



Approved for:

# Medical Organization Supply Application

**NUMBER OF INDIVIDUALS PARTICIPATING IN TRIP:**

**Brief summary of trip's purpose and mission:**

City/Region and Country where the goods will be used:



PATIENT SERVICES			
<i>Item</i>	<i>Quantity</i>	<i>Item</i>	<i>Quantity</i>
<b>Population Served:</b>		<b># of beds provided (if applicable):</b>	
<b>Hospital/Clinic Population seen monthly or annually:</b>		<b>Infection Rate (if applicable):</b>	
<b>Staffing:</b> (i.e. number of physicians, nurses, maintenance workers, etc.)		<b>Mortality Rate (if applicable):</b>	
<b>Patient: Physician/Nurse Ratio:</b>		<b>Maternity Mortality Rate (if applicable):</b>	
<b>Types of Services Provided:</b> (i.e. dental, ortho, maternal care/birth, basic clinical care, etc.)		<b>Infant Mortality Rate (if applicable):</b>	
<b>Approximate number of patients seen/affected:</b>		<b># of beds provided (if applicable):</b>	
ITEMS REQUESTED			
Please provide a detailed list of all items being requested (attach a separate piece of paper if necessary)			



**\*\*A donation of \$50 - \$100 per box is recommended to help support MATTER on their mission to expand access to healthcare next door and around the world.\*\***

## OTHER REQUIREMENTS

**Please initial each statement below:**

\_\_\_\_\_ Applicant understands that it takes on average 3 hours to gather the items on their request list. Once the application has been approved, a MATTER team member will reach out to help the Applicant find time during one of our Medical Sorting Sessions to gather supplies.

\_\_\_\_\_ Applicant will not sell, transfer, barter or offer for sale the items given by Matter in exchange for money, property, or services. Applicant will not allow items given by Matter to enter the commercial marketplace. This also includes garage sales or fundraisers.

\_\_\_\_\_ **Applicant agrees to provide photos and written testimonials within 30 days of the items reaching their final destination. This reporting helps MATTER fulfill the requirements of medical donors.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to: **MATTER**  
**Attn: Katie Schlangen**  
7005 Oxford Street  
St. Louis Park, MN 55426  
Katie@matter.ngo

