

## Partnership or Collaboration Application Form

Thank you for your interest in partnering with The Lawrence Family Foundation. We value collaboration with NGOs, educational institutions, healthcare providers, corporations, and community groups who share our mission of equity and empowerment. Please complete this form to help us explore meaningful ways to work together.

### SECTION 1: Organization Details

1. Name of Organization / Institution:

2. Type of Organization:

☐ Nonprofit

☐ Academic Institution

☐ Healthcare Provider

☐ Private Company

☐ Government Agency

☐ Community Group

☐ Other: \_\_\_\_\_

3. Website (if applicable):

4. Year Established:

5. Country & Region of Operations:

### SECTION 2: Contact Information

1. Primary Contact Name:

2. Position/Title:

3. Email Address:

4. Phone Number:

5. Mailing Address:

### SECTION 3: Partnership Proposal

1. Briefly describe your organization's mission and key programs:

2. What kind of partnership are you seeking?

- ☐ Program Collaboration
- ☐ Research/Innovation Support
- ☐ Event Co-hosting
- ☐ Resource Sharing
- ☐ Technical/Capacity Support
- ☐ Grant Co-Funding or Sponsorship
- ☐ Other: \_\_\_\_\_

3. What geographic regions or communities would this partnership support?

4. What outcomes or impact do you hope to achieve together?

5. Have you partnered with other foundations before? If yes, please list them briefly.

6. Short Proposal: Please outline your proposed idea or project for partnership. Include the issue being addressed, the approach, and any anticipated outcomes. (Max 500 words)

## SECTION 4: Supporting Documents

Please attach (if available):

- Organizational Profile or Brochure
- Recent Annual Report or Program Summary
- Letters of Support or Endorsement (optional)

## SECTION 5: Declarations

1. I confirm that I am authorized to submit this application on behalf of my organization. ☐ Yes
2. I understand that this is an initial inquiry and does not guarantee formal partnership. ☐ Yes
3. I agree to be contacted for further discussion and potential due diligence. ☐ Yes

Full Name:

Date:

Signature (typed or digital):

## **Submit**

Please email the completed form and any supporting documents to:  
[partnerships@thelawrencefamilyfoundation.org](mailto:partnerships@thelawrencefamilyfoundation.org)

We thank you sincerely for your interest in collaborating with us. While we review all applications thoroughly, please note that due to volume, we are unable to respond to every inquiry. If you do not hear from us, it means your application was not successful at this time.

However, we will keep your submission on record and may reach out for future opportunities aligned with our mission.

Thank you for your understanding and for your commitment to equity and community impact.