Standardized Application Form for Projects and Partnerships:	
Contact Information:	
Full Name:	
Email Address:	
Phone Number:	
Organization or Individual Background:	
Name of Organization/Individual:	
Year Established:	
Brief Description:	
Project or Partnership Description:	
 Project/Partnership Title: Briefly describe the project/partnership: What is the main objective or goal of the project/partnership? 	
4. How does the project/partnership align with your organization's mission and values?	
Budget: Please provide an estimated budget for the project/partnership:	
Total Budget: Source of Funding:	
Timeline: Please provide a tentative timeline for the project/partnership:	
Start Date: End Date:	
Additional Supporting Materials/Documents: Please attach any relevant supporting materials or documents, such as project proposals, partnership agreements, or letters of recommendation.	

By submitting this application, I cor and complete to the best of my kno	nfirm that the information provided is accurate owledge.	
Signature:	Date:	
Please note that this is a general template, and you may modify or customize it based on your specific requirements and preferences.		
Please send it to our Office upon co	ompletion for approval process.	