

CSR Collaboration Form

Homeless Care Foundation

Partner with us to support people experiencing homelessness and create lasting social impact.

☐ **Company Details**

- **Organization Name:** _____
 - **Type of Organization** (e.g., Pvt. Ltd., Public Ltd., LLP, Govt., etc.): _____
 - **Corporate Address:** _____
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- **Website:** _____
 - **Contact Person:** _____
 - **Designation:** _____
 - **Contact Number:** _____
 - **Email Address:** _____
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☐ **CSR Focus Areas of Interest**

(Please check all that apply)

- ☐ Shelter for the Homeless
 - ☐ Food & Nutrition Programs
 - ☐ Healthcare & Medical Camps
 - ☐ Skill Development & Livelihood
 - ☐ Rehabilitation & Reintegration
 - ☐ Winter Relief / Emergency Outreach
 - ☐ Others (please specify): _____
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☐ **Proposed Mode of Collaboration**

(Check all that apply)

- ☐ Financial Support (CSR Grant)
 - ☐ In-kind Donations (e.g., blankets, hygiene kits)
 - ☐ Employee Volunteering
 - ☐ Joint Campaigns or Events
 - ☐ Long-term Partnership
 - ☐ Other: _____
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☐ **Geographical Focus (if any)**

Preferred State/City for Project Implementation: _____

☐ **CSR Compliance & Requirements**

- **Are you registered under the Companies Act, 2013 for CSR obligations?**
☐ Yes ☐ No
 - **Would you require 80G/12A receipts for donations?**
☐ Yes ☐ No
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☐ **Additional Comments / Queries**

☐ **Declaration**

I hereby confirm that the information provided above is true and correct to the best of my knowledge and that I am authorized to represent my organization for CSR discussions.

- **Authorized Representative Name:** _____
 - **Signature:** _____
 - **Date:** _____
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☐ Please submit the filled form to csr@homelesscarefoundation.org or contact us at +91 9625556997 for further information.
