Vitamin Angels Annual Report

US-Based Programs

### **Instructions**

This report is to be completed annually by organizations receiving a Vitamin Angels grant of prenatal multivitamins, also known as multiple micronutrient supplements (MMS) to support healthy pregnancies. Upon completion of this report, you may also apply for a new grant via the Grant Renewal 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**

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| **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) |
| Prenatal Multivitamins |  |  |  |

### **Distribution**

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| **Using the table below, give distribution details for Vitamin Angels prenatal multivitamins.**  **PLEASE NOTE:**   * For each distribution location, please record total number of bottles distributed * Be sure to include all sites where Vitamin Angels prenatal multivitamins were distributed, including subgrantees, if applicable * If additional lines are necessary, please attach a spreadsheet outlining details below. | |
| **Distribution Location**  (Clinic Name / City, County, State) | **Number of Bottles Distributed** |
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| **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 a bottle got from the shelf to the client):

1. Please describe in which departments, clinics or programs you are distributing the prenatal multivitamins (e.g. OBGYN, primary care, WIC program, etc.):

1. How many bottles of prenatal multivitamins did you give to each client? Please explain why.

1. Of the total bottles distributed, how many of them were distributed to clients that were currently pregnant?

1. If the number of bottles distributed was significantly lower (or higher) than anticipated, please explain why:

### **Inventory and Loss Detail**

1. If you have product remaining in inventory, list the date(s) of product expiration and describe your plan for distributing 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!

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| **The following additional supporting documentation is always welcomed, but not required:**   * Your organization’s annual report * Photos of your organization, staff and/or clients receiving prenatal multivitamins * Stories about clients receiving prenatal multivitamins 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 how your clients or organization 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**

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