



## Humanitarian Sponsorship Application - Organization

Received date \_\_\_\_\_

Decision/date \_\_\_\_\_

Please print the application, complete, scan, and submit with all necessary documentation to: Nazie Dana, IASA Program Director at [ndana@indo-americanspine.org](mailto:ndana@indo-americanspine.org). Questions? Email Ms. Dana or call IASA at 866.835.5306.

Application submission does not imply approval for grant distribution. All requests are carefully reviewed. Please allow 60 days to complete the application process. Further clarification regarding the application may be requested to assist in the decision making. Applicants will be notified of the IASA's decision by email.

### Organization information

Organization's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Pin \_\_\_\_\_

Organization's website \_\_\_\_\_

Organization's mission \_\_\_\_\_

\_\_\_\_\_

Who are the primary beneficiaries of organization's work? \_\_\_\_\_

\_\_\_\_\_

What is your primary source of funding? Check all that applies:  Corporate  Private individuals

Foundations

Are you affiliated with any other charitable organizations?  Yes  No

Tax exempt ID# or proof of non-profit status \_\_\_\_\_

Has the organization ever been audited by a governmental authority?  Yes  No

Organization's contact for this project \_\_\_\_\_

Email \_\_\_\_\_ Tel. # \_\_\_\_\_

Amount of sponsorship requested (in US dollars) \_\_\_\_\_



## Humanitarian Sponsorship Application - Organization

### Medical team

Leading physician's name \_\_\_\_\_

Qualifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many patients are anticipated to be treated during this mission? \_\_\_\_\_

Which conditions would you be treating? \_\_\_\_\_

\_\_\_\_\_

Other than the leading physician, who else will be involved in this mission? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much time will be spent during this mission on non-surgical/mission specific activities? \_\_\_\_\_

\_\_\_\_\_

***Please note: IASA will not pay for any expenses of any kind incurred on non-surgical/mission-related activities at any time during the trip.***

### Mission Description

Please attach (on official organization letterhead) a brief description of the specific mission activities to be supported by this grant. Be sure to supply the following items in the description to facilitate a thorough review:

1. Leading physician and affiliated surgeon CVs
2. Specific objectives for the mission
3. Scope of mission
4. Detailed description of proposed activities, with time line
5. Expected outcome
6. Reports from prior mission, if any

