



## International Partnering Agency Application

Applicant/Organization Making The Request
1. Agency's Full Legal Name:
2. Web Site:
3. Date of Program Establishment:

NGO Verification (please check only one)	
<input type="checkbox"/>	This agency is a 501(C)3 organization that is not a privately funded foundation or municipality (please attach a copy of your 501(c)3 letter)
<input type="checkbox"/>	This agency does not have a NGO.  Please explain:

Contact Information			
	US Primary Contact	US Secondary Contact	In-Country Primary Contact
Contact Name			
Shipping Address			
Position			
Phone			
Cell Phone			
Email			

In-Country Program Information
1. Primary Site Name if different from Organization Name:
2. Please indicate the program type for which your organization will utilize resources from Matter (Please check all that apply).
<input type="checkbox"/> School <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Orphanage <input type="checkbox"/> Other (specify) _____

**3. Describe the percentage of the following population served:**

\_\_\_\_% women      \_\_\_\_% men      \_\_\_\_% elderly      \_\_\_\_% children

**4. Site Address (or final destination where the shipping container will be delivered):**

**5. Please provide a narrative outline of your program (attach separate sheet if more space is needed):**

**6. Please describe how Matter's resources will be used and geographic area served:**

**7. Please indicate percentage of funding for your program (complete all that apply):**

Client Fees \_\_\_\_ %      Grants \_\_\_\_ %      Benevolence Fund \_\_\_\_ %

Private Donations \_\_\_\_ %      Government Funds \_\_\_\_ %      Fund Raisers \_\_\_\_ %

Other (please specify): \_\_\_\_\_

**8. Please list other agencies from whom you receive support (materials & resources, not funding - use additional sheet if necessary):**

## Other Information

**1. How did you hear about Matter?**

**2. Please provide any other relevant information you may wish to share to help us determine whether a partnership with your organization would be a good fit for Matter.**

### Return completed form to:

Matter  
Attn.: Jeremy Newhouse  
7005 Oxford Street  
St. Louis Park, MN 55426

[Jeremy@MatterMore.org](mailto:Jeremy@MatterMore.org)

### Please make sure to include:

- ✓ Completed International Partnering Agency Application
- ✓ Copy of your 501(c)(3) letter
- ✓ Completed Hospital or Program Evaluation

### Matter office use only

Date received: \_\_\_\_\_

By (print): \_\_\_\_\_

Approved:      yes      no

## Program Assessment Form: School or Orphanage

<b>Please circle your organization type</b>	<input type="radio"/> Day School <input type="radio"/> Residential School <input type="radio"/> Orphanage
<b>Building description</b>	<p>How many rooms?</p> <p>How are the rooms used?</p> <p>How many levels?</p> <p>Utility rooms?</p> <p>Storage space?</p> <p>Outdoor space?</p>
<b>How many children are served in each age group?</b>	<p style="text-align: center;"> <input type="text"/> 0 to pre-school      <input type="text"/> pre-school to grade 4  <input type="text"/> grade 4 to grade 6      <input type="text"/> grade 8 and above         </p>
<b>Do you serve meals on site?</b>	<p style="text-align: center;"> <input type="checkbox"/> YES                      <input type="checkbox"/> NO         </p> <p>If yes, please describe how the meals are prepared.</p>

<p><b>Do you have an established curriculum in use?</b></p>	<p>YES NO</p> <p>Please describe.</p>
<p><b>Do you teach job skills or technical training?</b></p>	<p>YES NO</p> <p>Please describe.</p>
<p><b>Please number resources needed in order or priority – with one (1) being the HIGHEST priority.</b></p>	<p>___ Clothing</p> <p>___ Textbooks</p> <p>___ Food</p> <p>___ Books</p> <p>___ Sporting Goods</p> <p>___ Technology</p> <p>___ Teacher Supplies</p> <p>___ White Boards</p> <p>___ Furniture</p>

Matter office use only

<p>Date received: _____</p> <p>By (print): _____</p>
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