**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: |