

Ama Chhori Foundation of Hope
Grant Application

In order to review your application fairly and promptly, we need complete and specific information about you and your organization. Please complete the following.

Address

Street: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Contact Person: _____ Title: _____

Name of NGO (If applicable): _____

Nonprofit Tax ID/Registration: _____ NGO Registration Number: _____

Project Type: Education _____ Business Development _____ Health/Wellness _____

Other: _____

Target Population: Women _____ Children _____

Project duration: _____ Years/Months (please indicate).

Amount requested: _____ (US Dollars)

Is this a new project _____ or continuing project _____?

Location of project: Country _____

I have read and understand the policies and procedures of Ama Chhori Foundation of Hope for the grant request and certify the information provided is true to the best of my knowledge.

Sign: _____

Print: _____

Date: _____