

## M5M Foundation Grant Application

### INTRODUCTION

Thank you for your interest in the M5M Foundation (M5M). M5M is a non-profit organization, headquartered in Coppell, TX. Our mission is to combat the effects of global malnutrition by providing food sourced supplements to children in need. We seek applications from organizations with proven ability to distribute essential nutrition.

### A: General Information

Date:	Street:	Contact Name:
Organization (Full Legal Name):	City:	Title:
Country of Registration:	State:	Phone Number:
	Zip Code:	Email Address:
How did you hear about M5M? (check all that apply)		
<input type="checkbox"/>	Internet search	
<input type="checkbox"/>	Referral from Mannatech, Inc.	
<input type="checkbox"/>	Other:	

### B: Project Information

State:	
Project Name:	
Cities or Counties Served:	

#### B.1. Please classify your organization:

Food Bank	<input type="checkbox"/>
Clinic	<input type="checkbox"/>
School	<input type="checkbox"/>
Other (describe)	<input type="text"/>

#### B.3. Are the supplements requested by your organization to be: (check one)

Distributed entirely by local representatives of your organization	<input type="checkbox"/>
Distributed by your organization AND by other local agencies/partners	<input type="checkbox"/>
<i>All other agencies/partners must agree to ALL of the application terms and conditions listed in section E of this application.</i>	

#### B.2. Need and Expected Outcome(s):

Briefly describe the local need for nutritional supplements requested by your organization, and expected outcomes of the nutritional intervention.

#### B.4. Will the supplements donated by M5M be distributed:

(check one)	As an independent program	<input type="checkbox"/>
	Together with other health services	<input type="checkbox"/>

#### B.5. What specific steps have been taken to ensure that beneficiaries intended to receive supplements donated by M5M are children in need?

### B: Project Information Continued

#### B.6. PhytoBlend powder supplements REQUESTED

Using the table provided below, request supplements by filling in the white cells with the number of beneficiaries to be reached by your organization and/or partners organizations (grey cells will generate automatically if using a soft-copy form).

\*Please identify the population you intend to serve by distribution location and channel (e.g. school, orphanage, outreach program, or other beneficiary program distribution unit) and beneficiary group.

\*Limit your supplements requests according to demonstrable need and your organization's capacity to distribute multivitamins.

\*Add lines as required.

List the locations of distribution below and indicate if the supplements will be distributed entirely by local representatives of your organization or Distributed by your organization AND by other local agencies/partners		Children 4 years +	
		Number of children	# servings (for M5M use)
Location:		0	0
		0	0
		0	0
		0	0
		0	0
	<b>Totals</b>	0	0

#### Serving Schedules

M5M will provide PhytoBlend powder supplements servings sufficient for 4 years+ for each eligible beneficiary reached by your organization.

PhytoBlend powder supplements Program			
Children 4 years + of Age			
	Serving	How Often	Annual servings
Children 4 years +	.23 tsp each	Once daily	365

### C: SHIPPING AND STORAGE INFORMATION

#### C.1. Complete address to which M5M will ship donated supplements:

Contact Name:	
Organization:	
Street Address:	
City:	
State:	
Zip Code:	
Phone:	
Email Address:	

The above address provided is: (check one)

Commercial

Residential

#### C.2. Does your organization have an appropriate (safe and secure) storage facility in which to store donated supplements? (check one)

No  Yes

#### C.3. Does your organization have the ability to move, at its own expense, donated supplements from your organization's headquarters or storage facility to the sites of

No  Yes  N/A

#### C.4. Does the address provided operate a dock for unloading large shipments? (check one)

No  Yes

#### C.5. Please note receiving hours if applicable:

**D: REPORTING INFORMATION**

Once a year, the M5M Foundation (M5M) requires submission of an M5M Annual Feedback Form from all grantees to confirm the number of servings distributed, number of beneficiaries reached, geographic areas of coverage, and inventory remaining. Your organization must have the capacity to track distributions and report accurate information to M5M. Please review the standard reporting form aM5Mlible on our website at www.m5mfoundation.org.

**D.1. Estimated Dates of Distribution**

Start Date:	
End Date:	

M5M Feedback Form (due 12 months after grant is made)

Stories of children ages 4 years+ who benefited from the M5M donation

Photographs of Distribution- Required (3 photos minimum)

**D.2. Person Responsible for Monitoring & Reporting**

(check one)

Same as above

Other

(List below)

Contact Name:	
Title:	
Phone Number:	
Email Address:	

**E: TERMS & CONDITIONS FOR M5M PhytoBlend powder supplements GRANTS**

Your organization (i.e. the Grantee) must agree to each of the following Terms and Conditions to be eligible for a nutritional supplement grant from M5M. Indicate your acceptance of each term below.

1. Grantee must distribute PhytoBlend powder supplements in an area of geographic need according to our M5M mission
2. Grantee must distribute all PhytoBlend powder supplements to beneficiaries that are a priority to M5M: children 4 years+
3. Grantee must distribute PhytoBlend powder supplements to underserved beneficiaries.
4. Grantee must agree not to deny M5M the ability, access or use of a supplement donated by M5M to any prospective beneficiary on the basis of ethnicity, race, religion, or ability to pay.
5. Grantee must agree to provide to M5M, on an annual basis, a simple report on distribution achieved (form is provided or available on M5M's website).
6. M5M or our sponsors generally pay for shipping and handling costs to the door of the grantee's US storage facility. Grantee must accept responsibility for all storage and handling costs at the grantee's US storage facility; and for forward shipping and distribution costs from storage to beneficiaries.
7. Grantee must agree, if requested, to permit an M5M team or individual to visit any of the grantees project sites for the purpose of generating public communication that will assist M5M to continue fundraising activities. (M5M will pay all its own expenses and may give Grantee the right to comment on communications in advance of their use by M5M.)
8. Grantee must agree, if requested, to permit a M5M team to visit any of the Grantee's project sites for the purpose of conducting a technical inspection visit. (M5M will pay its own expenses, and conduct the visit in the least obtrusive manner possible. The purpose is to ensure that projects are conducted in accordance with accepted best practices for supplement distribution.)
9. Grantee must distribute all supplements provided by M5M consistent with best practices. (Best practices and serving schedules are provided or available on M5M's website).
10. Grantee accepts that M5M accepts no responsibility for any donated supplement after delivery of that supplement is accepted by the Grantee or consignee; and Grantee will hold M5M harmless from and against any and all liabilities, losses, damages, costs and expenses associated with any claim or action brought against the grantee in connection with the use of the supplements donated by M5M.

Do you agree to each of the terms and conditions listed above?

Yes

No

**F: Authorization for Use of Name on m5mfoundation.org**

M5M's network of grantees are important asset in allowing us to reach children worldwide with PhytoBlend powder supplements. As part of that network, M5M may desire to list the name of your organization on our website (www.m5mfoundation.org) to indicate M5M Foundation's impact on the region/country in which your organization works. Your name may be shown in the form of: a) a list of field partners, b) on a map (in the regions(s) in which you are distributing PhytoBlend powder supplements), c) mentioned in relation to the specific region or country in which you work (such as in or next to a story of a beneficiary reached in the region in which you work).

Although listing your organization's name on our website helps M5M communicate our work to our donors, we believe doing so can also add value for your organization in the form of increased visibility of your cause, and in building mutually beneficial relationships with other M5M field partners.

Please complete the authorization below to allow M5M to list your organization's name on our website and grant us a license to use images, pictures, audio, video and other Intellectual Property from your organization.

Please check box and enter the name of your organization as you would like it represented on www.m5mfoundation.org

I, as an authorized agent of the organization,

, on www.m5mfoundation.org.

**G: ORIGINAL SIGNATURE AND GRANT APPLICATION SUBMISSION**

Organization name:	
Authorized agent:	
Title:	
Date:	
Original Signature:	

M5M Foundation  
1410 Lakeside Parkway Suite 200  
Flower Mound, TX 75028

Original signature is required.