

***Meridian International Center • 1624 Crescent Place, NW • Washington DC 20009***

**APPLICATION FOR MERIDIAN/CBM STAFF EXCHANGE**

**for hosting Meridian Staff**

***This exchange is an opportunity for a Meridian Staff member to visit your CBM for 2 – 5 days (depending on your capacity and schedule) to gain a better understanding of your workload and challenges as well as your management and programming best practices through various meetings and site visits.***

***Please fill out this form if you are interested in hosting a Meridian staff member and submit for approval*** to[IVLPstaffexchange@meridian.org](mailto:IVLPstaffexchange@meridian.org) by***Friday, April 5th, 2024.***

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| **CBM:** |
| **Contact Person:**  **Website:** |

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| **Office Phone:**  **Cell:**  **Email:** |

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| 1. **Describe your interest in hosting a Meridian International Center staff member:** |

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| 1. **Would it be possible to provide housing and transportation for a visiting Meridian staff member? If there are anticipated program-related costs, please mention them below. *Note: Home host not required, but preferred.*** |

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| 1. **Please provide a brief, sample proposed agenda for what your staff exchange would entail. What meetings could you arrange to discuss management topics, such as budgeting, proposal writing, programming best practices, and any other topics of interest?** |

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| 1. **Please provide a brief description of challenges and successes your CBM has experienced over the past year.** |

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| 1. **Should your CBM be selected to participate in the Staff Exchange program, please check which of the following weeks you would prefer (you may check more than one):**   ***Week of:*** | | | |
| May 20 – 24, 2024 |  | July 8 – 12, 2024 |  |
| May 28 – 31, 2024 |  | July 15 - 19, 2024 |  |
| June 3 – 7, 2024 |  | July 22- 26, 2024 |  |
| June 10 – 14, 2024: |  | July 29 – August 2, 2024 |  |
| June 24 – 28, 2024 |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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**Name *(print):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**