



WATER PROJECT APPLICATION

Share International

1. ADDRESS: _____ 2. CITY/VILL _____

3. PROVINCE: _____ 4. COUNTRY: _____

5. FAMILIES IN SERVICE AREA: _____ 6. CONTACT PERSON _____ 7. CONTACT NUMBER : _____

8. AMOUNT NEEDED
USD _____ RUPEES _____

9. TYPE OF SERVICE NEEDED
(SELECT ONE)

- REGULAR HAND PUMP
- SOLAR WATER PUMP
- TUBEWELL
- REGULAR WELL
- WATER BOTTLES
- FILTRATION PLANT
- OTHER (describe)
- _____

10. REFERENCE NAME _____ 11. REFERENCE CELL _____ 12. REFERENCE EMAIL _____



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13. NIC # FOR CONTACT

14. Describe in detail, why this service is necessary , attach extra sheets if needed :

Signature

Date

Name (in capital letters)

Organization

Please attach copy of your NIC and relevant photographs and other documents for processing.
It can take up to 2 weeks before a final decision.

SHARE INTERNATIONAL OFFICE USE ONLY

Documents verified by _____ Date _____

Background check done by _____ Date _____

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