



# Humanitarian Grant Application

**Organization name**

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**Mailing address**

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**Website address**

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**Number of employees**

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**Trustee names and occupations**

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**Annual budget**

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**Name/Title of primary contact person**

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**Email address**

**Phone number**

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**Date of incorporation**

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**Humanitarian trip target population**

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**Humanitarian trip location**

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**Humanitarian trip start date**

**Humanitarian trip end date**

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**Number of Ahmed Glaucoma Valves needed (If applicable)**

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**Date Ahmed Glaucoma Valves needed (If applicable)**

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**Number of Kahook Dual Blades needed (If applicable)**

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**Date Kahook Dual Blades needed (If applicable)**

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**Estimated number of patients that will be served**

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**Estimated number of surgical procedures that will be performed**

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**Number of local doctors that will be trained**

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**Facility name(s)**

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**Terms and Conditions**

If this request is approved, as consideration for receipt of New World Medical product(s) donated for humanitarian purposes, I certify that: (i) donated products will not be sold or transferred to anyone for any purpose not consistent with the statements made in this request form; (ii) all ophthalmic services required in connection with use of donated products shall be provided to the patient(s) free of charge; (iii) donated products will be used in accordance with their labeled instructions; (iv) I agree to hold harmless New World Medical and its affiliates from any and all liability for use of the donated product(s); and (v) I will report product utilization within a month of product usage using the New World Medical Humanitarian Report Form.