



### 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 the 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

<b>DATE OF SUBMISSION:</b>	<b>August 8, 2018</b>
<b>NAME OF PRIMARY USA CONTACT</b>	Charita Shteynberg
<b>EMAIL:</b>	Charita.sht@gmail.com
<b>PHONE:</b>	201-310-2709
<b>NAME OF ENTITY MAKING REQUEST:</b>	Patronage service "Care for loved ones."
<b>CONTACT NAME:</b>	Alexander Sukhenko
<b>501 3 c CERTIFIED (or equal)</b>	Yes
<b>WHERE, WHEN AND BY WHAT GOVERNMENT AGENCY WAS YOUR ORGANIZATION REGISTERED?</b>	Kiev, Ukraine
<b>REGISTRATION (Tax Id or equal)</b>	38972345
<b>IS YOUR ORGANIZATION ENTITLED TO RECEIVE HUMANITARIAN CARGO TAXES AND CUSTOMS DUTIES FREE?</b>	Yes
<b>DO YOU HAVE FUNDS TO PAY FOR DELIVERY?</b> <i>(If yes, specify how many loads you can finance)</i>	Yes, One at the time.



## SECTION 2: PROPOSAL SUMMARY

<b>TARGETED AREA</b>	Ukraine
<b>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.)</b>	The Patronage Service ", Care for Loved Ones," is located in Odessa, Ukraine, but provides services for five regions besides Odessa region. We provide services to the disabled and the elderly. At this time we have under our care about 800 elderly and close to a thousand disabled people, many of whom do not have the financial means and do not receive any material assistance to survive due to the critical situation in Ukraine. Since social programs to these people are almost nonexistent, it is left up to organizations like ours to take care of this population. Our organization can do so much more, but has been slowly running out of means and is looking for help to continue supporting and possibly take on more of people in need under our care.
<b>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?</b>	<b>Between our partners and our organization, we will be able to help thousands of disabled and elderly that are left to their own and can no longer support themselves and or need our help due to a medical condition.</b>
<b>PROJECT GOAL (In brief, describe the goal of the project and intended impact of the material aid requested.)</b>	Our goal is to be able to provide living arrangements to elderly that are no longer capable of surviving on their own. As well as to the once that are left on the streets. We want to provide free assistance rehabilitation treatment to disabled poor people and young generation that fell on a hard time due to age, physical disability, terminal diagnosis and drug/alcohol addictions. We are planning with your support to double the number of our caregiving facilities and living quarters.
<b>NOTE TO DONORS</b>	<b>There are no words that we can find to express our gratitude for your humanitarian work. Our homeland has been in turmoil of war for so long that our</b>



economic situation is in the disastrous stage. There is a growing population of people that are left with no support. A large portion of them are elderly most are WWII veterans. Thank you for this opportunity.

PLEASE FEEL FREE TO ADD IMAGES CONCERNING TARGETED AREA.



*This young man received most of medical equipment as well as clothing and hygiene supply from aid donated by Ukraine Missions – Church of Christ.*



### SECTION 3: TYPE OF GOODS REQUESTED

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

1	Adult diapers
2	Medical, functional electric beds
3	Invalid wheelchairs, electric and manual
4	Walkers, canes and elbow canes
5	Bathroom and Bath chairs, potty chairs for disabled
6	All equipment for rehabilitation exercise
7	Orthopedic supply
8	Hygiene Items
9	Clothing and shoes
10	Bedding linens, pillows, and blankets
11	Any additional items that are not mentioned but can be used for disabled and elderly are acceptable

*Actual images of patients that cannot afford specialized care, they all received multiple equipment previously donated aid by your organization, beds, mattresses, walkers and food.*





## SECTION 4: DISTRIBUTION PLAN

<b>MANAGEMENT OF DISTRIBUTION</b> <i>(Names and emails of all who is responsible for managing and reporting on this project)</i>	Alexander Sukhenko
<b>DETAILS ON THE HOW WILL YOUR ORGANIZATION DISTRIBUTE HUMANITARIAN AID YOU ARE GOING TO RECEIVE?</b>	Distribution will be performed according to needs to our current patins and possible new needy people that are on the waiting list for assistance.
<b>DOES YOUR ORGANIZATION DISTRIBUTES BASED ON RELIGION, STATUS, HEALTH OR ANY OTHER CRITERIA</b> <i>(If yes, please specify)?</i>	We do not ask for any criteria from any of our patients if we are able we assist to any who needs it.
<b>PLEASE PROVIDE LIST OF PLANNED RECIPIENTS</b> <i>(Name of organizations and locations of recipients.)</i>	<ol style="list-style-type: none"> <li>1. <b>Organization of support to veterans and disabled of the City of Odessa.</b></li> <li>2. <b>Patients that already under our care and are not able to pay for services</b></li> <li>3. <b>We have a long waiting list of patients that need our help and assistance.</b></li> </ol>
<b>HAVE YOU DISTRIBUTED SIMULAR PROJECTS?</b> <i>(if yes please provide referinces, feel free to attached web pages, pictures, newspaper articles and other possible information)</i>	<b>Yes, we have worked with multiple organizations in the United States as well as EU.</b>

**NAME OF REQUESTING ENTITY:** Patronage service "Care for loved ones."

**SIGNATURE:** Alexander Sukhenko (on file)

**DATE:** 8/8/2018