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:
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

_________________________________________ __________________________