

## Beacon Outreach Partnership Form

1. Contact information
Full Name / Organization Name:
Contact Person (if applicable):
Email Address:
Phone Number:
Website / Social Media (if any):
Location/Address:
2. Outreach Details
Type of Partnership (Check all that apply):
☐ Financial Support (Donations & Sponsorships)
☐ Material Support (Medical Supplies, Food, Clothing, etc.)
☐ Volunteer Support (Providing Skilled Personnel)
☐ Media & Publicity (Promotions, Social Media, etc.)
☐ Infrastructure Support (Buildings, Boreholes, Schools, etc.)
☐ Other:
Proposed Date(s) of Outreach:
Proposed Location for the Outreach:
Target Audience (e.g., children, youth, elderly, general public, specific communities, etc.):
Expected Number of Participants:
Brief Description of the Outreach Plan & Activities:

NB: Once you have completed this form, please send a soft copy to info@beaconoutreach.org



## 3. Partnership & Contribution

what Support Are You Requesting from Beacon Outreach? (e.g., financial assistance, volunteers, resources, media coverage, etc.):
What Resources Will You Contribute? (e.g., funding, personnel, venue, equipment, logistics, etc.):
4. Organizational & Legal Compliance
Are You a Registered Entity? (Yes / No)
Registration Number (if applicable):
Do You Have Any Previous Experience in Hosting an Outreach? (Yes / No ) If Yes, please provide brief details:
Do You Have Any Necessary Permits or Permissions for the Location? (Yes/No, or willing to secure one):
5. Additional Notes Please share any specific details about how you would like to support:
6. Agreement & Next Steps
By submitting this form, you consent to be contacted by Beacon Outreach. You
acknowledge alignment with Beacon Outreach's mission and values and agree to provide a post-outreach report.
Signature:
Date:

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