

ID Identifying Discourse Inc.

Learning, Sharing, Creating



ID Identifying Discourse Inc. Official Program Collaboration/Partnership Application

Our policy is to provide equal opportunity review to all qualified organizations without regard to race, creed, color, religious belief, sex, age, national origin, or ancestry.

Name of Organization: _____

Address of Organization: _____

City of Organization: _____

Country of Organization: _____

Main Contact Person: _____

Phone: _____/Email: _____

Please briefly describe the work that your organization produces and the part of the community in which your work is performed and your services offered.

What kind of books and educational resources is your organization requesting assistance with receiving?

What is the size of your library and how many books can you receive for your library?

Has your organization ever received international assistance before and if so from what organization (s)?

Are you currently affiliated, connected or collaborating with any local organizations in your home country ? If so please list them here or include them in your attached essay.

Is your organization a Non Profit or Non Governmental Organization (NGO)?

How did you learn about ID Identifying Discourse Inc. and our services?
(Select one option)

Internet ___ Referred by another organization___ Referred by a friend___ Other___

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What interests you specifically about the work of ID Identifying Discourse Inc.?

This application requires a one page essay describing your organization, its' history and the current work that you perform. The essay must be completed, and 3 recent photos of your organizations office or building, and the community members it serves must be attached to your essay. A copy of your company/school/ university statute is also required and must be included in this application. (Attach additional information if necessary.)

I _____ certify that the facts set forth in this application for project collaboration with ID Identifying Discourse Inc. are true and complete to the best of my knowledge. I understand that if my organization _____ is selected to participate in a cultural collaboration with ID Identifying Discourse Inc., that false statements on this application shall be considered sufficient cause for immediate termination of services and receipts of resources and cancellation of this contract. Agreed upon ID Identifying Discourse is hereby authorized to make any investigations of my company's history.

I understand that collaboration with ID identifying Discourse Inc. is "at will," which means that either my organization or ID Identifying Discourse Inc. can terminate the cultural collaborative relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All collaborations are continued on that basis. I understand that no supervisor, manager, or executive of ID identifying Discourse Inc., other than the Director, has any authority to alter the foregoing.

Signature of Program Director _____

Date _____

**Please mail all completed materials to
ID Identifying Discourse Inc.
PO Box 638
New York City, NY 10027**