# The Vector Control Community Project<sup>TM</sup>



### **Introduction**:

The Vector Control Community Project <sup>TM</sup> is a collaborative effort among MEVLABS, Inc., Faith Multipliers International Ministries, ProVector, LLC, the Afro-European Medical and Research Network and other organizations with the intent to reduce malaria, dengue, other mosquito-borne diseases, and diseases carried by flies by providing ProVector <sup>TM</sup>, Bug Fighter Tube <sup>TM</sup>, Super Netty <sup>TM</sup>, and Netty <sup>TM</sup> products to communities around the world. Community Projects have been developed in a number of countries in Latin America, Asia and Africa and have shown to rapidly control mosquito populations in communities in developing countries.

### Methods:

Participants can use one or both of the following methods for gathering data for this project:

1. Base-line sampling is conducted in order to determine the size of mosquito and/or fly populations inside and outside of homes and to identify species before ProVectors, Bug Fighter Tubes, and/or Nettys are placed into use. A control area at least 500m from the test area is sampled as well. Additional mosquito and/or fly collections occur every two weeks at the test and control sites.

#### And/or

2. A Site Manager distributes Surveys provided by ProVector, LLC to heads of households who will record estimated numbers of mosquitoes and/or flies as well as information concerning various user aspects of the devices. The Site Manager will collect the Survey data to send to ProVector, LLC.

Maximum mosquito and fly reduction is achieved by placing ProVectors, Bug Fighter Tubes, Super Nettys and/or Nettys within and around adjacent houses in a grid design. Participants should follow the Guidelines provided by ProVector, LLC in order to properly place the ProVector, Bug Fighter Tube, Super Netty, and/or Netty devices in their community. These Guidelines are provided within the document titled, "Information for Community Project Participants."

### Results:

Information about the numbers of mosquitoes and/or flies will be recorded at the beginning of a project, every two weeks during a project, and at the end of the project. Participants will then send the information to ProVector, LLC either by mail or by email. ProVector, LLC will analyze this information and compare it with results from other Community Projects around the world.

ProVector, LLC PO Box 3056 Statesboro, GA 30459 USA projects@provectorllc.com

# The Vector Control Community $\mathbf{Project}^{TM}$

### **Application**

| Organization Information:             |                                                             |  |  |
|---------------------------------------|-------------------------------------------------------------|--|--|
| Name of Organization                  |                                                             |  |  |
| Address:                              |                                                             |  |  |
|                                       |                                                             |  |  |
| Wahsita address (if applicable)       |                                                             |  |  |
| , 11                                  |                                                             |  |  |
| -                                     | s)                                                          |  |  |
| 1 1                                   | 5)                                                          |  |  |
| Representative email address          |                                                             |  |  |
| Site Information:                     |                                                             |  |  |
| *If you are interested in starting pr | ojects in more than one location, an additional application |  |  |
| must be completed for each location   |                                                             |  |  |
|                                       |                                                             |  |  |
| Country                               | State/Province                                              |  |  |
| Town                                  | Latitude/Longitude if possible:                             |  |  |
| When would you like to start this C   | ammanaity Duais at 9                                        |  |  |
|                                       | ommunity Project?                                           |  |  |
|                                       | ectors Bug Fighter Tubes                                    |  |  |
|                                       | Nettys Nettys                                               |  |  |
|                                       | pers after you complete the application process.)           |  |  |
| <u> </u>                              | English) for Instructions and Surveys:                      |  |  |
|                                       | Spanish Swahili                                             |  |  |
| Other Language: (may not b            | e available):                                               |  |  |
| Please answer the following question  | ns as completely as possible:                               |  |  |
|                                       | e community?                                                |  |  |
|                                       | community?                                                  |  |  |
|                                       | l, are in each home?                                        |  |  |
| •                                     | mes, that are in the community and the average number of    |  |  |
| rooms in each:                        | mes, that are in the community and the average number of    |  |  |
|                                       | Average number of rooms                                     |  |  |
| Clinics                               | Average number of rooms<br>Average number of rooms          |  |  |
| Chumahaa                              | <u> </u>                                                    |  |  |
| 0.1.1                                 |                                                             |  |  |
|                                       | Average number of rooms                                     |  |  |
| Community                             | Average number of rooms                                     |  |  |
| Centers                               | Average number of rooms                                     |  |  |
| Other                                 | A seems as assumb an of us a see                            |  |  |
| (please specify)                      | Average number of rooms                                     |  |  |
| 5. In the Hospitals/Clinics, wha      | at is the average number of beds in each room?              |  |  |

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| 6. How will your local Site Manager communicate with the people in the community in                                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| order to educate them about the devices, the project, and the importance of collecting                                                                        |  |  |
| information?                                                                                                                                                  |  |  |
| a. With the community leaders/chiefs:                                                                                                                         |  |  |
| b. With the individuals in the community:                                                                                                                     |  |  |
| 7. How will the ProVectors, Bug Fighter Tubes, Super Nettys, and/or Nettys be distribute                                                                      |  |  |
| 8. How many people will help the local Site Manager?                                                                                                          |  |  |
| 9. Who will make sure that Survey information is collected at the beginning of the project every two weeks during the project, and at the end of the project? |  |  |
| 10. When will your organization order replacement ProVector and/or Bug Fighter Bait Pad Super Nettys, and/or Nettys?                                          |  |  |
| 11. During what months are the mosquitoes the worst?                                                                                                          |  |  |
| 12. During what months are the flies the worst?                                                                                                               |  |  |
| 13. Check if any of these are in or near this community:                                                                                                      |  |  |
| Stream Lake                                                                                                                                                   |  |  |
| River Pond                                                                                                                                                    |  |  |
| Open sewer Fish pond                                                                                                                                          |  |  |
| Other water (please describe)                                                                                                                                 |  |  |
| 14. Is trash collected in this community? Or, is trash left in open trash dumps?                                                                              |  |  |
| 15. Is the community surrounded by:                                                                                                                           |  |  |
| ·                                                                                                                                                             |  |  |
| Jungle Forest   Brush Open Land                                                                                                                               |  |  |
|                                                                                                                                                               |  |  |
| Farms                                                                                                                                                         |  |  |
| Other (please describe)                                                                                                                                       |  |  |
| 16. Can you draw a diagram of the community and send to ProVector, LLC?                                                                                       |  |  |
| If yes, please attach a separate sheet to this application.                                                                                                   |  |  |
| 17. Can you take photos of the community and send to ProVector, LLC?                                                                                          |  |  |
| Local Site Manager Information:                                                                                                                               |  |  |
| Name                                                                                                                                                          |  |  |
| Title                                                                                                                                                         |  |  |
| Phone number(s)                                                                                                                                               |  |  |
| Email                                                                                                                                                         |  |  |
| Does this person have access to: Landline Telephone Mobile Phone Internet                                                                                     |  |  |
| Does this person have accounts on networking sites: Facebook Twitter Other                                                                                    |  |  |
| If Other, please specify                                                                                                                                      |  |  |
| What will be the best way for someone from the USA to contact this local Site Manager?                                                                        |  |  |
|                                                                                                                                                               |  |  |

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# The Vector Control Community Project<sup>TM</sup>

### **Memorandum of Understanding**

### Purpose:

The purpose of this Memorandum of Understanding is to establish the roles and responsibilities of ProVector, LLC and the Participant in the effort to establish Vector Control Community Projects using ProVectors, Bug Fighter Tubes, Super Nettys, Nettys, or a combination of each.

| Scope:                              |                                  |
|-------------------------------------|----------------------------------|
| ProVector, LLC andresponsibilities. | agree to the following roles and |
| ProVector, LLC will:                |                                  |

- 1. Coordinate the delivery of ProVector, Bug Fighter Tube, Super Nettys, and/or Netty devices.
- 2. Provide instructions on Community Project design.
- 3. Provide instructions on how to use the ProVector, Bug Fighter Tube, Super Nettys, and/or Netty devices.
- 4. Provide Surveys.

### Participant will:

- 1. Provide funding for purchase and shipment of ProVectors, Bug Fighter Tubes, Super Nettys, and/or Nettys. (See Community Project Participant Pricing at www.provectorcp.com/Participate.)
- 2. Recommend study site locations.
- 3. Provide personnel to conduct study; provide training to locals on how to use ProVector, Bug Fighter Tube, and/or Netty devices and collect data and survey results.
- 4. Report all data collected to ProVector, LLC.
- 5. Maintain confidentiality of participants and data unless release is agreed to by participants with final approval by Dr. Thomas Kollars at ProVector, LLC.
- Provide to Community Project Participants the opportunity to obtain additional Bait Pads for ProVectors and/or Bug Fighter Tubes and/or additional supplies of Super Nettys and Nettys.

## The Vector Control Community Project<sup>TM</sup>

By signing this Application and Memorandum of Understanding, the Participant is requesting to collaborate in a Vector Control Community Project using ProVectors, Bug Fighter Tubes, Super Nettys, Nettys, or a combination of devices. In addition, the participant acknowledges, as the purchaser or recipient, that the Bait Pads that are provided with the ProVector<sup>TM</sup> devices contain Entobac<sup>TM</sup>, a formulation that contains *Bacillus thuringiensis israelensis* (Bti), which has been registered for use in the United States to kill larval mosquitoes but not registered for use to kill adult mosquitoes. The Bait Pads that are provided with the Bug Fighter Tubes contain Entobac<sup>TM</sup> D, a formulation that contains Bti and Deltamethrin. Deltamethrin is registered by the EPA for use in the United States but is not registered by the EPA for use in combination with Bti. The Super Netty<sup>TM</sup> and Netty<sup>TM</sup> devices contain Entobac<sup>TM</sup> D. The Participant acknowledges that these products cannot be sold in the United States under FIFRA as a pesticide to kill adult mosquitoes or flies.

The Participant also acknowledges that  $Entobac^{TM}$  Bait Pads,  $Entobac^{TM}$  D Bait Pads,  $ProVector^{TM}$ , Bug Fighter  $^{TM}$  Tube, Super  $Netty^{TM}$  and  $Netty^{TM}$  devices, received through this agreement are not for resale.

| Signature                                     | Date Signed |
|-----------------------------------------------|-------------|
| Printed Name                                  |             |
| Title                                         | -           |
| APPROVED BY Representative of ProVector, LLC: |             |
| Signature                                     | Date Signed |
| Printed Name:                                 |             |
| Title.                                        |             |

Representative of Organization: