

**Ambu Ministry, Inc.**

**Organization Assistance / Funding**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Are you or any member of your organization related to a member of Ambu Ministry, Inc's Board of Directors or to any of its employees? YES | NO

If Yes, state Name and Relationship: \_\_\_\_\_

How did you hear about Ambu Ministry, Inc? \_\_\_\_\_

Have you received assistance from Ambu Ministry, Inc.in the past? YES | NO  
If yes, when? \_\_\_\_\_ Assistance received? \_\_\_\_\_

What are the circumstances which have created your need for assistance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Assistance Requested**

What type of assistance are your requesting? \_\_\_\_\_

If funding is needed, please enter total amount requested: \$ \_\_\_\_\_

Give a brief description for the purpose of this request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request for a project? YES | NO

If yes, is the request for full or partial funding? \_\_\_\_\_

If request is for partial funding, who else will contribute support to the project's funding?  
Organization / Person \_\_\_\_\_

If this request is not for a project, please skip Sections 3 and 4.

**3) Project Details**

Has the project already begun? YES | NO  
If no, when will the project begin? \_\_\_\_\_ Projected date of completion? \_\_\_\_\_

Project manager's name and contact information:  
**Name:** \_\_\_\_\_ **Company or Agency:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

a) Give details about the project and state any problems to be solved. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What will the grant from Ambu Ministry pay for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ambu Ministry, Inc.**

**Organization Assistance / Funding**

c) Please give additional details and any background info you feel is necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) Additional Information:**

If the request from Ambu Ministry, Inc. is for partial funding, provide name of Organization / Person who will provide financial support to this project.

Organization / Person \_\_\_\_\_  
Contact (name) \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Country \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

What type assistance will you receive from this Organization / Person?  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: In the extent necessary, please be prepared to give further information to complete the process of your application. This process may take up to 14 days. You will be contacted via email with an outcome of your application from a member of Ambu Ministry Inc's Board of Directors.

**5) Person filling out this Application:**

NOTE: By signing below, I attest to the fact that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided Ambu Ministry, Inc. with accurate and honest response.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Project Inspected By: \_\_\_\_\_ Date Inspected: \_\_\_\_\_  
Date Application Processed: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Board Member Board Member

Comments: Approved / Disapproved  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_