



Partnership and Medical Donation Application

Thank you for your interest in Hands of Hope NW, Inc. Hands of Hope Northwest, Inc. is a U.S. based, nonprofit faith based medical assistance organization that is committed to serving the poor and underserved of the world. Hands of Hope requires that partner facilities render services to all regardless of nationality, political affiliation, ethnic origin, religious belief, or ability to pay. Hands of Hope NW does not provide financial assistance to partner organizations.

Hands of Hope's partner facilities and organizations must assume full responsibility for the non-commercial use of the donation and must ensure that no one is turned away due to the inability to pay for medical treatment.

Our staff and volunteers strive to send only quality medical equipment and supplies. We do not want to send items that cannot be used by our partners. If approved, you will be given the opportunity to select those items that will be most useful to your organization.

Hands of Hope NW requires documentation of receipt, distribution, and use of the donation after it has been received. If documentation via at least five pictures and a report are not provided, your organization will not be eligible to receive another shipment.

Enclosed please find our Application for Medical Donation which provides us with essential information needed to evaluate your facility or program and your ability to receive a shipment of donated medical supplies and equipment from Hands of Hope Northwest.

Application may be returned via email to:

info@handsofhopenw.org

Application for Medical Donation

General Information

Date: _____

Health Facility/Project Name _____

Address _____

City _____

State/Province/Department _____

Country _____

Contact Person _____

Title _____

Telephone (include country code) _____

Fax _____

Email _____

Cell Phone _____

Website _____

1.2 Type of Organization (Please Specify)

- 501©3 Non-Profit Organization (Attach letter of Determination.)
- Faith Based organization
- Other _____

1.3 Has your facility or project received assistance from Hands of Hope NW before?

- yes no If yes, when? _____

1.4 Party responsible for costs of shipping and handling:

Name _____

Title _____

Street _____

City _____ State _____

Country _____ Postal Code _____

Phone _____ Fax _____

1.5 How did you hear about Hands of Hope NW?

1.6 From what other sources does your facility normally obtain medicines, equipment and supplies?

1.7 Are there other local, national or international organizations or medical facilities in your area with which you collaborate and/or share resources? Yes No

1.8 Items available through Hands of Hope have product information and labeling in English. Does this create a problem for your health care providers?

2. FACILITY INFORMATION

2.1 Is your facility/program registered with the government as a not-for-profit or charitable institution? Yes No

2.2 The materials requested will be primarily used by:

- a single medical facility
- more than one medical facility

2.3 What are the electrical requirements for medical equipment?

- 110 Volts 50 Mhz
- 220 Volts 60 Mhz
- Other (Please specify)

2.4 How long has the facility been in operation? _____

2.5 Type of medical services provided at your facility (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> primary health care | <input type="checkbox"/> gynecology | <input type="checkbox"/> intensive care |
| <input type="checkbox"/> general medicine | <input type="checkbox"/> obstetric | <input type="checkbox"/> X ray/imaging services |
| <input type="checkbox"/> immunizations | <input type="checkbox"/> orthopedics | <input type="checkbox"/> dental |
| <input type="checkbox"/> health education | <input type="checkbox"/> eye care | <input type="checkbox"/> laboratory |
| <input type="checkbox"/> nutritional services | <input type="checkbox"/> ear, nose & throat | <input type="checkbox"/> surgery |
| <input type="checkbox"/> pediatrics | <input type="checkbox"/> emergency care | |
| <input type="checkbox"/> HIV/Aids testing | <input type="checkbox"/> HIV/Aids treatment | <input type="checkbox"/> other _____ |

2.6 Does your facility provide preventive health care programs? yes no

Explain which types: _____

2.7 Is there a secured storage area for medical goods at your facility? yes no

3. FINANCIAL INFORMATION

3.1 Sources of funding to support your facility or program:

- Patient fees _____
- Government funding _____
- Private donations _____
- Grants _____
- Church donations _____
- NGO's _____
- Other _____ Please Specify: _____

3.2 Is there a charge for services at this facility? yes no

Are medical treatment and medical supplies available free of charge to patients who are unable to pay? yes no

What are the criteria for providing free service and how is eligibility determined?

6. REFERENCES

Please list two references that Hands of Hope NW, Inc may contact. These references must not be directly affiliated with your organization/facility, but need to have knowledge of the services provided. This could include officials, medical professionals, NGO's, or other organizations within your community.

Name _____

Title _____

Address _____

City _____

State/Province _____ Country _____

Telephone _____ FAX _____

Email _____ Cell _____

Name _____

Title _____

Address _____

City _____

State/Province _____ Country _____

Telephone _____ FAX _____

Email _____

Cell _____

7. International Transportation

All international shipments require a “consignee” to receive the shipment at the port of entry, clear it through customs and arrange for its transportation to the recipient facility.

List the following information about the consignee:

Name _____

Title _____

Organization/Company _____

Address _____

City _____

State/Province _____ Country _____

Telephone _____ FAX _____

Email _____

Cell phone _____

In-country transportation arrangements and costs involved in the release of your shipment from customs are the responsibility of the consignee. All costs incurred beyond the port of entry, including in country transportation, demurrage, port charges and storage, are also the responsibility of the consignee.

Has your facility or program ever received a charitable donation from abroad in the past?

yes no If yes, what organization and when was the shipment made?

Has someone associated with your facility or project had experience clearing medical or other donated goods through customs? yes no

Do you understand that Hands of Hope NW will make arrangements with a shipper to send a 40' container to your port of choice and that your organization is responsible to provide Hands of Hope Northwest with \$15,000 for shipping and handling costs from our distribution center in Idaho to your port? yes Initial here _____

Do you understand that your organization is responsible to pay for trucking the donation from your port of choice to your hospital or clinic and that these arrangements should be made before the shipment leaves Hands of Hope NW? yes Initial here _____

Do you understand that your organization is also responsible to pay all customs fees and any necessary in country storage fees, and that this money must be available before the shipment leaves the U.S.? yes Initial here _____

Describe your logistical plans for receipt, customs clearance, and distribution of cargo.

Describe how you will be responsible for accurate monitoring and appropriate distribution of cargo. Who is responsible for making this happen?

7.2 Documents

All documents will have a packing list/commercial invoice that certifies that the shipment is humanitarian donation for customs purposes. These documents normally reflect the donation's true wholesale value in USD. However, customs procedures vary in every country, and true wholesale value may not be appropriate in every case.

It is very important that you are aware of your country's procedures for clearing customs. Shipping documents not properly filled out can result in costly delays and fees, which are the sole responsibility of the consignee or recipient.

Indicate any documentation you need in order to facilitate duty free customs clearance in accordance with your country's regulations. Please check the following that apply.

- Packing list/commercial invoice showing a true value, itemized
- Packing list/commercial invoice showing a reduced value, itemized
- Zero value commercial invoice
- Packing list or commercial invoice showing expiration dates

Does customs require that the shipping documents are certified by your consulate in the U.S.? yes no

Does customs require that the shipping documents are certified by an official in your country before the shipment leaves the U.S.? yes no

Describe other special documents you may require from Hands of Hope NW.

Signature of Applicant

Printed Name

Organization Name

Date

**Disclaimer of Warranties and Liability by
Hands of Hope Northwest, Incorporated
Waiver by undersigned of claim to Indemnity and Legal Defense**

The medical supplies, equipment, materials and other items available from Hands of Hope Northwest, Inc. are items that would have been discarded or otherwise disposed of by hospitals or health care providers in the United States. These materials are being made available strictly on an as-is basis for humanitarian use. Neither Hands of Hope Northwest nor any donor organization make any representations or warranties, either express or implied, as to the condition of the materials. The recipient organization accepts the Materials as is, with all faults, and acknowledges that the inspection for any defects and the safe operation of said materials is solely the responsibility of the recipient organization.

Hands of Hope NW and the recipient organization recognize that this agreement shall release Hands of Hope NW and the donor facilities from any and all liability for personal injury and/or any other type of injury arising from the use of the Materials.

Printed name of Medical Professional or Administrator in Charge

Signature of Medical Professional or Administrator in Charge

Date _____