



HUMANITARIAN AID REQUEST FORM

SECTION 1: BASIC INFORMATION

DATE OF SUBMISSION:	10/22/19
NAME OF PRIMARY USA CONTACT	Charita Shteynberg
EMAIL:	Charita.sht@gmail.com
PHONE:	201-310-2709
NAME OF ENTITY MAKING REQUEST:	Charity organization "Charity foundation" ZLAGODA - 2019
CONTACT NAME:	Yatskar Oleg; Matsipura Ihor
EMAIL:	olegovig@ukr.net
WEBSITE:	
PHONE:	+380970066798
ADDRESS:	65102. Odessa region. Odessa. Novoselskogo Str. 97/502
501 3 c CERTIFIED (or equal)	
WHERE, WHEN AND BY WHAT GOVERNMENT AGENCY WAS YOUR ORGANIZATION REGISTERED?	06.24.2019. Ministry of Justice of Ukraine № 1 556 102 0000 070586
REGISTRATION (Tax Id or equal)	43073847
IS YOUR ORGANIZATION ENTITLED TO RECEIVE HUMANITARIAN CARGO TAXES AND CUSTOMS DUTIES FREE?	Yes. № 1915534600173 07.29.2019. UA № 10043073847
DO YOU HAVE FUNDS TO PAY FOR DELIVERY? <i>(If yes, specify how many loads you can finance)</i>	Yes. Upon request



SECTION 2: PROPOSAL SUMMARY

TARGETED AREA	UA Odessa region. Odessa
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.)	Due to the difficult health situation in the country, help is needed for the poor, the disabled and pensioners.
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?	Approx 20 % of living people in the region
PROJECT GOAL (In brief, describe the goal of the project and intended impact of the material aid requested.)	The provision of humanitarian assistance to medical facilities. Establishment of medical facilities for free public services
NOTE TO DONORS	

SECTION 3: TYPE OF GOODS REQUESTED

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

1	Multifunctional electric beds with orthopedic mattresses.
2	Wheelchairs, resuscitation wheelchairs
3	Multifunctional viewing tables,
4	Tracking monitors, defibrillators, cardio monitors
5	Tool sterilization cabinets



6	Operating room lighting
7	Surgical instruments
8	Equipment for rehabilitation after bone surgery
9	Diagnostic equipment
10	Ultrasound machines

SECTION 4: DISTRIBUTION PLAN

MANAGEMENT OF DISTRIBUTION (<i>Names and emails of all who is responsible for managing and reporting on this project</i>)	Yatskar Oleg; Matsipura Ihor olegovig@ukr.net yatskaro@gmail.com
DETAILS ON THE HOW WILL YOUR ORGANIZATION DISTRIBUTE HUMANITARIAN AID YOU ARE GOING TO RECEIVE?	According to requests and applications
DOES YOUR ORGANIZATION DISTRIBUTES BASED ON RELIGION, STATUS, HEALTH OR ANY OTHER CRITERIA (<i>If yes, please specify</i>)?	No.
PLEASE PROVIDE LIST OF PLANNED RECIPIENTS (<i>Name of organizations and locations of recipients.</i>)	1. Odessa Regional Hospital 2. Physical education clinic 3. Shiryayev Central District Hospital 4. Razdelnyanskaya district clinic 5. District children's clinic
HAVE YOU DISTRIBUTED SIMILAR PROJECTS? (<i>if yes please provide references, feel free to attached web pages, pictures, newspaper articles and other possible information</i>)	Yes.

NAME OF REQUESTING ENTITY: Charity organization "Charity foundation" ZLAGODA - 2019

SIGNATURE: ON FILE

DATE: 10/22/19