

P2P REGISTRATION FORM

Contact Details

Name of Priest:	Name of Parish or Church:
Diocese of Parish:	Country:
Address:	
Phone:	Fax:
E-mail:	
Name of Bishop:	Contact Number or Email:

AID PROJECT PROPOSAL

Project and/or Mission Summary

Please describe the specific project need that you are requesting assistance with and be as detailed as possible:

Project/Mission Categories: You are advised to be very specific in terms of the needed project(s). Make sure you do not include more than two projects.

Physical Needs

1.

2.

Spiritual Needs

1.

2.

Please answer the following questions:

Community Background			
About how many people live in your community?			
About how many people in your community will be involved in this project or mission?			
How will this project impact your community?			
Is your community able to provide short term <i>food</i> for IMF volunteers/staff if onsite for a project or mission?	Yes	No	Maybe
Is your community able to provide short term <i>housing</i> for IMF volunteers/staff if onsite for a project or mission?	Yes	No	Maybe
Is your community able to provide <i>transportation</i> for IMF volunteers/staff if onsite for a project or mission?	Yes	No	Maybe
Is your community able to provide access to <i>power</i> and <i>electricity</i> during a project or mission?	Yes	No	Maybe
Is your community able to provide access to internet and phone coverage during a project or mission?	Yes	No	Maybe

Project Objectives and Expected Results
What do you hope to gain from the project?
How can we ensure the project is sustainable?

Project Factors

Please answer the following questions as honestly as possible:

Safety Hazards

Political/Social unrest	Natural Disasters	Terrorist or war activity	Health risks: water, food or environmental
If you've circled any of the above answers, please explain:			
Are there any other physical hazards in your community or region:			

Project Budget Information

	Please estimate dollar (\$) amount	Please estimate percentage (%) of total. A,B & C combined should equal 100%.
A. Community Contribution	\$ _____	_____/100%
B. Proposed IMF Contribution	\$ _____	_____/100%
C. Other Sources of Financial Contribution	\$ _____	_____/100%
Estimated Project Expenses		
Please estimate dollar (\$) range (e.g. \$400-600)		
1. Personnel / Labor Costs	\$ _____	
2. Equipment / Materials	\$ _____	
3. Food/Housing Costs	\$ _____	

4. Travel/Transportation	\$ _____
5. Other costs <i>(please name):</i>	
Total Estimated Project Cost	\$ _____
Estimated Duration of Project	

I, _____, hereby do agree that the information contained on this form is correct and accurate to the best of my knowledge. I give International Missionary Foundation (IMF Mission) and its staff permission to record these details and to contact me in response to the information contained in this application.

Printed Name

Position / Title

Signature

Date

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