



International Medical Health Organization (IMHO)

400 West Wilson Bridge Road, Suite 230, Worthington, OH 43085

Tel: (614) 659-9922 Fax: (614) 659-9933

Email: contact@theimho.org

Partner Application Form

I. ABOUT THE ORGANIZATION

Name and Address of Organization:

Organization Website (*if any*):

Contact Name:

Phone Number:

Email:

Fax:

Organization's Mission:

Annual Operating Budget:

Number of total paid full-time/part-time staff:

II. PROJECT REQUEST

Title of Project/Program:

Description of Project:

Need Statement:

Target Population/Beneficiaries:

Project Goals:

Proposed Timeline of Project:

*IMHO is a registered tax-exempt, 501(c)3 non-profit, charitable organization in the United States (Federal Tax ID #: 59-3779465).
IMHO is a registered Private Voluntary Organization (PVO) with the United States Agency for International Development (USAID),
and a proud member of InterAction.*

www.TheIMHO.org



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What difficulties/challenges do you foresee in implementing this project?:

Name and Role of Any Other Organizations Involved (*if you have submitted this project proposal to other agencies/individuals, please list them*):

Long-term Sustainability Plan:

Type of Support Requested from IMHO (*check one or more boxes*):

Funding

Equipment/Supplies

Trainings

Other

Amount Requested:

Details of Budget/Amount Requested:

Other Information/Comments:

III. BANK INFORMATION

Please provide the following information on your bank account or your fiscal sponsor's bank account?

Account Name:

Account Number:

Sort Code:

SWIFT:

Bank Name:

Bank Address:

IV. STATEMENT OF VERIFICATION

I hereby certify, to the best of my ability, that all of the information contained in this application is true and accurate.

Signature

Date

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Print Name

Title/Position

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