**PROJECT APPLICATION FORM**

NAME OF THE PROJECT :

COUNTRY AND LOCALITY :

NAME OF THE PROJECT LEADER :

1. **INFORMATIONS ABOUT THE PEOPLE INVOLVED**
2. Project leader’s Contact Details

Name :

Address :

Phone number / WhatsApp :

E-mail :

1. Beneficiary’s Contact Details

Name of the healthcare facility:

Address of the healthcare facility:

Name of the person in charge of the Healthcare facility :

Position of the person in charge of the healthcare facility :

Phone number / WhatsApp :

E-mail :

1. Local organization(s)’ Contact Details (NGO, non-profit, Rotary, AOSM, etc.) supporting the project (Do not fill if non applicable)

Organization’s name:

Organization’s activities:

Address :

Name of a contact person :

Phone number / WhatsApp :

E-mail :

1. **PROJECT’S PRESENTATION**
2. How did You Hear about HWB ?

1. General Description of the project

*Please briefly and thoroughly explain the project you wish to submit to HWB.*

1. Objective of the project

*Please define a clear objective for your project.*

1. Infrastructure
* Is the healthcare facility's infrastructure already existing and operational, or is it a new facility?

* If it already exists, is the infrastructure suitable for the requested medical equipment, or will renovations be necessary?

* If it's a new facility, is the structure already built? If not, what is the expected completion date for the construction?

**PLEASE ATTACH TO THIS FORM ANY DOCUMENTS, IMAGES, PHOTOS, OR PLANS OF THE HEALTHCARE FACILITY IN QUESTION.**

1. **Additional informations concerning the project**

*If the healthcare facility related to the project is operational, please provide as much detail as possible.
If it is a new facility, please include estimated figures for your project.*

* What is the population and geographical area served by the healthcare facility?

* Is there a hospital or another healthcare center accessible nearby? How far/long is the distance/time?

* How is your infrastructure financed ?

* What are the different departments of the healthcare facility ?

* What is the composition of the medical team (doctors, nurses, midwives) ?

* How many beds do you have?

* How much consultations do you do per month?

* How many hospitalizations do you have per month ?

* How many deliveries occur at your hospital each month ?

* What types of surgeries are performed?

* How many surgeries are performed monthly?

1. **TECHNICAL SKILLS**
2. Electrical and electronic equipment **currently in use**

*By understanding the equipment and accessories you already have, we can try to provide the most complementary equipment possible.*

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| --- | --- | --- | --- |
| **Type of device** | **Brand/Serial n°/Year** | **Condition** | **Comment** |
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* Is there local technical or biomedical maintenance staff available to manage the installation and maintenance of medical equipment?

 [ ] Yes [ ]  No

If so, please provide their contact details :

Name :

Phone number / WhatsApp :

E-mail :

1. Sterilization
* Do you have a protocol to sterilize equipment ?

[ ]  Yes [ ]  No

If so, please provide more information about this protocol :

1. Supply
* Do you have the capability to ensure the supply of consumables, supplementary accessories, and spare parts?

[ ]  Yes [ ]  No

* Do you have the capability to ensure the water supply ?

[ ]  Piped water [ ]  Water tank [ ]  Water well

 [ ]  None

* Do you have the capability to ensure the electricty supply ?

[ ]  City electricity [ ]  Photovoltaic panels

[ ]  Generator

* In case of a power outage, is there an electrical backup system in place?

[ ]  Automatic engagement of the generator

[ ]  Manual engagement of the generator

[ ]  uninterruptible power supply (UPS) system [ ]  lightning arrester

[ ]  None

* In case of a power outage, is there an oxygen backup system in place?

[ ]  Oxygen supply network [ ]  Oxygen bottles

 Comments :

1. **List of required equipment**

*List prepared by the head of the healthcare facility.*

 *A detailed and realistic list considering the needs of the healthcare facility.*

**The consumables provided by HWB are clean and unused.**

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1. **Projects Application Regulations**
	* + 1. **Agreement Framework**
				1. Referential Framework

This document establishes the foundation for cooperation between HWB and the project holder, also referred to as the partner, within the framework of a medical equipment shipment project by container.

* + - * 1. Term of Agreement

This partnership agreement takes effect from the date of signature by both parties and remains valid until the departure of the equipment from the HWB site.

* + - 1. **Equipment Management**

(a) Allocation of Equipment

The HWB Medical Council reviews the request, validates, and selects the medical equipment assigned to the project. The HWB team reserves the right to refuse to exchange equipment except for valid reasons (e.g., damage). Equipment provided by HWB is inspected and functional but is not guaranteed. HWB cannot be held responsible for improper use of the equipment.

(b) Reservation Duration

Once the equipment list is approved by the Medical Council and the project holder, HWB commits to reserving it for a maximum period of three (03) months, during which a loading date will be agreed upon and the loading completed. After this period, HWB reserves the right to retain the equipment for allocation to other projects.

(c) Adding Personal Equipment
If the project holder wishes to add personal equipment to the container, they must:

* + Provide the project manager with a detailed list of the added equipment.
	+ Deliver the personal equipment to HWB no later than one (01) week before the scheduled loading date and at least by the day before loading, before noon (12:00 PM).
		- 1. **Loading Process**
				1. Loading Date

The loading date is set based on the availability provided by HWB to the project holder. The project holder will coordinate the date with the transporter, adhering to the dates given by HWB.

* + - * 1. Location and Execution of Loading

The container loading is realized at the HWB warehouses and is carried out by the HWB team. Address: **Chemin du Fort de Marchovelette, 26, 5020 Champion.**

* + - * 1. Presence During Loading

During the container loading, a maximum of two (02) people are allowed to be present and must remain within a designated and restricted area. Any additional individuals beyond the two authorized must remain in the HWB reception area during the loading process.

* + - * 1. Picture During Loading

Those present during the loading are allowed to only take pictures of the container loading process. Pictures of the warehouse contents are strictly prohibited.

* + - * 1. Movement of People

Access to the storage warehouses is strictly prohibited. No individuals outside of HWB staff are permitted to enter.
In the event of non-compliance with any of the above conditions, HWB reserves the right to remove any person and deny access to the HWB site.

* + - 1. **Roles and Responsibilities of the Partners**
				1. Incoterms
				HWB operates under the Incoterm FCA (Free Carrier) - Chemin du Fort de Marchovelette 26, 5020 Champion – Incoterms 2020.
				2. Operational Responsibilities of the Organizations
				In this context, HWB is responsible for:
* Storing the equipment;
* Loading the container(s);
* Preparing the necessary documents for the transport and export of the equipment.

The partner, the project holder, is responsible for:

* Payment of the global management fee of €2200 to HWB's account, BE46 0000 0000 3636, prior to loading;
* Contracting with the international freight company from Champion to the final destination;
* Monitoring the transport with the freight company to the destination;
* Unloading and installing the equipment.

In case of non-payment of the global management fee, HWB's equipment will not be loaded into the container.

Transport costs, additional fees, and customs clearance of the equipment are the responsibility of the recipient. HWB cannot be held responsible for any transport or customs issues related to the equipment provided to the project holder.

* + - * 1. Reporting
				The partner must provide HSF with:
* Photos showing the initial condition of the project site;
* A bank statement confirming the payment of the global management fee;
* Photos of the unloading and retrieval activities.
	+ - * 1. Fraud, Corruption, and Personal Gain

If HWB identifies any act of fraud, corruption, or personal gain, or any potential conflict of interest related to the management of the project, HWB reserves the right to cancel or withdraw from the project.

* + - * 1. Delay or Cancellation

In the event of project cancellation by the project holder or exceeding the three-month reservation period defined in section 3.b), unless due to force majeure beyond their control, HWB reserves the right to refund only 50% of the fees paid to HWB, to cover the costs incurred by HWB for transport, storage, and handling of the provided equipment.

Written in       On      /     /

**For Hospital Without Borders**  **For the project leader**

 Name and hand-written signature

Preceded of the mention : « Agreed »

**Reminder of Key Points**

**Equipment reservation**: Once validated, your equipment will be reserved for a period of three months.

**Management fees**: Management fees of 2200€ must be paid before the equipment is loaded.

**Tax exemption procedures**: Start as soon as possible the necessary procedures for tax exemption for your project with the Ministry of Health of the destination country or with the Embassy of the Order of Malta.