



International Medical Health Organization I.M.H.O.

A non-political, not-for-profit, humanitarian organization

A 501(C)(3) registered charity in USA

IMHO Project Report Form

As our local partners, it is necessary for you to report back to IMHO on the progress you are making with your efforts and to provide us with accurate financial records of how the funds given to you by IMHO have been spent. We request that you fill in this form to the best of your ability on a **QUARTERLY** basis, the frequency of which depends on the overall timeframe of your project. It is your responsibility to report back to us using the format outlined below. Future installments of funds will not be disbursed without receipt of this Project Report Form. Please ensure you include the following:

1. Please fill out the attached IMHO Project Report Form as completely and accurately as possible.
2. Upon completion of the project, send this form back with your expense summary, outlining how the funds were spent on the project. Please use the attached IMHO Project Expense Summary Form and fill it in as completely and accurately as possible, unless you prefer to use your own method for reporting your expenses.
 - a. Include copies of **ALL** receipts related to project expenses. If no receipt is available, please make a note of it in the form.
3. If this is the first quarterly IMHO Project Report Form you are filing and you have not already done so, please send it back with a written acknowledgement (*on your organization letterhead, if possible*) of receipt of funds from IMHO. Make sure to date the letter, and specify the amount received from the International Medical Health Organization (IMHO) as well as for what purposes you were given the funds. This acknowledgement is critical for our records, so please do not delay.

Please note, any significant changes to the project/program as outlined in your proposal, including project budget, must be pre-approved by the IMHO Board of Directors. Thank you for your cooperation and for the invaluable work you do. Please contact us if you have any questions or need any clarification, or if you would like to discuss any particulars about your project.

Sincerely,

IMHO Board of Directors



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Project Report Form

Date: _____

Title of Project/Program: _____

Name and Address of Organization: _____

Name(s) of Key Contact Person(s) for Project: _____

Phone Number(s): _____

Email(s): _____

Fax: _____

Please briefly describe the progress you have made with this effort in the last quarter: _____

Please describe how the target population(s) has benefited from this effort this quarter: _____



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Please describe how the funds IMHO has given you for this project have been used: _____

What challenges/difficulties have you encountered: _____

Are your project goals still the same? *(if not, please elaborate)*: _____

Other Information/Comments: _____

****Please include any photos or additional information as you see fit.***



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Statement of Verification:

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

Sign Name

Date

Print Name

Title/Position

