



PLEASE READ THIS PAGE CAREFULLY TO DETERMINE IF YOUR PROJECT FULFILLS THE MISSION STATEMENT OF CROSSLINK INTERNATIONAL.

GENERAL INFORMATION CROSSLINK INTERNATIONAL:

Mission Statement: *CrossLink International changes the world one life at a time through Christlike missions. Our vision is a world rich in health and Christ's love.*

- Seeks to share the Gospel of Jesus Christ through medical missions.
- Is a non-profit, humanitarian 501 (c)(3) ministry.
- Equips medical mission teams with medicines, medical supplies, medical equipment and recycled eyeglasses.
- Is licensed by the Virginia Board of Pharmacy as a warehouse/distributor of medicines.
- Does not handle or distribute narcotics or any scheduled drugs.
- Does not use expired drugs or medical supplies.
- Customizes resources sent according to the wishes of the receiver.
- Member of:
 - Evangelical Council for Financial Accountability (ECFA)
 - Technical Exchange for Christian Healthcare (TECH)
 - The Association of Evangelical Relief & Development Organizations (AERDO)
 - Christian Connections for International Health (CCIH)
 - Combined Federal Campaign _ (CFC) # 14672

PROJECT INFORMATION

- CrossLink's mission is to help equip medical mission teams.
- No prepackaged items - each individual project is customized.
- Donated pharmaceuticals and supplies given according to the quantity on hand at the time of the request.
- Medicines not donated to CrossLink (such as generics) may be purchased at a substantial reduction. Typical prices listed on the enclosed form.
- Glasses provided free of charge through a partner relationship with the Lions Eyeglass Recycling Center of Northern Virginia. **Allow 8 weeks advance notice for preparation.**
- Projects will be assessed a **\$50.00 administrative fee** and **any UPS shipping costs.** Containers (20 ft.) are assessed a \$600 handling fee in addition to shipping costs.
- Allow 5 weeks advance notice for preparation of projects --- 8 weeks for containers.
- Information on items provided and quantities can not be provided until the receipt date. Please plan accordingly if this information must be provided to government agencies/customs.

CrossLink is operated in the name of our Lord and Savior, Jesus Christ, and with the hope that through this ministry both the givers and the receivers will develop a closer relationship with Him.

For further information, write, call or email:
CrossLink International, 427 North Maple Avenue, Falls Church, VA 22046
Telephone: 703-534-5465 * FAX: 703-536-8349 * [Email: info@crosslinkinternational.net](mailto:info@crosslinkinternational.net)



Project Request Application

To begin the evaluation process, please fax the completed form to CrossLink at 703-536-8349.

PLEASE NOTE:

1. Projects will be assessed a \$50 administrative fee and any UPS shipping costs
2. Allow 5 weeks for the processing of medicines and general supplies and 8 weeks for a container.
3. Orders of purchased medicine and supplies require a full payment of the estimated purchase cost. You will be contacted with information on payment.
4. A copy of the 501 (c) (3) IRS determination letter is required from all first-time non-profits requesting a project.
5. A follow-up report with project photos is required.

General Information – (all blanks must be completed)

Requesting Organization: _____ Date of Request: _____

Name of Contact Individual: _____ Relationship to Trip: _____

Telephone: _____ Fax: _____ E-mail: _____

Billing Address:

To: _____

Attn: _____

City: _____ State: ___ Zip: _____

Telephone: _____

Shipping Address (cannot be a PO Box):

Please check one of the following: The address below is a ___ Residential Address, ___

Business Address To: _____

Attn: _____

City: _____ State: ___ Zip: _____

Telephone: _____

How did you first hear about CrossLink International?



Project Description

How does your mission trip reflect the mission statement of CrossLink International?

Country/Location where items will be used: (include name/address of facility/location where items will be used if possible)

Country: _____ City: _____ Address: _____

Project Dates: Start = _____ End = _____

Date you need to receive items from CrossLink: _____

OR

Date you will pick up items from CrossLink: _____

Approximate number of people to be served: _____ (please estimate)

Number of Team Members: _____

Brief project summary:

What are the most prevalent health problems in the area being served? _____

Who are the people groups benefiting? _____

Name of the organization/physician that will manage the receipt and distribution of medicines & medical supplies/equipment:

USA _____ In-country _____

Is there a hospital or clinic at the site for follow-up care? ___Yes ___No

Is there a physician/LNP on your team ___Yes ___No

Is there a physician/LNP in-country who can diagnose/prescribe meds? ___Yes ___No

I/We are interested in:

- Purchased Medicines (approx. budget \$ _____)
- Donated Medicines (limited quantities)
- Donated Medical Supplies (some quantities limited)
- Donated Medical Equipment (may require special procedures & additional expense for Shipping.)
- Glasses (6 to 8 week advance notice)