pregnant woman? Please explain why.

1. Are you giving MMS to non-target groups (i.e. women postpartum or other groups not currently pregnant)? If yes, please explain why.

Yes (please explain):

No

### **Inventory and Loss Detail**

1. If you have product remaining in inventory, list the dates of product expiration and describe your distribution plan for the inventory balance:

1. If there were any losses (expired, misplaced or damaged product) exceeding 5% of bottles granted to your organization:
   1. Please explain why:

* 1. How will you reduce losses in the future?

1. **Optional Reporting**

Is there any additional information you would like to share with us about your programs? This is not required, but we are always interested to hear!

|  |
| --- |
| **The following additional supporting documentation is always welcomed, but not required:**   * Your organization’s annual report * Photos of your organization, staff and/or beneficiaries * Stories about beneficiaries or staff that highlight the impact of our donation * Videos |

Please feel free to share any stories you would like to offer below:

If you are able to provide stories about beneficiaries or staff that have benefited from our donation, Vitamin Angels often likes to highlight the work of our partners by featuring them in our external communication materials. Do you authorize Vitamin Angels to use the photos and/or stories you have provided in our external communication materials (VA website, blog, social media, etc.)?

Yes

No

### **Certification of Report**

|  |  |
| --- | --- |
| Organization Name: | Contact Name: |
| Date: | Title: |