



MedWish International Humanitarian Aid Application

Please be sure to review the application instructions before proceeding.

Instructions: Please complete this form and submit it. This application is also available as a PDF, which can be emailed, faxed or mailed back to MedWish.

Fax to: (216) 274-6380

Mail to: MedWish International, 1625 E. 31st Street, Cleveland, OH, 44114.

Once MedWish receives the application, we will follow up with you to discuss next steps or to request additional information.

Technical Assistance: If you have questions or technical issues with the application, please contact MedWish at info@medwish.org or 216-692-1685.

Section 1: Overseas Recipient

Name of Overseas Recipient Organization *

This must be a Non-governmental organization (NGO) or medical facility.

Overseas Recipient Organization EIN/Tax ID # *

Name of Contact Person *

Title of Contact Person *

Address of Recipient Organization *

Phone Number *

Destination Country *

Email Address *

Organization Website

Facebook address

Twitter username

What type of medical facility/project is this? *

Primary care clinic

Outpatient clinic

Temporary medical mission

Acute care - inpatient clinic/hospital

Educational organization

Individual

Section 2: United States-based 501(c)(3) sponsor

Name of Sponsor Organization *

EIN/Tax ID Number: *

Name of Contact Person *

Title of Contact Person *

Mailing Address *

City *

State *

ZIP *

Phone Number *

Fax Number

Email Address *

Website address *

Facebook address

Organization's Twitter username

Sponsor Organization Type *

- Faith-based organization
- Student organization
- Ethnic/expatriate group
- US-based ally of the recipient
- US-based administrator/parent organization of the recipient
- Individual
- Medical/professional association

Section 3: Project Narrative

How did you hear about MedWish? *

- I have requested supplies from MedWish before
- Internet search
- I was referred by someone

If you were referred to MedWish by a person or organization, please let us know who:

Organizational Information

Please describe the mission, history and programs of the recipient organization. Include information about the organization's structure, staff and patient/client numbers.

Mission and History (limit 750 words) *

Programs Offered - Please include any specialized departments offered to patients (i.e. oncology, pediatrics, ER, etc.) (limit 750 words) *

Type of Shipment being Requested

Approximate number of staff *

Number of Exam Rooms *

Does your project/work address any of the following? You can select multiple if they apply: *

- Maternal Mortality
- Newborn and child mortality
- Communicable disease
- Noncommunicable diseases and mental health
- Substance abuse
- Road traffic injuries
- Sexual and reproductive health
- Universal health coverage
- Mortality from environmental pollution
- Tobacco control
- Development assistance and vaccine coverage
- Healthy workforce
- National and global health risks

Number of Beds *

Approximate number of patients served annually *

Description of Need

Please **describe the community or population the recipient organization serves**, including leading health issues or diseases that are treated, data on poverty, conflict or disaster, and other information relevant to your program or project.

Need description: (limit 750 words) *

0/750

Medical Culture: Are there any culturally specific medical practices in this location that differ from western medicine? (i.e. women traditionally give birth standing versus in beds, etc.) (limit 750 words) *

0/750

Description of Project Goals

What are the short and long-term goals of the recipient organization? How will the requested supplies and equipment support these goals?

Goals (limit 750 words) *

0/750

Section 4: Project Details

Size of shipment required *

- Hand-carried freight shipment (less than one pallet of supplies)
- Freight shipment (Approx. 1 to 9 pallets)
- 20' container shipment (Approx. 10 pallets)
- 40' container shipment (Approx. 20 pallets)

Desired date for shipment to be released from MedWish *

Month Day Year

Expected date of departure from the U.S. *

Month Day Year

Expected date of return *

Hand-Carry Shipment Method *

Hand-carried shipment to be packed by applicant at MedWish (\$2 per pound)
Hand-carried shipment to be packed by MedWish for applicant pick up or shipment via UPS to U.S. applicant for transport abroad (\$4 per pound plus the cost of UPS shipment)

Freight Shipment Method *

Domestic shipping for further processing before international distribution
International shipping direct to recipient

Logistics

Please note: This information is used to determine how best to meet your needs. Please answer honestly. We are sensitive to the fact that many of our partners do not have all the resources they need.

Does the facility have access to... *

Yes No Not sure

Reliable electricity

Reliable, clean water

Dedicated storage space for the capacity of your shipment

Sterilization/Autoclave Capabilities

Oxygen

Nitrogen

Waste Disposal

Internet/Wifi Capabilities

Reagents & consumables for request equipment

Comments

Does your facility have biomedical repair capabilities? *

Yes

No

If you indicated yes above - How many biomedical staff are on hand?

For shipping purposes, does the recipient have experience with: *

Yes No Not sure

Transportation capabilities to facility

Customs

Import laws for receiving country

Ministry of Health rules and regulations

Freight Forwarder (provide details below)

Please provide details to answers above:

**Are there any space restrictions at the facility that should be considered for the items requested?
(I.e. doorway widths, ceiling heights, etc.)**

Who will be responsible for paying the processing and handling fee? *

Recipient organization contact listed in Section 1

Other

Name *

First Name

Last Name

Organization & Title

Phone number *

Email Address *

Relationship to project *

Anticipated Payment Method *

Check

Credit card (AMEX, Discover, Mastercard, Visa)

Wire Transfer

Wish List

The wish list is a starting point for our staff to work with you to finalize a packing list. Please upload or use the text box below to provide us with a list of items you desire to have (dream big!). Please include quantities, sizes, and any specifications needed. We'll work with you to prioritize and identify alternatives if needed.

Wish List

Medical Equipment

Biomedical Equipment (Highly limited availability - first come, first served. Will only be provided to recipients with necessary qualifications to utilize specialized equipment.)

[Anesthesia machine]	Bili lights	Blood pressure gauges	Canes
[Cautery machines]	Centrifuges	[CPAP/BIPAP machines]	Crutches
Defibrillators	[ECG/EKGs]	Fetal doppler	Incubators (laboratory)
Infant warmers	Isolette incubators	Microscopes	[Nebulizer machines]
Ophthalmoscopes	OR lights	Otosopes	Procedures chairs
[Pulse oximeters]	Reflex hammers	Refrigerators (lab)	Shower chairs
[Slit lamps]	Stethoscopes	Suction machines	Tuning forks
Ultrasounds	[Ventilators]	[Vital sign monitors]	Walkers

If Nebulizer Machines was selected above, do you have access to albuterol? *

Yes

No

N/A

If any items in [brackets] were selected above, please confirm those who will be operating these items have the qualifications and training capabilities required for their operation. *

Does the recipient have the ability to order additional consumables for the requested equipment? *

*

Yes

No

N/A

MedWish does not send converters or adapters for equipment. Does the recipient have the ability to safely convert electrical equipment to in country standards? *

Yes

No

N/A

MedWish provides operating manuals for equipment. These will be in english. Does the recipient

have the ability to read operations manuals in english? *

- Yes
- No
- N/A

If no is selected above, what language is needed?

Section 5: Reporting Responsibility

Feedback is a vital element of the Humanitarian Aid program at MedWish. It allows us to continually improve our services and programs to better support health care in developing countries. It also helps us secure continued financial support, donated supplies and volunteers.

A feedback survey (**click here for sample**) will be due back to MedWish within 60 days of your successful receipt of your shipment. Please complete the following form so that we can notify the responsible person to remind them.

By submitting this application, you consent to permitting MedWish to track and share information about the recipient organization and the sponsor organization for quality improvement, communications and fundraising purposes. Information included in the application as well as in the 60-day feedback report may be used for these purposes. You also agree that you will provide the feedback as requested below once a shipment is successfully completed.

If for any reason your organization cannot consent to publicizing details about your project please explain below. MedWish does not wish to put any recipients at risk and will respect confidentiality requests; however, we will require feedback from all recipients for internal record-keeping and quality improvement.

Please note: Failure to send complete and timely feedback report may disqualify the recipient organization from future shipments.

If any part of your project narrative cannot be shared publicly, please explain. (Contact information will never be sold/shared/publicly posted.)

Remember: Feedback is required for all shipments. We will honor confidentiality requests.

Who will be responsible for completing the feedback report? *

- Recipient organization contact listed in Section 1
- Sponsor organization contact listed in Section 2
- Other

Name *

First Name Last Name

Organization & Title *

Phone Number *

Email Address *

Relationship to Project *

Section 6: Signature and Liability Release

Legal Statement

The medical supplies, equipment and materials available from MedWish International are items that would otherwise be discarded from healthcare facilities and/or providers in the United States. These materials are being made available strictly on an "as is" basis for the use by humanitarian relief organizations providing medical care in the developing world. MedWish International and the donor facilities do not represent, warrant or imply that such materials are fit, appropriate, and free of defects, sterile, pure or suitable for any purpose.

Each recipient organization and recipient facility assumes full responsibility for making an independent determination of the appropriateness of each item of donation before using it. By submitting an application for the receipt of donated supplies, each organization and recipient facility releases MedWish International, its officers, trustees, employees and donors from all responsibility, claims, costs and liability associated with the donated materials.

I have read and understand the above statement releasing MedWish International, its officers, trustees, employees and donors from all responsibility, claims, costs and liability associated with the donated materials.

Submission of this form is an agreement of the above terms, however, you may be asked to fax/mail a signed copy of this agreement in the future.

Additionally, by checking the box below, you are confirming that you will not be working with any person or entities that are under trade or financial sanctions under the laws and regulations of the United Nations, the United States or any other jurisdiction that is applicable to the Rights and Services to be provided.

Acknowledgement *

I have read and understand this statement

Full Name *

First Name

Last Name

Email address to send application summary for your records *

example@example.com

Today's Date *

Month Day Year