



PROJECT PROPOSAL

Application Date : _____

(A) PLEASE TELL US MORE ABOUT YOUR ORGANIZATION:

1. Name of your organization: _____

2. Your organization is best described as a:

- Government Organization
- Non-Government Organization (NGO)
- Nonprofit Organization
- For Profit Organization
- Organized Charity
- Private Business
- Private University
- Other (please describe) _____

3. Please list the key contacts for this project proposal:

Name: _____

Address: _____

Country: _____

Telephone: _____ Mobile: _____

Fax number: _____

Website Address: _____

E-Mail Address: _____

Name: _____

Address: _____

Country: _____

Telephone: _____ Mobile: _____

Fax number: _____

Website Address: _____

E-Mail Address: _____

(B) PLEASE TELL US MORE ABOUT YOUR PROJECT REQUEST:

1. Project area of interest:

- Medical/Health Education (please specify) _____
- Safe Water Education
- Ultraviolet Water Treatment System or other treatment options
- Health Clinic Other
- Other (please describe) _____

2. Where is the project site located?

- 1. Town: _____
- 2. District: _____
- 3. Providence: _____
- 4. Country: _____

3. Describe the community where the project is located:

4. What is the primary source of income in the community?

5. Who will benefit from this project?

6. How many people will benefit from this project? Please specify:

Total number of People: _____

Total number of Children: _____

Number of Children under the age of 5: _____

Number of Children ages 5-15: _____

Total number of Women: _____

Number of Non Child Bearing Women: _____

Number of Child Bearing Women: _____

Total number of Men: _____

7. Please briefly describe your project request in the space below.

8. Supervising Agency, responsible party (if different then number A3):

Name: _____

Address: _____

Country: _____

Telephone: _____ Mobile: _____

Fax number: _____

Website Address: _____

E-Mail Address: _____

9. What materials are required for this project? Please list below or attach additional sheet if there is not enough room below:

10. Implementation time-frame:

Proposed Date to Begin: _____

Estimated Completion Date: _____

11. How much do you think the total project will cost?

Local Currency: _____

U.S. Dollars: _____

12. Please describe how you can partner with MEDRIX on this project.

What can your organization offer in terms of materials for this project?

What can your organization offer in terms of funds specified for this project?

13. How many MEDRIX and/or non-MEDRIX people will you need for the project?

Human Resources from MEDRIX: _____

Non-MEDRIX persons from your organization: _____

Non-MEDRIX contractors from community: _____

14. Are any special permits, government or provincial approvals required for this project?

If yes, all permits must be obtained before the project's proposed start date.

Have you requested other NGOs (Non -government Organizations) or government organizations to assist you with this same project?

If yes, please list names and contact information. MEDRIX will contact them to inquire about partnering possibilities. With several partners the possibility / feasibility of realizing the project may increase.

1. Organization: _____
Contact Name: _____
Address: _____

Telephone: _____
Mobile: _____
Email Address: _____

2. Organization: _____
Contact Name: _____
Address: _____

Telephone: _____
Mobile: _____
Email Address: _____

3. Organization: _____
Contact Name: _____
Address: _____

Telephone: _____
Mobile: _____
Email Address: _____

15. Other information or pertinent facts you want MEDRIX to know?

16. How did you hear about MEDRIX?

- Web site
- Through a Professional Contact
- Through a Personal Friend
- Magazine / News Coverage
- Other (please describe): _____



“I certify that I have and will provide information throughout the project proposal process, including on this application and in interviews with MEDRIX that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have and will not withhold any information. I understand that information contained on this proposal may be verified by MEDRIX. I understand that misrepresentations or omissions may be cause for immediate denial of project implementation with MEDRIX.”

Signature and Stamp of the Peoples Committee of the Province where the Project will take place
Example: TT Province

Date: _____

Signature and Stamp of the Director of the Requesting Office
Example: hospital, university or other

Date: _____

Signature and Stamp of the Peoples Committee of the Receiving Party
Example: village, clinic, etc.

Date: _____

Signature and Stamp of MEDRIX Representative

Date: _____



Thank you for filling out and signing this project proposal. Once the proposal is submitted to the PO Box or email address listed below and received at the MEDRIX office, the proposal will be sent to our Project Committee for further review and evaluation. A representative from MEDRIX will contact you if we have any questions and as soon as the committee has come to a decision of acceptance or denial. If you have any questions or concerns, please contact us.

Mail Proposal to MEDRIX Vietnam Office:

**MEDRIX
Prime Business Center
Suite 1033
10th Floor, 83B Ly Thuong Kiet Street
Hanoi, Vietnam**

And/Or Mail to MEDRIX USA Office:

**MEDRIX
PO Box 178
Redmond, WA 98073
USA**

And/Or Email Proposal to:

**office@medrix.org
vnmedrixoffice@fpt.vn**

Vietnam Contact Info:

**Phone: 84 (0)4 934 9277
Email: vnmedrixoffice@fpt.vn**

USA Contact Info:

**Toll Free Phone: 1-866-4-MEDRIX
Toll Free Phone: 1-866-463-3749
Email: office@medrix.org**

www.medrix.org