Vitamin Angels Grant Renewal Application

US-Based Programs

### **Introduction**

Vitamin Angels (VA) supports the delivery of evidence-based nutrition interventions by providing commodities and technical assistance. For programs based in the United States, prenatal multivitamins, also known as multiple micronutrient supplements (MMS) can be provided as in-kind donations to qualified organizations. Prenatal multivitamins are a daily nutritional supplement of vitamins and minerals and serve as an excellent way to nutrient needs to support a healthy pregnancy.

For organizations who have previously been awarded a grant of prenatal multivitamins and would like to apply for another grant, please complete this form and return to domesticprograms@vitaminangels.org.

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

### **General Information**

### **Project Information**

1. In order to best support healthy pregnancies, Vitamin Angels has broadened its distribution guidelines in the United States. Vitamin Angels prenatal multivitamins are intended to be distributed to **women of reproductive age who experience barriers to obtaining prenatal multivitamins on their own or through other safety net programs**. Please answer the following questions regarding targeted distribution:
	1. Approximately what percent of women of reproductive age that are served through your program experience barriers to accessing prenatal multivitamins?

* 1. What information do you collect from clients to determine if they are experiencing barriers to accessing prenatal multivitamins?

* 1. Are you willing and able to target your distribution to ensure 100% of the product donated goes to women of reproductive age who experience barriers to accessing prenatal multivitamins?

### **Project Need**

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| **Using the table provided below, request product by filling in the cells shaded grey with the number of clients 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 women of reproductive age you anticipate serving over the next 12 months, as well as ii) the total number of those clients you anticipate needing prenatal multivitamins over the course of that year
* Please limit your request according to demonstrable need and your organization’s capacity to distribute prenatal multivitamins
* Available products are intended for targeted distribution to women of reproductive age who are experiencing barriers to accessing prenatal multivitamins
* Available products are for distribution in the UNITED STATES only
* If additional lines are needed, please attach a spreadsheet outlining the details below.
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| **Name of Organization****and Location (City, County, State)** | **Number of Women of Reproductive Age Served Annually** | **Number of Women of Reproductive Age Anticipated to Need Prenatal Multivitamins** |
| **Distribution by Your Organization** |       |       |       |
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| **Distribution by Partners of Your Organization** |       |       |       |
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| **Total No. of Clients:** |       |       |

1. How did you estimate the number of clients to be reached with prenatal multivitamins?

1. Through which avenues/departments do you plan on distributing the prenatal multivitamins (e.g. OBGYN, WIC site, primary care, maternal health fairs, etc.)

1. If your request was significantly higher (or lower) than previous years, please explain why:

### **Shipping Information**

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| Contact Name:       |
| Phone:       | Email address:       |
| Organization:       |
| Address Line 1:       |
| Address Line 2 (if needed):       |
| City:       | State:       |
| Zip 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

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| **Terms and Conditions**  | Do you agree to this term/condition? |
| 1. Grantee must provide interventions in the United States only.
 | [ ]  Yes [ ]  No |
| 1. Grantee must target distribution of prenatal multivitamins to women of reproductive age who experiencing barriers to accessing prenatal multivitamins.
 | [ ]  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 donations meet USFDA and USP 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 US storage facility. Grantee must accept responsibility for all storage and handling costs at the grantee’s US storage facility.
 | [ ]  Yes [ ]  No |
| 1. Grantee recognizes that most Vitamin Angels donations are labeled in English. Grantee must ensure proper instructions are given for non-English speaking beneficiaries.
 | [ ]  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 in the United States. (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 email application to:****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)**:**      |