



HUMANITARIAN AID REQUEST FORM

World of Connections (WOC) was created by volunteers with the only purpose to connect international NGO organizations in countries in need with the NGO organizations capable of providing needed supplies. Everyone involved in this project is a volunteer. Therefore 100% of all donated goods and funds are used for humanitarian aid purposes. World of Connections is working in affiliation with Life Resources International, Inc., 501(c)(3) certified non-profit organization. All donations and gifts are deductible to the full extent allowable under IRS regulations.

Upon receipt of Humanitarian Aid Request Form, WOC will aspire to aid in the following matters: locate willing NGO donors, fundraise and/or locate sponsors to cover shipping costs. File proper shipping documents for USA Customs, as well as, for the Customs of the final destination, assist in distribution report filing to donor organization, etc.

We are dedicated to helping others and looking forward to working with you.

Happy Connecting!!!

WOC Team.



SECTION 1: BASIC INFORMATION

DATE OF SUBMISSION:	May 19, 2018
NAME OF PRIMARY USA CONTACT	Charita Shteynberg
EMAIL:	Charita.sht@gmail.com
PHONE:	201-310-2709
NAME OF ENTITY MAKING REQUEST:	Chimala Mission Hospital and Schools.
CONTACT NAME:	Menard Swila
WEBSITE:	ChimalaMissions.com
ADDRESS:	PO Box 724 Mbeya, Tanzania
501 3 c CERTIFIED (or equal)	Yes
WHERE, WHEN AND BY WHAT GOVERNMENT AGENCY WAS YOUR ORGANIZATION REGISTERED?	Church of Christ Mission (legal Registration of Chimala Mission in Tanzania) was registered in Tanzania in 1964 under MINISTRY OF CONSTITUTIONAL AFFAIRS AND JUSTICE REGISTRATION INSOLVENCY AND TRUSTEESHIP AGENCY (RITA)
REGISTRATION (Tax Id or equal)	SO 1953
IS YOUR ORGANIZATION ENTITLED TO RECEIVE HUMANITARIAN CARGO TAXES AND CUSTOMS DUTIES FREE?	Yes
DO YOU HAVE FUNDS TO PAY FOR DELIVERY? (If yes, specify how many loads you can finance)	Yes-One at a time



SECTION 2: PROPOSAL SUMMARY

TARGETED AREA	Mbarali District, Mbeya Region, Tanzania
DESCRIPTION OF SITUATION NECESSITATING A REQUEST. (Give us a short description of the city {area, region, republic}, where your organization is working, what is a situation in the area. Please supply a brief statement describing the emergency necessitating the request.)	We have a 128-bed hospital in Chimala, Tanzania. It is in the District and Region as listed above. We have over 30,000 people living in our area locally and treat around 60,000 patients each year at the hospital. We conduct mobile clinics several times each month in outlying villages. Good supplies are hard to purchase in our area.
TARGETED BENEFICIARIES (approx. Number of persons living there, main categories of persons in need and approx. Number of persons in each category) Who benefits from the proposed assistance or project?	Our area is a poor farming region where most people are very poor and have little access to good medical care. Although there are a few government clinics in the area, they typically have very little medicine and supplies on hand to help the people. We also demand no payment upfront for help. Government institutions do. People get treatment no matter what their situation is.
PROJECT GOAL (In brief, describe the goal of the project and intended impact of the material aid requested.)	As seen in some sample containers that your organization sends out, a container of this quality of medical supplies will help hospital give even better treatment to people who really need the help. We also see many accident victims since we are located on a major highway. At times we have to use rolled cloth for bandages because no sterile bandages are available. Our Goal For our Hospital is to give medical care to people that would not have the opportunity to do so without us being there.
MANAGEMENT OF DISTRIBUTION (Names and emails of all who is responsible for managing and reporting on this project)	Missionary in charge of the hospital: Cheryl Bode Thobias Mahenge: Head Doctor in Charge
NOTE TO DONORS	



SECTION 3: TYPE OF GOODS REQUESTED

List names of main types of humanitarian assistance your organization is requesting. (the list can be attached)

1	Adult and pediatric laryngoscopes sets - (3-4)
2	otoscopes (wall mounted) - 12
3	underpads (chuks) both disposable and non-disposable
4	white twin sheet sets
5	hospital pillows with cleanable covering. (200)
6	IV poles (new, if possible)
7	doctor's rolling stools
8	AED's x 6

Please feel free to add images



SECTION 4: DISTRIBUTION PLAN

DETAILS ON THE HOW WILL YOUR ORGANIZATION DISTRIBUTE HUMANITARIAN AID YOU ARE GOING TO RECEIVE?	Chimala Mission Hospital will utilize all items received to provide needed healthcare to the people in our community and neighboring communities. This area is a poor community with mostly farmers. Most people here live on less than \$100 per month.
DOES YOUR ORGANIZATION DISTRIBUTES BASED ON RELIGION, STATUS, HEALTH OR ANY OTHER CRITERIA (If yes, please specify)?	NO. All items will be used to provide quality medical care.
PLEASE PROVIDE LIST OF PLANNED RECIPIENTS (Name of organizations and locations of recipients.)	Chimala Mission Hospital is the recipient and will use items for providing care to all in need.
HAVE YOU DISTRIBUTED SIMULAR PROJECTS? (if yes please provide references, feel free to attached web pages, pictures, newspaper articles and other possible information)	No

NAME OF REQUESTING ENTITY: Chimala Mission Hospital and Schools

SIGNATURE: BILL STINSON

DATE: JUNE 8, 2018