Vitamin Angels Grant Extension Application

Canada-Based Programs

### **Introduction**

Vitamin Angels (VA) supports the delivery of evidence-based nutrition interventions by providing commodities and technical assistance. For programs based in Canada, multiple micronutrient supplements (MMS) for pregnant women (commonly referred to as prenatal multivitamins) can be provided as in-kind donations to qualified organizations.

To apply for a grant extension, please complete and return this form to [domesticprograms@vitaminangels.org](mailto:domesticprograms@vitaminangels.org).

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

### **General Information**

### **Project Information**

1. Please describe the population you serve and the need for MMS within this community (e.g. barriers to accessing health care or nutritious foods, income, etc.)

### **Project Need**

|  |  |  |  |
| --- | --- | --- | --- |
| **Using the table provided below, request product by filling in the cells shaded grey with the number of women to be reached by your organization and/or partner organizations over the course of one year.**  **PLEASE NOTE:**   * Please identify the population you intend to serve by agency name and distribution location. * Please provide i) the total number of pregnant women you will serve over a 12 month period, as well as ii) the total number of those pregnant women you anticipate needing MMS over the course of that year * Please limit your request according to demonstrable need and your organization’s capacity to distribute MMS * Available products are for distribution in CANADA only * If additional lines are needed, please attach a spreadsheet outlining the details below. | | | |
| **Name of Organization**  **and Location (City, Province)** | | **Number of Pregnant Women Served Annually** | **Number of Pregnant Women Anticipated to Need MMS** |
| **Distribution by Your Organization** |  |  |  |
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| **Distribution by Partners of Your Organization** |  |  |  |
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| **Total No. of Pregnant Women:** | |  |  |

1. How did you estimate the number of women to be reached with MMS?

### **Shipping Information**

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| --- | --- |
| Contact Name: | |
| Telephone Number: | Email address: |
| Organization Name: | |
| Address Line 1: | |
| Address Line 2 (if needed): | |
| City: | Province: |
| Postal Code: | Unloading Dock:  Yes  No |
| Address Type:  Commercial  Residential | |
| Receiving Hours: | |

### **Authorization for Use of Organization’s Name**

As a Vitamin Angels partner, we may want to share the name and/or location of your organization to show Vitamin Angels' impact (for example: on our website [www.vitaminangels.org](http://www.vitaminangels.org) or with our donors). No specific contact information will be shared. Please check the box below to allow Vitamin Angels to use your organization's name in the manner specified above.

I agree to Vitamin Angels’ use of our organization’s name

|  |  |  |
| --- | --- | --- |
| **Terms and Conditions** | Do you agree to this  term/condition? | |
| 1. Grantee must provide interventions in Canada only. | | Yes  No |
| 1. Grantee must provide interventions to beneficiaries that are a priority to Vitamin Angels (pregnant women experiencing barriers to accessing MMS) | | Yes  No |
| 1. Grantee must not deny availability, access, or use of a donation by Vitamin Angels to any beneficiary on the basis of ethnicity, race, religion or ability to pay. | | Yes  No |
| 1. Grantee must not charge a fee to anyone, including beneficiaries, for a Vitamin Angels’ donation. | | Yes  No |
| 1. Grantee must provide an annual report to Vitamin Angels that specifies quantity and location of interventions. | | Yes  No |
| 1. Grantee must accept generic commodities produced to Vitamin Angels’ specification. All Vitamin Angels micronutrient donations meet USFDA, USP and/or local requirements for manufacture and distribution as dietary supplements for human consumption, and are not expired. | | Yes  No |
| 1. Vitamin Angels and our sponsors generally pay for shipping and handling costs to the door of the grantee’s storage facility. Grantee must accept responsibility for all storage and handling costs at the grantee’s storage facility. | | Yes  No |
| 1. Grantee must not use donation by Vitamin Angels to influence or otherwise persuade prospective beneficiary towards any decision regarding the direction of their pregnancy. | | Yes  No |
| 1. Grantee accepts Vitamin Angels to conduct a monitoring visit of the grantee’s project sites. Vitamin Angels will pay its own expenses, and will coordinate with your staff to conduct the visit in the most appropriate way. The purpose is to ensure that projects are conducted in accordance with internationally accepted best practices. | | Yes  No |
| 1. Grantee must administer Vitamin Angels’ interventions consistent with best practices. (Best practices and dosing schedules are available on VA’s website) | | Yes  No |
| 1. Grantee is responsible for distributing all commodities provided by Vitamin Angels prior to the expiration date. If unable to do so and expired commodities need to be disposed of, Grantee is responsible for the destruction process and all costs associated with it. | | Yes  No |
| 1. Grantee accepts that Vitamin Angels accepts no responsibility for any donated commodity after delivery of that commodity; and Grantee will hold Vitamin Angels harmless from and against any and all liabilities, losses, damages, adverse events, costs, and expenses associated with any claim or action brought against the grantee in connection with the use of the commodities donated by Vitamin Angels. | | Yes  No |
| 1. Grantee must seek approval from Vitamin Angels prior to any public statement that features our logo, images of our commodities or describes our work. Vitamin Angels is happy to provide approved content and our logo usage kit and welcomes the publicity. For details: <https://www.vitaminangels.org/logo-download-form> | | Yes  No |
| 1. Grantee acknowledges that through its work with Vitamin Angels it may have access to various Vitamin Angels 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 Vitamin Angels’ approval, and acknowledges that Vitamin Angels 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. | | Yes  No |
| 1. Grantee assumes responsibility for ensuring that all Terms & Conditions are passed on and abided by all organizations listed in the Vitamin Angels Grant Request. | | Yes  No |

### **Submission**

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| --- | --- |
| Organization Name: | **Please scan and email application to:**  [**domesticprograms@vitaminangels.org**](mailto:domesticprograms@vitaminangels.org)  **Or mail to: Vitamin Angels, Programs Division**  **PO Box 4490**  **Santa Barbara, CA 93140** |
| Primary Contact Name: |
| Title: |
| Date: |
| **Signature** (electronic signature permitted)**:** |