



Prequalification for Product Donation Application

Application for Healthcare Providers

*Please return the completed application **signed and dated** via email, mail, to the contact information listed below. Applications that are missing required information will not be processed until the information is received.*

People to People Aid Corp, 1908 Thomes Ave Cheyenne, WY
info@peopletopeopleaid.org |

Eligibility Requirements

Your organization must meet the following basic eligibility requirements:

- People to People provides medicines and medical supplies to health facilities only. Individuals are not eligible to receive donations directly unless they are a doctor traveling on a medical mission outside the United States.
- **Healthcare services must be provided to medically underserved populations in a non-discriminatory manner and must be provided to patients free of charge, for a voluntary fee, or based on a patient's ability to pay.**
- The health facility(s) and health providers must be officially registered and licensed as an approved provider of health services in the country of service.
- The health facility(s) providing services must have a Medical Director with a valid medical license.
- The health facility(s) providing services must dispense donated products to patients outside the United States

STEP 1: About Your Organization

Note: * indicates a required field.

Headquarters or Primary Applicant

Organization/Facility*	
Street Address 1*	
Street Address 2	
Street Address 3	
City*	
State or Region*	
Country*	
Postal Code*	
Telephone*	
Fax*	
Website	

Type of Organization

Please mark all that apply.

- Charitable/NGO
- Faith-based
- Private
- Government
- U.S.-based 501(c)3 (**Enter EIN below**)
- Other: _____

EIN/Tax ID Information

Organizations based in the United States: Per the IRS, to be tax-exempt under section 501(c)(3) of the Internal Revenue Code, an organization must be organized and operated exclusively for exempt purposes set forth in section 501(c)(3), and none of its earnings may inure to any private shareholder or individual.

Employer Tax Number (EIN): (XX-XXXXXXX)

Organizations based in Lebanon must provide below the NGO/Charity registration number issued by the ministry of interior, you must also file, your healthcare facilities registration number with the Ministry of Public Health.

Registration number with the Ministry of Interior, “3elm w Khabar”

Registration number with the Ministry of Public Health

Organization Focus and Goals

Please tell us more about your organization’s focus and goals.

Describe your organization’s health specialization or focus*	
Briefly describe your organization’s goals and objectives for improving health services in your community*	
List any organizations that you collaborate with at the local or national or international level and describe the nature of your partnership*	

STEP 2: About the Health Facilities

Please describe the location of the final recipient or organization that will use or administer the products. Make sure to consider all facilities when answering these questions.

Recipient Sites

Please provide the name and locations of the health facilities for which you are requesting a donation of medical supplies.

Name of Recipient	Address

If your organization is requesting a donation of medical supplies for more than three (3) facilities, please attach an Excel Spreadsheet listing the names and locations of additional facilities.

Type of Facility*

Please mark all that apply. Make sure to consider all facilities receiving products within a country.

- Teaching/Referral Hospital
- Hospital
- Health Center
- Dispensary/Health Post
- Mobile Clinic
- Other: _____

Number of Patients Served*

Total number of unduplicated **outpatients** treated in all facilities in the most recent calendar year:

Total number of unduplicated **inpatients** treated in all facilities in the most recent calendar year:

Types of Services

Please mark all that apply to all facilities receiving products.

- Caesarian Section
- Cervical Cancer Screening
- Child Immunization
- Community Outreach / Community Health Workers
- Dental
- Ear, Nose, Throat
- HIV Testing and Counseling
- HIV Treatment
- Laboratory
- Mental Health
- Neurology
- Nutrition
- Obstetric Fistula Repair
- Oncology
- Ophthalmology
- Orthopedics
- Primary Health Care
- Trauma Care (Emergency Services)
- Vaginal Delivery
- X-Ray Services
- Other: _____

**Minor Surgical Procedures
(Please Describe)**

**Major Surgical Procedures
(Please describe)**

Staffing

Please indicate how many of the following you currently have on staff for all facilities.

Number of Physicians	<input type="text"/>
Number of Surgeons	<input type="text"/>
Number of Nurses	<input type="text"/>
Number of Midwives	<input type="text"/>
Number of Pharmacists	<input type="text"/>
Number of Community Health Workers	<input type="text"/>

Logistics

Have you received a donation of medical supplies from outside your country in the past three (3) years?

Yes

No

If yes, please describe the process for clearing the donation through customs:

How did you hear about People to People Aid Corp?

Colleague or Personal Reference

People to People Employee or Board Member:

Existing Recipient

Magazine/Newspaper Advertisement

Other:

STEP 3: Contact Information

Primary Contact

The primary contact will receive notifications about the application process.

Prefix*	
First Name*	
Last Name*	
Position*	
Telephone*	
Mobile Number	
Email*	
Secondary Email	

Medical Director

Please provide the name of your organization's Medical Director :

Name*	
--------------	--

Please provide the name of your organization's Pharmacist :

Name*	
--------------	--

STEP 4: References

Please provide two independent references who can be contacted regarding your organization.

Reference #1

Prefix*	
First Name*	
Last Name*	
Telephone*	
Mobile Number	
Email*	
Relationship	

Reference #2

Prefix*	
First Name*	
Last Name*	
Telephone*	
Mobile Number	
Email*	
Relationship	

People to People Aid Corp.

MEDICAL PRODUCTS DONATION PROGRAM AGREEMENT

BACKGROUND AND TERMS OF USE FOR DONATIONS

People to People Aid Corp. is a U.S.-based, non-profit medical relief and health assistance organization that is dedicated to serving the poor and victims of natural disasters and civil strife in the United States and throughout the world. Assistance is provided by distributing donated medical goods to charitable health care institutions and organizations. People to People Aid Corp. is non-sectarian and non-political, and requires that Partner render services at its clinics to all persons regardless of nationality, political affiliation, ethnic origin, religious belief or ability to pay. Partner must assume full responsibility for the non-commercial use and distribution of the donated products and must ensure that no one is turned away due to the inability to pay for medical treatment. In consideration for its receipt of the donated medical goods, Partner agrees to the terms of this Agreement, it being understood that People to People Aid and its donors are acting in reliance upon Partner's agreement to the terms and conditions provided herein.

PLEDGE

Partner agrees to distribute all medical goods and related access to services (eg. vouchers redeemable for influenza vaccinations at certain medical facilities), including, without limitation, pharmaceuticals, equipment and supplies (collectively, "Medical Products") received from People to People Aid strictly on the basis of need and without regard to race, religion, nationality, ethnic origin, or political affiliation, and in no case will Partner withhold any Medical Products from needy persons because of their inability to pay for services.

Partner agrees to assume full responsibility for the non-commercial use and distribution of this donation.

People to People are to be dispensed to uninsured low-income individuals who are patients of Partner's clinic. Partner will abide by all applicable Federal, State and local regulations in the dispensing of these Medical Products. Partner agrees and acknowledges that the Medical Products will neither be sold nor traded, nor returned to the original manufacturer for credit.

Partner is responsible for the proper disposal of any unused or expired pharmaceuticals, equipment and supplies and shall abide by all Federal, State or local regulations as may be applicable. Partner should dispose of any People to People donated product if they have the proper systems and standard operating procedures in place to segregate donated product and prevent returns for credit. If such systems or procedures are not in place, partner may contact People to People for the return and proper disposal of the donated product.

DISCLAIMER OF WARRANTIES AND LIABILITY BY PEOPLE TO PEOPLE AID CORP. AND WAIVER BY PARTNER OF CLAIM TO INDEMNITY AND LEGAL DEFENSE

Partner understands and agrees that in providing the donated Medical Products, People to People does not act as a seller, re-seller or manufacturer for purposes of products liability law or for any other purpose.

NEITHER PEOPLE TO PEOPLE AID CORP. NOR ANY OF ITS SUBSIDIARIES, DONORS OR AFFILIATES IS RESPONSIBLE FOR ANY LIABILITY, CLAIM, LOSS, INJURY OR DAMAGE CAUSED BY THE USE OF ANY MEDICINE, EQUIPMENT OR SUPPLIES OR OTHER MEDICAL PRODUCT OF ANY KIND THAT IS PROVIDED BY PEOPLE TO PEOPLE NO MATTER WHAT MANNER THEY ARE USED IN. INDIVIDUALS AND ORGANIZATIONS WHO USE OR DISPENSE OF THE PHARMACEUTICALS, EQUIPMENT OR SUPPLIES AND OTHER MEDICAL PRODUCTS DONATED BY DIRECT RELIEF DO SO AT THEIR OWN RISK AND MAY SUFFER SERIOUS PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE. PEOPLE TO PEOPLE MAKES AND HAS MADE NO WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, CONCERNING THE SUITABILITY OR SAFETY OF ANY OF THE PHARMACEUTICALS, EQUIPMENT, SUPPLIES OR OTHER MEDICAL PRODUCTS, AND IT EXPRESSLY DISCLAIMS ALL SUCH WARRANTIES, INCLUDING WITHOUT LIMITATION, IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR PARTICULAR PURPOSE. PEOPLE TO PEOPLE IS A CHARITABLE ORGANIZATION AND DOES NOT HAVE THE EXPERTISE TO INSPECT, AND THEREFORE HAS NOT INSPECTED, ANY OF THE PHARMACEUTICALS, EQUIPMENT, SUPPLIES OR MEDICAL PRODUCTS THAT IT HAS DONATED TO PARTNER. PEOPLE TO PEOPLE IS NOT RESPONSIBLE FOR LIABILITY, CLAIM, DAMAGE, LOSS OR INJURY OF ANY KIND, INCLUDING CONSEQUENTIAL DAMAGES, RESULTING FROM THE USE OF ANY OF THE PHARMACEUTICALS, EQUIPMENT, SUPPLIES OR MEDICAL PRODUCTS THAT IT HAS DONATED.

Partner further agrees to indemnify, defend and hold People to People aid corp., its subsidiaries and affiliates and their respective directors, officers, employees and agents, harmless from any claims, liability, loss, damage or injury of any kind, including attorneys' fees and costs of litigation, directly or indirectly resulting from or associated with the Medical Products provided hereunder, and that Partner will not seek indemnity from Direct Relief or its subsidiaries and affiliates or their respective directors, officers, employees and agents for damages arising out of the condition or use of Medical Products provided hereunder. In no event shall People to People Aid or its subsidiaries and affiliates or their respective directors, officers, employees and agents be liable to Partner for loss of profits, indirect, special, exemplary, punitive or consequential damages.

This indemnity obligation by Partner shall be without regard to any negligent act or omission by People to People Aid Corp, its directors, officers, employees, or agents. Should either party be required to bring legal action to enforce the terms of this Agreement, it is agreed that the prevailing party shall be entitled to an award of its costs and reasonable attorneys' fees. In the event of a change in the licensure status of the Partner's facility or facilities (including clinic or health center license, pharmacy license, dispensary license, or medical director license), Partner agrees to notify People to People in writing within 7 days of the change in status.

People to People Aid Corp. reserves its rights to conduct an inspection of the Partner's facilities and records to ensure full compliance with this Agreement. The parties each represent and warrant that they have the full power and actual authority to enter into this Agreement and to carry out all actions required of them by this Agreement. All persons executing this Agreement in representative capacities represent and warrant that they have full power and authority to bind their respective organizations.

The terms of this Agreement and the interpretation thereof shall be governed by the laws of the State of Wyoming, United States of America without regard to the principles of conflict of laws. This Agreement shall remain in effect and apply to all Medical Products donated by People to People Aid to the Partner.

Authorized Signatures

By signing below, I attest that the information provided with this application is true and accurate and understand and agree to the terms in the above agreement.

*Signature: _____ Date: _____

*Name (Please Print): _____

*Position (Please Print): _____

FOR INTERNAL USE ONLY

Received by: _____ Date: _____

Reviewed by: _____ Date: _____

€ Not Approved

Reason: _____

€ Approved

By: _____ Date: _____

Notes: