



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 Proposal Request Format

IMHO is able to do its valuable work through reputable local partners. Proposal requests sent to IMHO should follow the format outlined below. It needs to be sent on the original letterhead of the recipient organization/individual and signed. The request may be forwarded by email to contact@theimho.org for preliminary review.

1. Please fill out the attached Overview of Proposal Plan as completely as possible.
2. Please include copies of the following supporting documents along with your application:
 - a. Charity status certificate of the recipient organization and tax return from the last 3 years, if available.
 - b. Provide information on any of the projects completed by your organization or by you in the recent past. State the names of your current partners.
 - c. Bank account information (including bank name, address, account number and sorting/swift code)
3. The recipient agency or individual needs to provide a signed document to IMHO that they have not received any other funds towards the particular project being supported by IMHO to prevent any duplication of funding.
4. With regards to follow-up and project accounting, the recipient agency or individual must send:
 - a. Acknowledgement of receipt of donation.
 - b. Quarterly reports to the IMHO Board of Directors (*exact timeframe depends on the full project/program timeline*). Please use the Project Report Form provided by IMHO.
 - c. Any future plans for expansion or scaling up (*if any*).

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 working with us. Please contact us if you have any questions or need any clarification, or if you would like to discuss the details of your application.

Sincerely,

IMHO Board of Directors



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Overview of Proposal Plan

Title of Project/Program: _____

Name and Address of Organization: _____

Will this organization be implementing the project (if not, please specify who will?): _____

Organization Website (if any): _____

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

Phone Number(s): _____

Email(s): _____

Fax: _____

Describe your organization (mission, major programs, year established, etc): _____

Brief Description of Project: _____



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Annual Operating Budget: _____

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

Need Statement: _____

Target Population/Beneficiaries:

Project Goals & Objectives *(please fill in as many as needed):*

Goal 1: _____

Objective 1: _____

Goal 2: _____



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Objective 2: _____

Goal 3: _____

Objective 3: _____

Goal 4: _____

Objective 4: _____

Goal 5: _____

Objective 5: _____

Proposed Timeline of Project: _____

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



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

1. _____

2. _____

3. _____

4. _____

5. _____

Long-term Sustainability: _____

Please Explain Any Ongoing Operating Expenses (*and specify who you expect to fund*): _____



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Please Explain Any Staffing Needs (if any) & Plans for Staff Training (if any): _____

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

Funding

Equipment/Supplies

Trainings

Other

Description of Support Requested: _____

Overview of Project/Program Budget: _____

Do you have a bank account or a fiscal sponsor? Please provide the following information on your bank account or your fiscal sponsor's bank account?

Account Name: _____

Account Number: _____

Sort Code: _____

SWIFT: _____



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Bank Name: _____

Bank Address: _____

Other Information/Comments: _____

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.

Sign Name

Date

Print Name

Title/Position

**Please submit this form along with your proposal, detailed budget plan, annual report (if available), and any other supporting documents you may deem important.*



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Certification Regarding Terrorist Financing

IMHO has procedures in place, in compliance with US laws on terrorist activities, to help ensure that no funds given by IMHO to any group or organization are diverted for purposes other than those specified in this application, especially with regards to the financing of terrorist activities.

As a condition of entering into the referenced agreement, [enter applicant name] _____ located at [enter applicant city, state, country of residence] _____, hereby certifies that it has not provided and will not provide material support or resources to any individual or entity that it knows, or has reason to know is an individual or entity that advocates, plans, sponsors, engages in, or has engaged in terrorist activity, including but not limited to the individuals and entities listed in the Annex to Executive Order 13224 and other such individuals and entities that may be later designated by the United States under any of the following authorities: Section 219 of the Immigration and Nationality Act, as amended (8 U.S.C. Section 1189), the International Emergency Economic Powers Act (50 U.S.C. Section 1701 et seq.), the National Emergencies Act (50 U.S.C. Section 1601 et seq.), or Section 212(a)(3)(B) of the Immigration and Nationality Act, as amended by the USA Patriot Act of 2001, Pub. L. 107-56 (October 26, 2001)(8 U.S.C. Section 1182).

[Enter applicant name] _____ further certifies that it will not provide material support or resources to any individual or entity that it knows, or has reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, or will immediately cease such support if an entity is so designated after the date of the referenced agreement.

For purposes of this certification, 'material support and resources' includes currency or other financial securities, financial services, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

For purposes of this certification, 'engage in terrorist activity' shall have the same meaning as in Section 212(a)(3)(B)(iv) of the Immigration and Nationality Act, as amended (8 U.S.C. section 1182(a)(3)(B)(iv)).

For purposes of this certification, 'entity' means a partnership, association, corporation, or other organization, group, or subgroup.

This certification is an express term and condition of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by DAI prior to the end of its term.



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By signing hereon, the grantee certifies that the information provided in the grant proposal is accurate, current, and complete, that it understands and assents to the above statements, and that the grantee is aware of the penalty prescribed in 18 U.S.C. 1001 for making false statements.

Applicant Name: _____

Signature: _____ Date: _____

Printed Name and Title/Position: _____