**Donation Plan Template for Ascension Missions**

**Accredited MSRO Partnership**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (the MSRO) is the accredited MSRO

(Accredited MSRO)

that will partner with **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (the Mission). This

(Ascension Mission)

document is the donation plan agreement between The MSRO and The Mission.

**Medical Surplus Recovery Organization (MSRO)**

**Contact Information**

***Primary MSRO Contact:***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name of COO, Chief Resource Officer, etc.) (Title)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Phone)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(email address)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(address)

**Mission / Hospital Contact Information**

***Primary Mission Contact:***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name of COO, Chief Resource Officer, etc.) (Title)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Phone)

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(email address)

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(address)

***Mission Resource Group Contact***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Mission Resource Group Contact Name) (Title)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Phone)

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(email address)

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(address)

***Contact - Other***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Contact Name) (Title)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Phone)

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(email address)

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(address)

***Mission TriMedX Contact***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Mission TriMedX Contact Name) (Title)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Phone)

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(email address)

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(address)

**Donation Frequency**

The MSRO or designated shipping agents will pick up donated consumables and non-medical equipment at Mission facilities

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(Weekly, Bi-Weekly, Monthly, Other—please specify ‘other’ frequency)

**Medical Equipment Donations**

The Mission will contact The MSRO to pre-approve and to schedule pickup for all medical equipment.

**Product Donation Guidelines**

The MSRO will provide product donation guidelines (see Amendment 2) and education to simplify donations at The Mission.

**Shipping Options**

The MSRO will arrange

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(pick up, backhaul between The Mission and The MSRO, external shipping)

for all donations.

**Donation Reports**

The MSRO will provide quarterly and annual donation transaction reports to The Mission. MSROs will also provide, when possible, recipient distribution information and photos.

**Hand Carry Programs & Procedures**

(Add MSRO procedures here.)

**Stewardship Contribution**

The Mission fee is calculated to support MSRO volunteer and staff time, local and international transportation costs, and technology and program maintenance.

Ascension Global Mission will pay **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

(amount/bed x beds, annual transportation support,

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**Amendment 1: Product Donation Guidelines**

Unless there is an explicit exception agreed to by both parties, follow the guidelines below.

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| --- |
| **Please DO NOT donate the following items:** |

|  |  |
| --- | --- |
| **NO Expired Items, or With Less Than 12 Months Before Expiration** |  |
| **NO Liquids** | **NO Pharmaceuticals** |
| **NO Used or Damaged Disposable Products** | **NO Batteries** |
| **NO Trash** | **NO Bio-Hazards** |
| **NO Items Recalled by the FDA, Any Safety Organization, or Any Other US Government Agency** |  |

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| --- |
| **Please Donate the Following Items:** |

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| **Disposable Medical Supplies** |
| **Items that have never had direct patient contact. That are in Working Condition. Cosmetic Damage to outer box or packaging is acceptable so long as the product is not damaged and sterility has not been compromised. Refer to Accepted Donation Items List for examples of accepted items.** |

|  |
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| **Durable Goods (Crutches, Wheelchairs, Canes, etc.)** |
| **New or gently used and in good working order. All parts and accessories included. All manuals included.** |

|  |
| --- |
| **Equipment** |
| **New or gently used and in good working order. All parts and accessories included. All manuals included.** |

|  |
| --- |
| **Product Donation Guidelines: Example of Accepted Items** |

* Anesthesia Supplies
* Cribs
* Defibrillators
* Drains
* Drapes
* Dressings, Gauze & Tapes
* EKG Supplies & Equipment
* Electrodes
* Electrosurgical Units (ESU)
* Endoscopic Equipment
* Exam Tables
* Feeding Supplies & Equipment
* Fetal Doppler Supplies & Equipment
* First Aid Supplies
* Furniture
* Gloves, Surgical & Exam
* Gowns, Surgical & Patient
* Hospital Beds w/Mattress (no ‘home health beds’)
* Infant Incubator
* Intravenous Supplies & Equipment
* Lab Supplies & Equipment
* Labor & Delivery Supplies
* Laryngoscopes
* Microscopes
* Monitoring Supplies & Equipment
* Needle Counters
* Needles (sterile)
* OB / GYN Supplies
* Orthopedic Supplies
* Ostomy Supplies
* Otoscopes & Ophthalmoscopes
* OR Packs
* Operating / Procedure Room Equipment
* Patient Care Supplies
* Pediatric Supplies
* Personal Hygiene Items
* Procedural Trays
* Protective Clothing
* Pulse Oximeters
* Respiratory Supplies
* Skin Prep Items
* Staplers
* Stethoscopes
* Sterilizations Supplies & Equipment
* Surgical Instruments (must be clean)
* Suction Machines
* Sutures (sterile)
* Syringes
* Towels
* Ultrasound Machines & Portable X-Ray
* Urinary Supplies
* Vascular Clips
* Ventilators
* Waste Disposal Containers, Sharps Containers
* Wheel Chairs, Crutches, Canes, etc

**Please Note: Other supplies and pieces of equipment may be appropriate**

**for donation. Call The MSRO (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to inquire.**