**Form 1 Applicant Information Form**

*The information provided will be used to evaluate the Company for Eligibility to contract with Mercy Corps.*

*Please complete all fields.*

**Applicant Information**

|  |  |
| --- | --- |
| Company Name  |  |
| Any other names company is operating under (Acronyms, Abbreviations, Aliases)  |  |
| Previous names of the company  |  |
| Address  |  |
| Website  |  |
| Phone/Fax Numbers  | Phone: Fax:  |
| Primary Contact  | Name: Phone Number: Email Address:  |
| # of Staff  |  |
| # of Locations  |  |
| Avg. Value of Equipment and Materials on Hand (USD)  |  |
| Government - owned (yes/no)  |  |
| Name(s) of Board of Directors if any  |  |
| Name(s) of Company Owner(s)  |  |
| Parent companies, if any  |  |
| Subsidiary or affiliate companies, if any  |  |

**References**

|  |  |
| --- | --- |
| Client Name:  | Contact Name, Phone, Email Address:  |
| Client Name:  | Contact Name, Phone, Email Address:  |
| Client Name:  | Contact Name, Phone, Email Address:  |