



Request for Funds

Information about your organization/ Institution

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| It's Plaza Comunitaria: SI: _____ NO: _____ |
| It's an educational organization/institution: Public _____ Private: _____ |
| Name: |
| Full Address (Number, Street, City, County, State, Zip Code): |
| Does your organization/institution have more than one addresses? Please include: |
| Telephone numbers: |
| Web page: |
| Facebook: |
| Twitter: |
| Federal Tax ID number: |
| Years of experience: |

Information on the person representing the organization/institution

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| Full name starting with the last (Family) name: |
| Telephone number: |
| E-mail address: |



Amount requested from IME Becas 2025 and budget

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|--|--|
| Amount requested \$ _____ | Amount that will contribute \$ _____ The amount must be at least equal to the amount of the request |
| How many people will project benefit? _____ <p style="text-align: right;">This information is paramount to consider the request of your</p> | |

Please send your proposal, not longer than three pages

I hereby certify that all the information presented in this format is true.

Name and Charge

Place and Date

Signature

IMPORTANT DATES TO CONSIDER

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|------------------------|---|
| May 4th, 2026 | Deadline to receive requests |
| May 8th, 2026 | Consulate will publish the results by means of its' site on internet |
| June 30th, 2026 | Consulate will hand out the corresponding checks no later than to the selected institutions |