

## PRE-APPLICATION FORM

Project Title

Type of organization

Non-profit  Private company  Public organization  individual

other Explain

### ABOUT THE APPLICANT

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Name of Organization

Date of Creation

Address

City  State  Zip

Phone  Email

Website

Name of President

Name of Director

Number of employees

Number of volunteers

Mission statement (500 characters max.)

### MAIN CONTACT FOR PCMF USA'S PURPOSE

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Salutation  Mr.  Mrs.  Dr.  Other

First Name

Last Name

Title

Email

Phone  Cell

Address

City  State  Zip

### PROJECT DIRECTOR *(if different from main contact above)*

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First name

Last name

Title

Email  Phone

Qualifications/experience related to project *(500 characters max.)*

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## ABOUT THE PROJECT

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Summary (250 characters max.)

Description (3000 characters max.)

Websites presenting project and/or its context (250 characters max.)

Main location of project (city, county, etc.) (250 characters max.)

Main objectives and expected results (250 characters max.)

Main stages of project (including current one if applies) (250 characters max.)

Expected start date

Expected date of completion

Do you expect the project to be extended?

Yes  No

If yes, please explain (250 characters max.)

What type of support are you seeking from PCMF USA?

Patronage with no financial support

Funding      Indicate amount in USD

Please list current or prospective partners

CURRENT	PROSPECTIVE	ORGANIZATION	TYPE OF SUPPORT ( <i>financial, equipment, counsel, other</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**TOTAL BUDGET**

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Total expenses	<input type="text"/>
Total income	<input type="text"/>
Contribution of applicant	<input type="text"/>

Other contributions

DONOR	AMOUNT (in USD)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

Contribution requested from PCMF USA

How will contribution from PCMF USA be used? (1000 characters max.)