

Making a Difference - 1 day at a time
Marketing Plan



Making a Difference – 1 day at a time
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BusinessPlanMyWay

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1.0 Executive Summary

Not-for-Profit

There are many terms used to describe nonprofit organizations — independent, third sector, voluntary, charitable, philanthropic, social, public benefit, or tax exempt sector. Outside the U.S., nonprofits are often dubbed nongovernmental organizations (NGOs) or civil society organizations. Nonprofits are neither government nor business organizations, but privately held organizations governed by a voluntary board of directors. Nonprofits are sometimes referred to as "501(c)" entities, after the section of the Internal Revenue Code that defines their tax status. The IRS recognizes over 740,000 charities, and adds 30,000 new ones each year. Nonprofits come in various shapes and sizes, but are concentrated primarily in health, education, and social services. All nonprofits work toward some cause that will benefit the public.

Background

There are two ways medical equipment and supplies are donated to non-profit organizations.

- Governmental donation
- Private and Corporate surplus donation

Government donations are provided to third-world countries and for emergency relief. In 2007, the United States donated \$134 billion worth of medical equipment and supplies to third-world countries which was an increase of 4.2% over the previous year (2006). Government is the largest provider of medical equipment and supplies to areas of disaster and areas of limited medical attention.

Private and Corporate donations encompasses the US healthcare system; hospitals, healthcare clinics, hospices and medical offices. Their donations are generated from surplus inventories. For example, cancelled procedures lead to discarding of supplies, promoted new items leave supplies sitting on shelves, prescribed home supplies are rarely used to completion, and newer technology renders equipment obsolete. Each year the U.S. healthcare system discards hundreds of millions of pounds of medical supplies and equipment equating to \$6.5 billion worth of these discarded items are usable. The problem has been that there is not enough capacity for efficient redistribution of these items to those in need.

Making a Difference - 1 day at a time can help transform discarded obsolete and outdated medical supplies from landfills to non-profit medical organization in third-world countries. We believe that our contribution to non-profit organizations will not only increase awareness but also better meet the needs of the sick and injured around the world. *Making a Difference - 1 day at a time* will benefit hospitals, healthcare clinics and medical offices by providing a bridge to non-profit organization that will result in the organization and procurement of obsolete and outdated medical equipment and supplies to third-world countries.

Service

Making a Difference - 1 day at a time is a non-profit referral service linking hospitals/clinics throughout the region with companies and organizations that salvage and transport outdated and obsolete medical equipment to third world countries. Furthermore, our firm will exist only to help link hospitals and non-profit organization to move outdated and unused medical supplies to third-world countries. We will be a non-profit organization seeking tax-exempt status through the Internal Revenue Service. We will position ourselves to support hospitals with administrative paperwork and organize transportation schedules between medical institutions and non-profit organizations that support international transportation. *Making a Difference - 1 day at a time* will offer both the participant and recipient the opportunity to save time and money.

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Management

Carolyn Starks-Holman has over 19-years of experience in the healthcare industry. Carolyn began her education at Charter Oak State College where she studied liberal studies. After Carolyn's graduation in September of 2002, she went on to the Columbia Southern University where she studied and graduated with a Master degree in Health Care Management in May of 2006. Since her graduation, Carolyn has been actively seeking the waste of outdated and obsolete medical equipment and supplies from various medical institutions. After, Carolyn decided to act on her experience by organizing a not-for-profit business specializing in linking medical institutions with outdated and obsolete medical equipment and supplies to third-world countries for donation.

Carolyn's partner studied and graduated from Boston University with a Bachelor of Science degree in Marine Biology. Carolyn's partner will serve as a link between medical institutions and non-profit transportation organizations. Her job duties will assist Carolyn in daily activities within the business.

2.0 Situation Analysis

The need for medical attention in third-world countries is validated and magnified by amount of sick and injured people who are not able to get adequate medical attention. We believe that all though the United States has provided million of dollars in medical ad to third-world countries, much more is needed to be donated in order to provide for the sick and injured, but also to expand medical attention to countries that have limited medical supplies. It is our belief that an increase in donated obsolete and outdated medical supplies will reach more people in more countries. The following outlines the advantages each organization will adapt:

- Hospitals, Healthcare clinics and medical offices benefit by tax write-offs that are provided by the US government when a donated transaction is completed.
- The non-profit organizations benefits by directing supplies to designated locations for effective treatment.
- The third-world country benefits by receiving free supplies that will aid in the prevention and healing of the sick and injured.

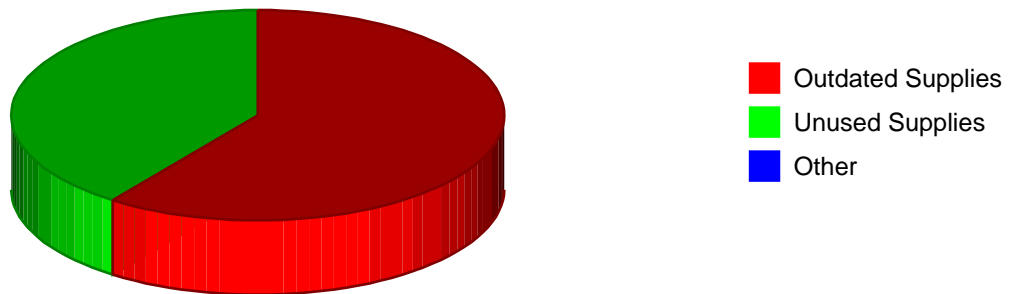
2.1 Market Summary

Making a Difference - 1 day at a time provides valuable information and experience to members of the medical field who sustain a board surplus of obsolete and/or outdated medical equipment and supplies. We offer a link as well as administrative support in filling out necessary paperwork for donated obsolete and outdated medical equipment to large non-profit organizations that already transport medical equipment to third-world countries. Our programs allow medical institutions to go public with their efforts while maintain high moral and corporate responsibility. Below are the projected amounts of outdated and obsolete medical supplies that will be donated over the next five years. These amounts are at market value.

Table: Market Analysis

Market Analysis							
Potential Prospects	Growth	2008	2009	2010	2011	2012	CAGR
Outdated Supplies	3%	3,900,000,000	3,997,500,000	4,097,437,500	4,199,873,438	4,304,870,274	2.50%
Unused Supplies	4%	2,600,000,000	2,704,000,000	2,812,160,000	2,924,646,400	3,041,632,256	4.00%
Other	0%	0	0	0	0	0	0.00%
Total	3.11%	6,500,000,000	6,701,500,000	6,909,597,500	7,124,519,838	7,346,502,530	3.11%

Outdated and Obsolete Medical Equipment and Supplies Donated (Pie)



2.1.1 Market Demographics

Making a Difference - 1 day at a time will center the focus on four different medical groups:

- Medical Hospitals
- Healthcare Clinics
- Medical Offices
- Hospice Care

Medical Hospitals - there are 4,054 hospitals in the United States. A hospital is an institution for health care, often but not always providing for longer-term patient stays. Today, hospitals are usually funded by the state, health organizations (for profit or non-profit), health insurances or charities, including direct charitable donations. In history, however, they were often founded and funded by religious orders or charitable individuals and leaders. Hospitals are nowadays staffed by professional physicians, surgeons and nurses, whereas in history, this work was usually done by the founding religious orders or by volunteers.

Healthcare Clinic - A **clinic** or **outpatient clinic** are originally small private or public health facility that provide health care for ambulatory patients or clients in a community, in contrast to inpatients treated in a hospital. Some grow to be institutions as large as major hospitals, whilst retaining the name Clinic. General practice clinics are run by one or more general practitioners or practice managers.

Medical Offices - A medical office is a where medical business is transacted. Specifically, a medical office is a room where medical professionals and/or doctors work to ease the suffering and cure the sick. Typically, medical offices are locations where patients visit for minor surgeries and diagnosis.

Hospice Care - is any form of medical care or treatment that concentrates on reducing the severity of disease symptoms, rather than providing a cure. The goal is to prevent and relieve suffering and to improve quality of life for people facing serious, complex illness.

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2.1.2 Market Needs

Currently, there are no available non-profit organizations that bridge medical facilities to non-profit transportation organizations. As of December of 2007, the United States spent \$134 billion in medical equipment and supplies to third-world countries. We believe hospitals, healthcare clinics and medical offices destroy millions of dollars of outdated or obsolete medical supplies every year. In addition, there are millions of people in third-world countries and around the world who do not receive adequate healthcare due to the lack of supplies. Our service will eliminate the destruction of such supplies by channeling those supplies to non-profit organization that can provide transportation to all third-world countries.

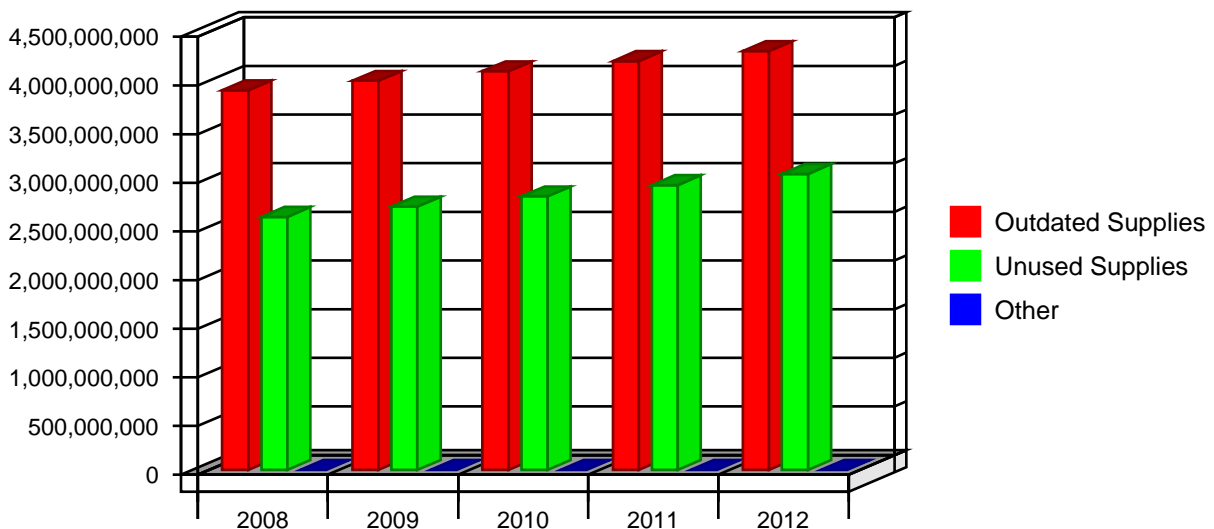
2.1.3 Market Trends

We believe that as hospitals prepare for the added pressure of the aging baby boom population and the increased world population, more medical attention will be needed in keeping people healthy and alive. Of course as more hospitals, healthcare clinics, hospices and medical offices begin to increase their medical supply inventory more supplies will be transformed into obsolete and/or outdated medical equipment. Medical administration personnel will explore alternative solutions to surplus inventory.

Medical professionals will seek;

- solutions to outdated medical supplies,
- monetary compensation for supplies,
- free transportation for supplies,
- administrative support in filling out the necessary paperwork.

Market Analysis (Bar)



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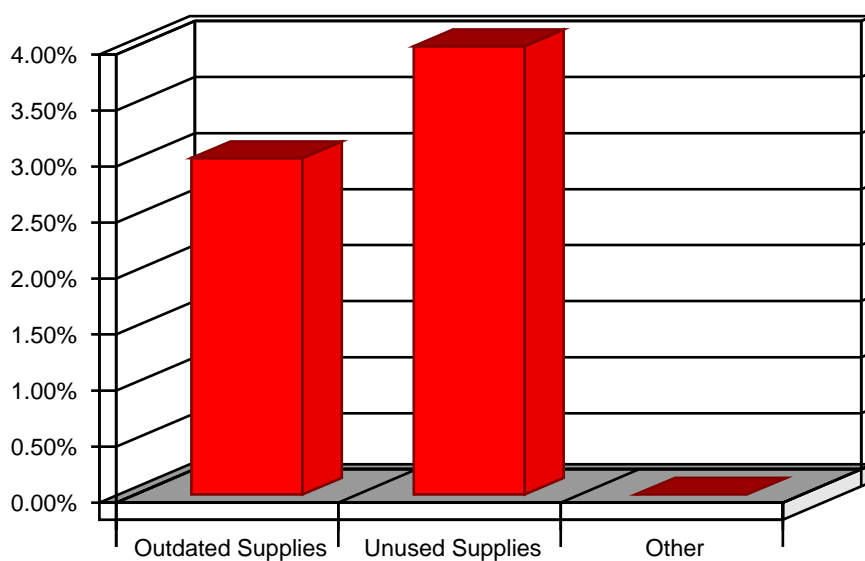
2.1.4 Market Growth

We believe that as the demands of medical attention increase so will the demand for more medical equipment and supplies. As increase in medical supplies generate surplus inventory, more supplies will be available for donation to third-world countries. The following outlines the growth of medical supplies purchased for the healthcare industry through 2009.

Item	1999 (per 1,000)	2004 (per 1,000)	2009 (per 1,000)
Disposable Medical Supplies	38,820,000	54,100,000	71,100,000
IV, Catheterization & amp; Related	17,700,000	27,000,000	37,050,000
Wound Management Supplies	4,870,000	6,130,000	7,030,000
Nonwoven Medical Disposables	4,680,000	5,850,000	7,030,000
Other	11,570,000	15,150,000	19,450,000

Annual Growth %			
Item	04/99	09/04	09/09
Disposable Medical Supplies	6.9	5.6	7.4
IV, Catheterization & amp; Related	8.8	6.5	9.3
Wound Management Supplies	4.7	4.3	4.9
Nonwoven Medical Disposables	4.5	3.8	5.4
Other	5.5	5.1	5.8

Market Analysis (C.A.G.R)



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2.2 SWOT Analysis

The SWOT analysis provides us with an opportunity to examine the internal strengths and weaknesses *Making a Difference - 1 day at a time* must address. It also allows us to examine the opportunities presented to *Making a Difference - 1 day at a time* as well as potential threats.

Making a Difference - 1 day at a time has a valuable inventory of **strengths** that will help it succeed. These strengths include: a knowledgeable experienced and senior owner, a member of the medical industry, and a clear vision of the market need. Strengths are valuable, but it is also important to realize the **weaknesses** *Making a Difference - 1 day at a time* must address. These weaknesses include: medical organization's reluctance of donation, limited donated medical supplies and an inability of non-profit organization to coordinate pickup and delivery.

Making a Difference - 1 day at a time's strengths will help it capitalize on emerging opportunities. These **opportunities** include, but are not limited to, an increase in medical supply levels giving way to more obsolete and outdated products, growing medical attention demand, and the growing need for medical supplies in third-world countries. **Threats** that *Making a Difference - 1 day at a time* should be aware of include a change in the donation tax code and emerging local non-profit competitors.

2.2.1 Strengths

The following outlines key strengths of the organization:

- **Program Reputation**—*Making a Difference - 1 day at a time* will be a premier choice for identifying which non-profit organization can transport outdated or obsolete medical supplies to third-world countries. Medical administration personnel will benefit the most from our program because of our administrative support in helping with required paperwork.
- **Donor Base**—We will have developed a stable and loyal donor base from hospitals, healthcare clinics and medical offices around the country.
- **Recipient base**—We will have established a stable and loyal recipient base from non-profit organizations that can offer free transportation from the hospital, clinic or medical office to final destination locations around the world. Destination locations must benefit the most from free medical equipment and supplies.
- **The Internet**—Our website, www.making-a-difference.com, promises to be a significant technological solution for *Making a Difference - 1 day at a time* in the area of registration, communication, and information delivery. The website will demonstrated the ability to provide more extensive and current information free of charge to the viewer. Our website will help us reduce the need for printed materials and the need to add volunteer staff to assist callers with questions regarding our services. It will also allow us to reallocate future volunteers' to better serve our program.

2.2.2 Weaknesses

The weakness that plague *Making a Difference - 1 day at a time* are as follows;

- **Capital Requirements**—*Making a Difference - 1 day at a time* will require very little startup funds to begin operation. However, as the company grows so will the need to staff customer service positions, maintain phone lines, internet connection and the overall expenses of daily operation.
- **Facilities**—Our initial facility will be a home-based structure that will also serve as a residence. There are advantages and disadvantages to a home-based business. An advantage is that the initial cost of the business is greatly reduced. The disadvantage would be that growth could not be achieved as quickly as office in a business district facility.

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2.2.3 Opportunities

Making a Difference - 1 day at a time will, in effect, create national awareness with consumers as well as businesses that unused or outdated medical equipment and supplies can be donated to organizations rather than the destruction of these supplies. Of course, the only industry that can benefit from such a cause is medical industry. Hospitals, HealthCare Clinics, hospices and Medical offices will be our main target market with a lesser focus on the military medical division.

The following summarizes potential opportunities:

- **Geographic Serving Area Issues**—Our initial program will focus the Indianapolis medical market, specifically, BremnerDuke and TriMedx. Once our test market has concluded then we will focus on a larger serving area within the United States. Decisions regarding the serving area will impact financial requirements and potentially open new donated opportunities. This growth strategy must be managed and orchestrated in a manner that will add strength to the program.
- **Program Expansion**—Program expansion also requires consideration and evaluation. This may include adding volunteer staff personnel to the current venue and/or moving from a home-based establishment to a business office location in Indianapolis.

2.2.4 Threats

The major challenges *Making a Difference - 1 day at a time* currently face include the following:

- The rapidly drop in medical donations,
- Emerging local competitors.

2.3 Competition

Currently, there are very few, if any, non-profit organizations that bridge hospitals, healthcare clinics, hospice and medical offices with non-profit organizations that transport medical supplies to third-world countries. However, there are medical institutions that are already working with transport non-profit organizations. Below are medical institutions that are already working with non-profit transportation organizations;

The following hospitals/companies are a representative listing of donors of equipment and supplies to AMRF (American Medical Resource Foundation).

- Artificial Kidney Centers, North Providence, RI
- Artificial Kidney Centers, Warwick, RI
- Artificial Kidney Centers, New Bedford, MA
- Artificial Kidney Centers, Fall River, MA
- Artificial Kidney Centers
- Baptist Regional Medical Center, Corbin, KY
- Belmont Medical Supply, Belmont, MA
- Beverly Hospital, Beverly, MA
- Boston Artificial Limb Co., Burlington, MA
- Boston Heart Foundation, Boston, MA
- Boston Medical Center, Boston, MA
- Blackstone Valley Surgicare, Pawtucket, RI
- Boston Medical Center, Boston, MA
- Brigham & Womans Hospital, Boston, MA
- Bristol County Medical Center, Bristol, RI
- Buckland Hills Imaging, South Windsor, CT
- Burbank Hospital, Fitchburg, MA
- Cambridge Hospital, Cambridge, MA

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- Catholic Medical Foundation, Bethlehem, PA
- Elliot Hospital, Manchester, NH
- Emerson Hospital, Concord, MA
- Harvard University Medical, Cambridge, MA
- Farmington Gynecology & Obstetrics, Farmington, CT
- Faulkner Hospital, Jamaica Plain, MA
- GE Electric, Waterford, NY
- Goodall Hospital, Sanford, ME
- Harvard University Medical School, Boston, MA
- Jordan Hospital, Plymouth, MA
- Lab World, Stoughton, MA
- Lahey Clinic, Burlington, MA
- Lemuel Shattuk Hospital, Jamaica Plains, MA
- Ludlow, Chicopee, MA
- Malden Hospital, Malden, MA
- Mass General Hospital, Boston, MA
- Melrose/ Wakefield Hospital, Melrose, MA
- Merrimack Valley Endodontics, North Chelmsford, MA
- Milford Whitisinville, Milford, MA
- Millipore Foundation, Danvers, MA
- Modern Medical, Farmington, NY
- Nathan Litteaur Hospital, Gloversville, NY
- New Britain General Hospital, New Britain, CT
- New England Medical Center, Boston, MA
- New Milford Hospital, New Milford, CT
- Newton Welsley Hospital, Newton, MA
- New York Hospital, New York, NY
- Orbis International, NY, NY
- Owens & Minor, Franklin, MA
- Phase II, Rollinsford, NH
- Quest Diagnostic, Cambridge, MA
- Quinsigamon Community College, Wocester, MA
- Red Cross, Pittsfield, MA
- Rhode Island Hospital, Providence, RI
- Simmons College, Boston, MA
- South County Hospital, Wakefield, RI
- Southeast Mass Dialysis Center, North Darthmoth, MA
- Southern NH Medical Center, Nashua, NH
- Southern Maine Medical Center, Biddeford, ME
- South Shore Hospital, Weymouth, MA
- St. Josephs Hospital, Providence, RI
- St. Lucs Hospital, New Bedford, MA
- St. Mary's Regional Hospital, Lewiston, ME
- Whalen Square Surgicare, Providence, RI
- William Backus Hospital, CT
- Winchester Hospital, Winchester, MA
- World Wide Medical, Sweet Springs, MO
- Yale New Haven Hospital, New Haven, CT

2007 Shipments from AMRF - Shipments are of obsolete or outdated medical equipment and/or supplies.

Containers/Equipment	Quantity	Length
Somalia, Africa	1	20ft
Fundacion Tierra Nueva and Fundacion Isais, Ecuador	1	40ft
Alexander Hospital, Nevis, West Indies	1	40ft
Ches-USA/SAHF, San Salvador,S.A..	1	40ft
Luwi Hospital, Ntambu, Zambia, Africa	2	40ft
KPC Teaching College and Hospital, Calcutta, India	1	40ft

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2.4 Service Offering

Making a Difference - 1 day at a time is a tax-exempt, not-for-profit organization dedicated in combining hospitals, health clinics, hospice and medical offices to non-profit organizations that are in the business of transporting obsolete or outdated medical supplies to third-world countries. This can be completed with the belief that every man, women or child must be able to receive proper medical attention no matter what country they reside. There are millions of dollar of medical supplies being destroyed each year. We want to be the bridge that medical institutions, in the United States, use in order to move obsolete or outdated medical supplies to non-profit organizations for transportation to third-world countries.

Making a Difference - 1 day at a time is designed to offer the following to the medical and non-profit industry:

- Increase outdated and obsolete medical supply awareness.
- Link medical institutions with non-profit organizations.
- Administrative support in filling out the necessary paperwork.
- Offer support with tax-deduction paperwork for medical institutions.
- Organizing, procurement and transportation.

Making a Difference - 1 day at a time is a non-profit organization specializing in the medical and non-profit industries. We believe the service we provide will be a winning combination for all parties involved.

2.5 Keys to Success

- Increase outdated and obsolete medical supply awareness.
- Expand service across the country.
- Leverage the movement of medical supplies from hospitals to non-profit organizations.
- Identify additional hospitals, healthcare clinics, hospice and medical offices.
- Continue to develop strong relationships with medical administrative personnel.

2.6 Critical Issues

Our strengths are impressive. Our weaknesses are identified with potential solutions. *Making a Difference - 1 day at a time* could be described as in a "speculative" situation. We are presented with numerous opportunities and also have limited threats that present a low level of risk. However, we have a chance to experience large returns on our efforts if we can work with a vast majority of the medical institutions to increase donated medical equipment and supplies to third-world countries. We will be well positioned in the market. We have the ability to continue to offer the greatest value and take advantage of our economies of scale.

The critical issues include the following:

- Offer programs that are perceived to be a value for hospital, healthcare clinic, hospice and medical office administrative personnel.
- Attract new participants on a basis of 100% support of administrative paper work and forms.
- Increase awareness through public, private, and international communities as a global, non-profit organizer of outdated and obsolete medical equipment and supplies.

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3.0 Marketing Strategy

Making a Difference - 1 day at a time will strive to be highly regarded as a link that combines medical institutions with large non-profit organizations. Our programs will be available to simultaneously serve the needs of medical administrative personnel and non-profit organization to enhance the donation process from start to finish.

The marketing strategy attempts to successfully communicate the unique value the program offers participants. Our strategy redirects the focus from the "cost" issue to the benefits that participants and their recipients will obtain from involvement in the program. The marketing strategy will continue to identify the needs of the market and communicate with this audience in the most effective and positive manner possible.

We will strive to maintain the quality and integrity of the program within the finite financial resources of participants and the community of medical donors and supporters. This challenge will be increasing. As medical supply costs continue to rise, the demands for health service will also increase leaving hospital, clinic and medical office hesitant on donating outdated or obsolete medical supplies. That is why we must be able to sell our service and the benefit medical institutions will receive. Quality and efficiency will be our goals for an industry that will sustain huge growth.

3.1 Mission

We are dedicated to improving global health for the worlds poorest by increasing the availability of essential good health through medical supplies and medical equipment. Working in partnership with private and public organizations as well as individuals, *Making a Difference - 1 day at a time* expands the availability of vital obsolete medical equipment and supplies to third world countries. Our programs will reach out to corporate donors, hospitals and other medical institutions to help support the health of the world's poorest people.

3.2 Marketing Objectives

The objective is to provide this valuable service to as many medical institutions as possible in a positive and supportive manner. A positive, constructive and meaningful experience is the sought-after result of the *Making a Difference - 1 day at a time* service. Our service will assist administrative personnel individuals in the filling out of necessary paperwork for donated obsolete and/or outdated medical equipment or supplies.

1. Our initial service will include BremnerDuke and TriMedx. These two medical institutions will serve as test pilots for us to gauge the efficiency of the service we provide.
2. Accomplish our program goals within the allocated budget of \$51,000.
3. Expand the program to all medical institutions around the country within the first two-years of operations.

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3.2.1 Brochure

Our company 3-fold brochure -



3.3 Financial Objectives

1. Raise a minimum of \$55,000 through non-participation fees from sources including donations, contributions, gifts-in-kind, and grants.
2. Increase corporate donations and contributions to exceed 12% annually.
3. Accomplish our program goals within the allocated 2008-2009 budget of \$51,000.

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3.4 Target Markets

The target market for *Making a Difference - 1 day at a time* will be hospitals, healthcare clinics, hospice and medical offices in the United States. Many will have already donated to organization of choice but for many, this will represent their first donation. We want their first impression to be positive and helpful. We will support the medical institution with identifying obsolete or outdated medical equipment and supplies to organizing transportation terms. *Making a Difference - 1 day at a time* strives to make it the most positive and successful experience possible.

3.5 Positioning

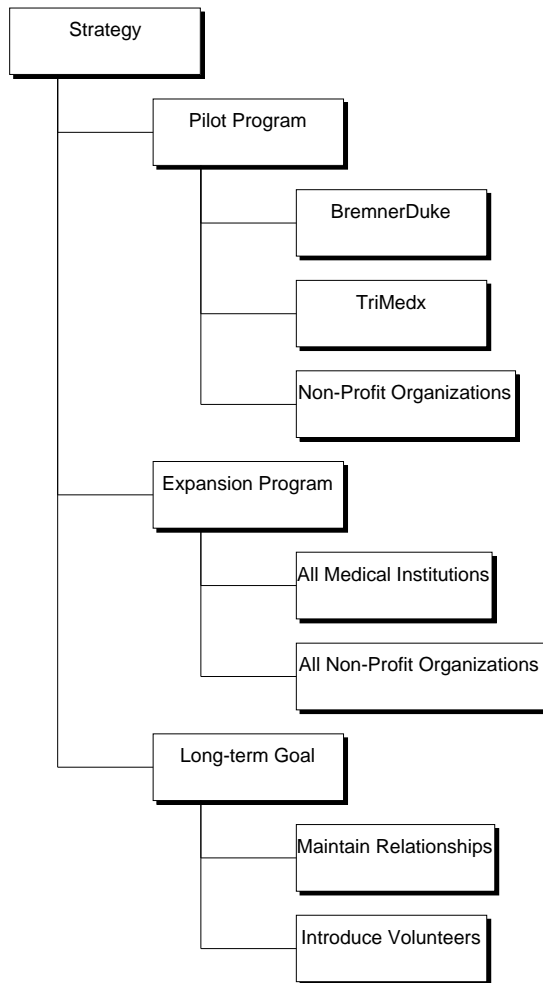
Making a Difference - 1 day at a time offers a unique link between donor participants and donor recipients. Our initial test market will include two medical institutions in the Indianapolis area. Based on the performance of *Making a Difference - 1 day at a time*, we will expand our market to include all medical institutions across the nation. The amount of involvement that will be needed will be based on the level of experience administrative personnel have with the donation process. Our initial service will be to support every institution with all of the procedures required for donating good and services. We will also work very closely with non-profit organizations available to meet the transportation needs of shipping supplies to third-world countries.

3.6 Strategies

Making a Difference - 1 day at a time focuses on achieving success in three areas.

- Initiate and succeed in pilot program.
- Expand program to include all medical institutions within the United States.
- Identify which medical institution has a high level of obsolete and/or outdated medical equipment or supplies.
- Identify the non-profit organization that has the capacity to transport medical supplies to third-world countries.
- Join medical institution with the corresponding non-profit organization that will transport supplies and equipment.
- Cultivate and maintain relationships with both the participant and recipient.

Strategy Pyramid



4.0 Web Plan Summary

Making a Difference - 1 day at a time website is under construction but will feature information regarding our service and the medical and non-profit organization that we work closely with. Once our website is complete it will represent a virtual business card and company portfolio, as well as an online "home." Our website needs to be informative, yet elegant and well designed. Our site will incorporate a high level of information regarding our services, tax tips, regarding donations, and the medical and non-profit organizations that we help bridge. We believe a site that offers high level of flash graphics and animation would detract from our message.

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4.1 Website Marketing Strategy

We will maintain a two-way link between our website and potential donors. In addition to using the page as a sales tool, we will provide information to individuals who are interested in donating. The website will be updated monthly to include a newsletter and a links page for tax information on donations and other donated medical requirements.

4.2 Development Requirements

The *Making a Difference - 1 day at a time's* website will be an active site providing users with information and successful testimonies. As we transition from our pilot program, we will alter the website to include information regarding nation wide donations. We will maintain our active site with many information resources and links for additional information. A simple hosting provider, XXXXXXXXXXX, will host the site and provide the technical back end alterations as needed.

As the website rolls out future development such as newsletters and other related donation information, a technical resource may need to be contracted to build the trackable download and the newsletter capabilities.

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4.3 Website Example

An example of our site;

PROJECT Make a Difference

Click here to send donation to support Make a Difference

PROJECT M-A-D PROCURE CORPS CARGO KITS CLINICS DONATE

M-A-D COMMUNITIES
CONTACT US
EVENTS
HOME
MEDIA CENTER
PROJECT
RECIPIENT COUNTRIES
SUPPORT PROJECT

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Procuring donated medical supplies and equipment to deliver to people living in the poorest regions of the world.

EQUIPMENT NEEDS

- X-ray Units
- Ultrasounds
- Lab Equipment
- Centrifuges & Shakers
- Infant Incubators
- Anesthesia Machines
- Pulse Oximeters

SUPPLY NEEDS

- Bandages & Dressings
- Antibiotic Ointments
- Eye care - glasses & eye drops
- Over the Counter Pain Relievers
- Dental Care Products

[Click here](#) to donate equipment and medical supplies.

GIVE & TAKE

Manufacturers, wholesalers, hospitals and clinics donate new, surplus and overstock supplies and both new and used items of medical equipment to Making a Difference. The vast majority of these donations is perfectly good but is the result of renovation, replacement, re-orders or retirement.

We understand that when a hospital, clinic, manufacturer or wholesaler decides to donate, they want materials collected from their warehouses and loading docks immediately. Upon receiving the call, Making a Difference dispatches large cargo trucks to the donor to retrieve the items as soon as possible. For smaller loads, a team of volunteer Making a Difference uses their SUV's and mini-vans to collect the donated supplies.

SUPPLY & DEMAND

Usually, donations are an assortment of miscellaneous supplies. Making a Difference Corps of volunteers sort and inventory the items among 150 different categories – from suture and syringes to suction tubing and surgery packs – and checks the equipment. Supplies are boxed, labeled and collected in our warehouses. Then, the supplies are loaded into an ocean-going cargo container, transported to a port city and sent by sea to help the people of the Third World.

Making a Difference – 1 day at a time

5.0 Financials

Making a Difference - 1 day at a time is committed to balancing its operating budget and operating on a solid financial foundation. These efforts are based on a mixture of revenues, fundraising, charitable gifting and fees. Just as revenues are tracked, internal expenses are closely monitored. The goal of *Making a Difference - 1 day at a time* is to provide strong relationships with medical institutions and non-profit transportation organizations at a value.

Making a Difference - 1 day at a time will initially rely heavily on charitable contribution and fundraising until after the pilot program has succeeded its completion. As we move beyond our initial stage, we will emphasize the need to reduce our reliance on charitable contributions and fundraising and move to a fee based revenue to maintain our budget as well as growth for the company. This approach will enable the program to realize the objective of keeping fees affordable while continuing to offer a quality program for all participants and recipients.

Making a Difference - 1 day at a time will have an independent auditor's report conducted annually that includes financial statements and additional information to be provided for those medical or non-profit organizations who choose to review our financial records. The following information is based on projected revenue and expenses for the first five-years of operation.

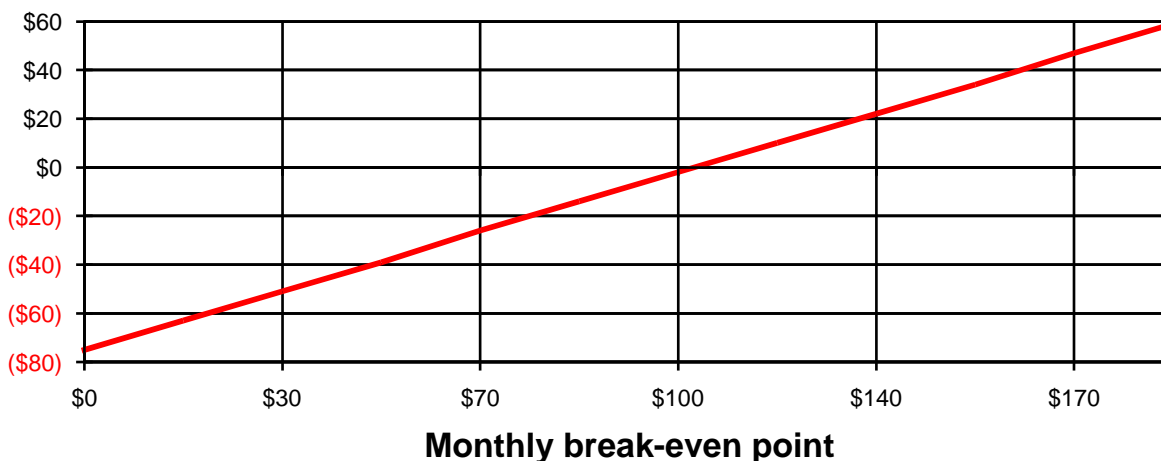
- Total funding for year ending 2009 totaled \$23,569.
- Initial funding total of 100% will be from Participation Fees, Donations and Contributions.
- Expenses for 2009 were \$4,150.
- "People-related" expenditures represent 17% of expenditures.
- Non-program operations account for 4.5% of the total expenditures.

5.1 Break-even Analysis

Our break-even analysis is based on the ongoing overhead costs we incur to keep *Making a Difference - 1 day at a time* in business. Fixed costs including the utilities and marketing costs are an estimated \$250. This number level is due to increase as our dependence on literature increases. Our assumptions on the average unit revenue are based on the average percent fee from the medical institution providing the donated medical supplies. The result of this analysis offers general insight regarding the number of average participants we must have involved in the program each month.

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Break-even Analysis



Break-even point = where line intersects with 0

Table: Break-even Analysis

Break-even Analysis:	
Monthly Units Break-even	105
Monthly Revenue Break-even	\$105
Assumptions:	
Average Per-Unit Revenue	\$1.00
Average Per-Unit Variable Cost	\$0.28
Estimated Monthly Fixed Cost	\$75

5.2 Funding Forecast

Monthly revenues for the 2008 calendar year will fluctuate based on the level of medical attention and the projected level of participation from each medical institution. The forecasted funding range from a dramatic low of \$23,569, for the first year of operation, to a high of \$38,962 for the fifth year of operation. We attribute the increase to an increase level of awareness.

Our funding will be generated by small donatable sum of \$50 per equipment or 0.001% of the total market value of the donation payable from the medical clinics/centers. We will request the fee for all medical institutions that wish to donate obsolete or outdated medical supplies to a non-profit organization of their choice. If a non-profit organization is not requested then we will choose an organization that will procure and transport outdated medical equipment or supplies.

The direct cost of funding will be a result of expenses incurred during daily operations. We believe that as we become better established, better positioned and increase awareness of destroyed outdated or obsolete medical supplies, more medical institutions will seek us looking for information regarding our services and programs.

Charitable Contributions—Our initial funding will be generated through a few charities in the Indianapolis area. Their donation will help us fund start up cost for the business. Our plan is to minimize costs during start up so we do not burden local charities with high requests especially since we will represent the non-profit industry.

Monthly Funding Forecast

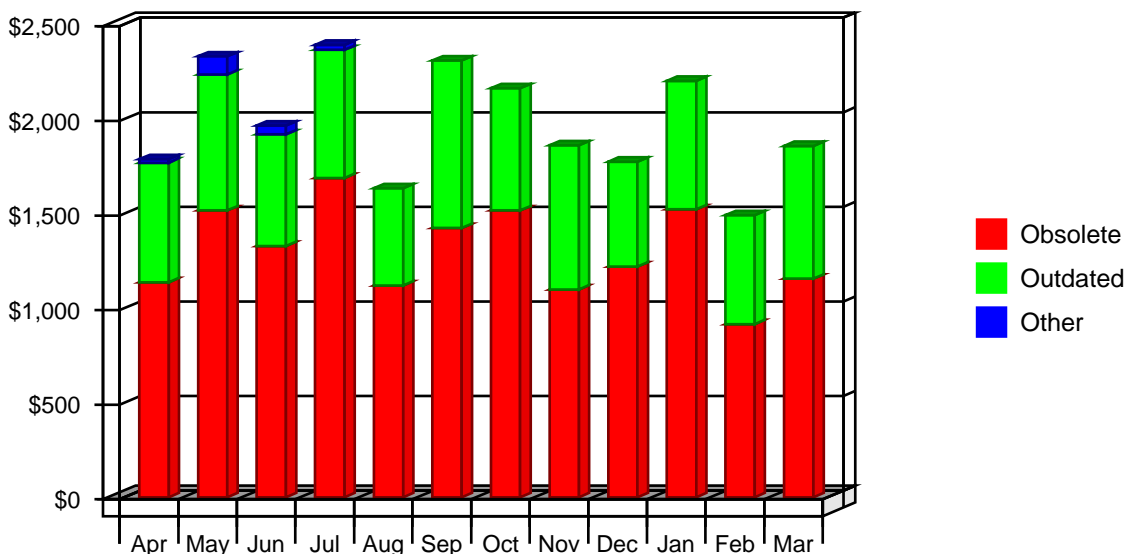


Table: Funding Forecast

Funding Forecast	2009	2010	2011	2012	2013
Funding					
Obsolete	\$15,634	\$17,979	\$20,676	\$23,778	\$27,344
Outdated	\$7,935	\$8,729	\$9,601	\$10,561	\$11,618
Other	\$0	\$0	\$0	\$0	\$0
Total Funding	\$23,569	\$26,708	\$30,278	\$34,339	\$38,962
Direct Cost of Funding					
Obsolete	\$4,359	\$5,013	\$5,765	\$6,629	\$7,624
Outdated	\$2,347	\$2,582	\$2,840	\$3,124	\$3,436
Other	\$0	\$0	\$0	\$0	\$0
Subtotal Cost of Funding	\$6,706	\$7,595	\$8,605	\$9,753	\$11,060

5.3 Expense Forecast

Overall we project funding and marketing expenses to grow as the business grows from \$23,569 this first year to \$38,962 in the fifth year. This compares to funding increasing by almost 50% by year five. We believe that effective marketing requires a very high percentage of sales and marketing expenses to funding during the early years, and that over time we can bring that percentage down to more acceptable levels.

Expenses divide over three main categories: advertising, travel, and website. We also have an additional budget for contingencies.

Making a Difference – 1 day at a time

Monthly Expense Budget

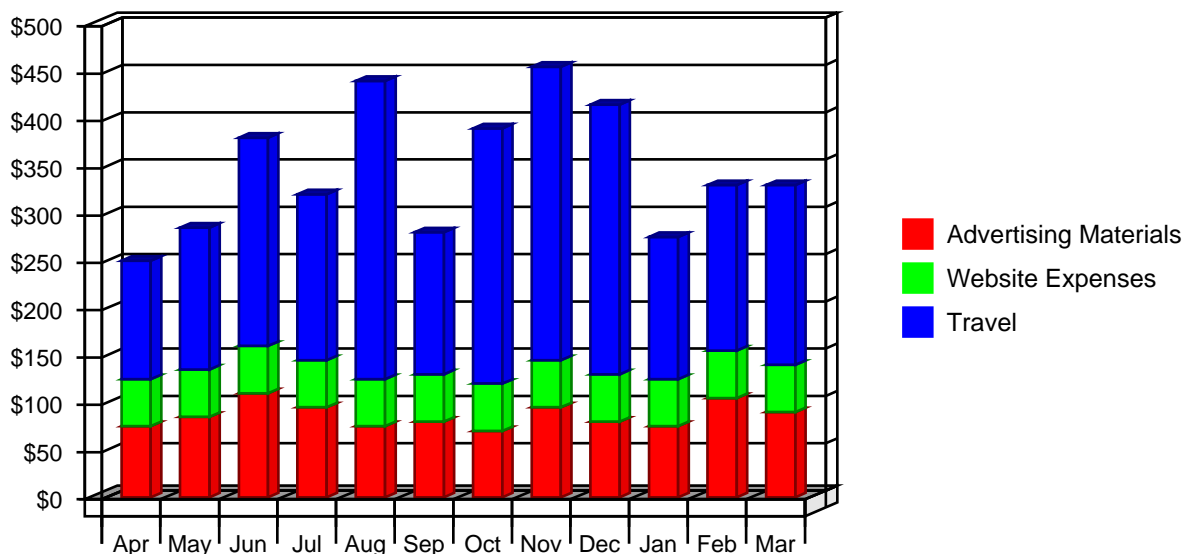


Table: Marketing Expense Budget

Marketing Expense Budget	2009	2010	2011	2012	2013
Advertising Materials	\$1,035	\$1,066	\$1,098	\$1,131	\$1,165
Website Expenses	\$600	\$675	\$700	\$750	\$825
Travel	\$2,515	\$3,211	\$3,941	\$3,602	\$3,311
Total Funding and Marketing Expenses	\$4,150	\$4,952	\$5,739	\$5,483	\$5,301
Percent of Funding	17.61%	18.54%	18.95%	15.97%	13.61%
Contribution Margin	\$12,713	\$14,161	\$15,934	\$19,103	\$22,601
Contribution Margin / Funding	53.94%	53.02%	52.63%	55.63%	58.01%

6.0 Controls

The purpose of the *Making a Difference - 1 day* marketing plan is to serve as a guide to the staff, the investors, and the volunteers to continue to improve the organization and its ability to serve the medical industry as well as for the non-profit organizations of America. We must take action to accomplish our goals. Failing to implement our programs could be devastating to the success of the business.

6.1 Implementation

The following chart and table identify the key marketing programs. Dates and budgets are specified. We will track plan-vs.-actual results of all programs and evaluate them monthly initially and then annually after the pilot programs have been expanded. If necessary, the pilot programs will be revised if we discover they are not accomplishing the intended goal.

Making a Difference - 1 day Milestones

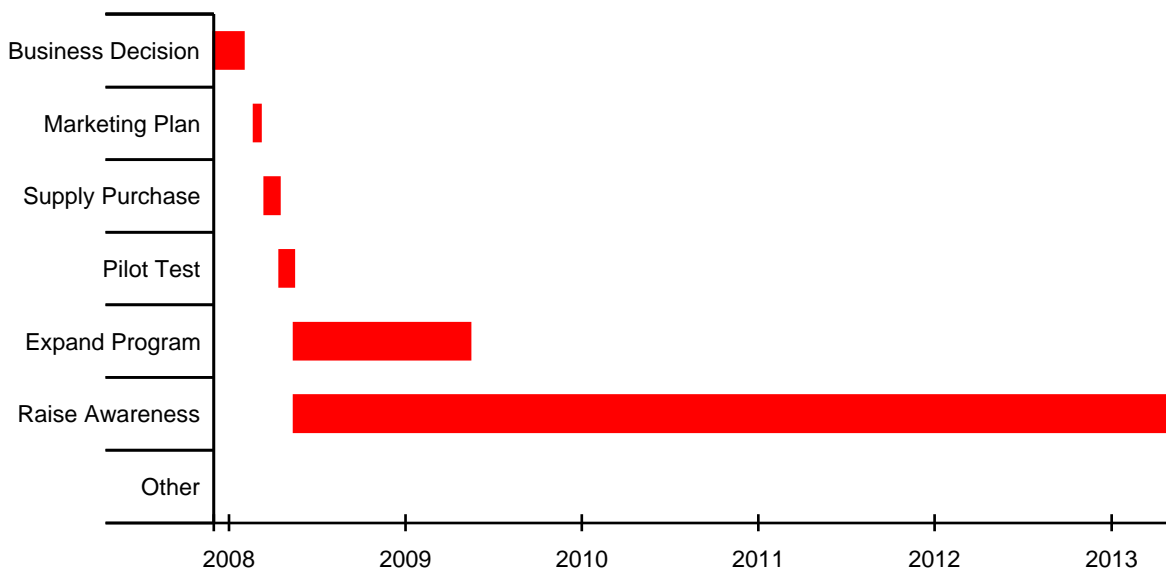


Table: Milestones

Milestones	Start Date	End Date	Budget	Manager	Department
Milestone					
Business Decision	12/1/2007	2/1/2008	\$0	Carolyn	Owner
Marketing Plan	2/22/2008	3/7/2008	\$295	Carolyn	Owner
Supply Purchase	3/15/2008	4/15/2008	\$8,000	Carolyn	Owner
Pilot Test	4/15/2008	5/15/2008	\$0	Carolyn	Owner
Expand Program	5/15/2008	5/15/2009	\$0	Carolyn	Owner
Raise Awareness	5/15/2008	5/15/2013	\$0	Carolyn	Owner
Other	5/15/2008	5/15/2008	\$0	ABC	Department
Totals			\$8,295		

6.2 Marketing Organization

Our non-profit organization consists of the owner, Carolyn, and one partner. Carolyn and her partner will provide all of the functions during the initial pilot phase of the business. Carolyn and her partner will represent the marketing committee and coordinate all marketing efforts. Carolyn and her partner will have key responsibilities in the business as well as all other marketing implementation. It is also Carolyn's future goal to provide direction and encouragement to those individual volunteers that are brought on board to help with daily operations.

6.3 Contingency Planning

The following lists, in order of probability beginning with the highest potential for change that will impact this marketing plan, and the future of *Making a Difference - 1 day at a time*:

- Major philosophy shift regarding the exhaustion of outdated or obsolete medical equipment or supplies.
- The rapid growth of emerging competitors that significantly reduces our market share and our ability to operate one or more of our programs.
- Legal action due to injury or negligence that causes severe financial damage to the organization.

7.0 References

All statistics and market information was obtained through:

- US Economic Census
- First Research - www.firstresearch.com
- Help the Children - www.helpthechildren.org
- Doctors without Borders - www.doctorswithoutborders.org
- American Medical Resource Foundation - www.amrf.com
- The United States Environmental Agency - www.epa.gov

Appendix

Appendix Table: Funding Forecast

Funding Forecast	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2009	2010	2011	2012	2013
Funding																	
Obsolete	\$1,137	\$1,516	\$1,328	\$1,687	\$1,119	\$1,423	\$1,516	\$1,098	\$1,219	\$1,522	\$914	\$1,155	\$15,634	\$17,979	\$20,676	\$23,778	\$27,344
Outdated	\$632	\$719	\$589	\$677	\$514	\$885	\$645	\$762	\$555	\$678	\$577	\$702	\$7,935	\$8,729	\$9,601	\$10,561	\$11,618
Other													\$0	\$0	\$0	\$0	\$0
Total Funding	\$1,769	\$2,235	\$1,917	\$2,364	\$1,633	\$2,308	\$2,161	\$1,860	\$1,774	\$2,200	\$1,491	\$1,857	\$23,569	\$26,708	\$30,278	\$34,339	\$38,962
Direct Cost of Funding																	
Obsolete	\$325	\$332	\$338	\$345	\$352	\$359	\$366	\$373	\$381	\$388	\$396	\$404	\$4,359	\$5,013	\$5,765	\$6,629	\$7,624
Outdated	\$175	\$179	\$182	\$186	\$189	\$193	\$197	\$201	\$205	\$209	\$213	\$218	\$2,347	\$2,582	\$2,840	\$3,124	\$3,436
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Cost of Funding	\$500	\$510	\$520	\$531	\$541	\$552	\$563	\$574	\$586	\$598	\$609	\$622	\$6,706	\$7,595	\$8,605	\$9,753	\$11,060

Appendix

Appendix Table: Marketing Expense Budget

Marketing Expense Budget	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2009	2010	2011	2012	2013
Advertising Materials	\$75	\$85	\$110	\$95	\$75	\$80	\$70	\$95	\$80	\$75	\$105	\$90	\$1,035	\$1,066	\$1,098	\$1,131	\$1,165
Website Expenses	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$600	\$675	\$700	\$750	\$825
Travel	\$125	\$150	\$220	\$175	\$315	\$150	\$270	\$310	\$285	\$150	\$175	\$190	\$2,515	\$3,211	\$3,941	\$3,602	\$3,311
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Total Funding and Marketing Expenses	\$250	\$285	\$380	\$320	\$440	\$280	\$390	\$455	\$415	\$275	\$330	\$330	\$4,150	\$4,952	\$5,739	\$5,483	\$5,301
Percent of Funding	14.13%	12.75%	19.82%	13.54%	26.94%	12.13%	18.05%	24.46%	23.39%	12.50%	22.13%	17.77%	17.61%	18.54%	18.95%	15.97%	13.61%
Contribution Margin	\$1,019	\$1,440	\$1,017	\$1,513	\$652	\$1,476	\$1,208	\$831	\$773	\$1,327	\$552	\$905	\$12,713	\$14,161	\$15,934	\$19,103	\$22,601
Contribution Margin / Funding	57.60%	64.43%	53.04%	64.02%	39.91%	63.95%	55.90%	44.66%	43.58%	60.34%	37.00%	48.75%	53.94%	53.02%	52.63%	55.63%	58.01%