

The Female Health Company

FC2 Female Condom® – Experience Program

Overview

The Female Health Company is currently developing a program which allows organizations to receive an allocated amount of FC2 Female Condoms for distribution to their clients, free of charge. The program is designed to promote the proper use of the FC2 Female Condom®, as well as to receive feedback from organizations involved; to help shape future distribution programs and training with respect to the use of the product. Product provided is solely for free distribution to your clients and not for resale or other distribution.

Space within the program is limited and an application process is necessary to ensure that appropriate organizations receive products for distribution.

The program is being implemented on a region by region basis throughout the next year. The Female Health Company will accept applications throughout the year; however, programs may not begin in your area immediately. Applicants will receive notice that their application has been received; applications received prior to regional activation of the program will be held for evaluation. Applicants will be notified once their regional evaluation is underway.

Organizations admitted to the program will receive an initial shipment of FC2 Female Condoms®. Program participants will then be evaluated on a monthly basis and will receive additional shipments of FC2 accordingly (for a maximum period of one year). The number of FC2 provided initially and thereafter will reflect the information provided by the entity.

Monthly monitoring forms will need to be completed by the organization and promptly returned to The Female Health Company to ensure continued participation in the program.

The Female Health Company reserves the right to cancel or alter the program at any time without notice.

For more information please contact:

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**Female Health Company
FC2 Experience Program - Application Form**

Date of Application: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Contact Person for Organization: _____

1. Type of Organization:

- a) Department of Health/ Government Funded Organization
- b) Community – Based Organization
- c) Hospital Clinic
- d) Other (specify) _____

2. Approximate number of female condoms currently distributed through facility monthly:

3. Current method of distribution of female condoms at your facility:

- a. Distributed through waiting room display(s): _____
- b. Distributed through outreach: _____
- c. Distributed through counseling session(s): _____
- d. Distributed through other means: _____

4. Approximate number of clients at your facility monthly: _____

5. Approximate percentage breakdown -race/ethnicity of populations utilizing your facility*:

- a) Black _____
- b) White _____
- c) Native Hawaiian/Pacific Islander _____
- d) Latino/Hispanic _____
- e) Asian _____
- f) American Indian/Alaska Native _____
- g) Multiracial _____

