Mac Users: Be sure this file is NOT opened in Apple "Preview". In order to view the form properly and save the information entered, it must be opened in Adobe Reader or Acrobat. You can download Adobe Reader for free here: http://www.get.adobe.com/reader/

PROPOSAL COVER SHEET

PLEASE SUBMIT THIS DOCUMENT WITH YOUR PROPOSAL NARRATIVE and BUDGET - Please do not type form in all CAPS.

DATE:

PROJECT/REQUEST

1.	PROJECT TITLE:						
2.	PROJECTTARGET COUNTRY: (country or countries)	3.	DURATION OF PROJECT: (in months)	4.	REQUESTED PRO (in <i>US Dollars</i>)	JECT FU	NDING
5.	PRIOR EXPERIENCE WITH OUR ORGANIZATION	N:				YES	NO
a.	Have you ever <u>APPLIED</u> for a grant from our o	rgan	ization?				
b.	Have you ever <u>RECEIVED</u> a grant from our org	aniza	ation? Year, if known?				
<u>C(</u>	DNTACTS Enter names as they appear on y	our p	passport or legal documents.				
6.	ORGANIZATION CONTACT PERSON		7. PROJECT CONT	ACT	PERSON		
(Head of Organization):		(Project Lead or Direc	ctor)	(ONLY if different)		
Na	me:		Name:				
Tit	le:		Title:				
Em	nail:		Email:				
Sk	ype:		Skype:				
Мо	bile phone:		Mobile phone:				
<u>O</u> I	RGANIZATION DETAILS						
8. I	LEGAL NAME OF ORGANIZATION:						
Or	ganization Email:		Office Phone:				
Or	ganization Website:						
9.	a. STREET ADDRESS:		b. MAILING ADDI	RESS	(only, if different	:):	
Str	eet:		Street:				
Cit	y:		City:				
Sta	ite / Province:		State / Province:				
Со	untry:		Country:				
Ро	stal Code:		Postal Code:				
10	. DOES YOUR ORGANIZATION HAVE OTHER O	FFIC	CES? YES: NO:	Υ	If yes, provide li	st:	
Cit	y/ Country:		City / Country:				
Cit	y/ Country:		City / Country:				
	•		lf additional snace	is nei	eded nleasecontin	uelist oi	nnane 4

11. ORGANIZATION STATUS

- a. IN WHAT YEAR WAS YOUR ORGANIZATION ESTABLISHED/FORMED?:
- b. IS YOUR ORGANIZATION INCORPORATED OR LEGALLY REGISTERED? YES: NO: If yes, please attach a copy of the certificate of registration or incorporation when submitting your proposal. If no, provide details:
- c. TYPE OF ORGANIZATION: Non Profit: For Profit: Other:

12. IS YOUR ORGANIZATON LOCATED IN THE UNITED STATES?

YES NO

If yes, please respond to items a, b, and c below.

a. Does your organization have a U.S. Employer Identification Number (EIN)?

If yes, please provide EIN number:

b. Does your organization operate as a 501(c)(3) tax-exempt organization?

If yes, attach a copy of your determination letter with your proposal.

c. Does your organization have a Negotiated Indirect Cost Rate Agreement (NICRA)?

If yes, attach a copy of the agreement with your proposal.

ORGANIZATION STRUCTURE

13. LIST THE MEMBERS OF YOUR BOARD OF DIRECTORS AND INCLUDE THEIR POSITION TITLES:

	Board Member Name	Position Title (Chairman, Secretary, Treasurer, Member, etc.)	PAID Position?	YES	NO
1.			Paid?		
2.			Paid?		
3.			Paid?		
4.			Paid?		

If additional space is needed, please continue list on page 4.

14. HOW MANY EMPLOYEES ARE IN YOUR ORGANIZATION?

Full-time (FT): Part-time (PT): Consultants (C): Volunteers (V):

15. LIST STAFF WHO WOULD WORK ON THE PROPOSED PROJECT:

	Project Staff Name	PositionTitle	FullTime	Part Time	Consultant	Volunteer
1.						
2.						
3.						
4.						

If additional space is needed, please continue list on page 4.

	YES	NO
16. IS YOUR ORGANIZATION AFFILIATED WITH ANY OTHER ORGANIZATION OR POLITICAL PARTY? If yes, provide details:		
17. ARE ANY MEMBERS OF YOUR BOARD OR STAFF SERVING AS ELECTED OFFICIALS OR GOVERNMENT EMPLOYEES? If yes, please identify:		

2017: **PCS PDF-EN**

ORGANIZATION FINANCIALS

18. WHAT IS YOUR ORGANIZATION'S ANNUAL OPERATING BUDGET? (in U.S. dollars)	YES	NO
19. DOES YOUR ORGANIZATION RECEIVE ANY LOCAL CONTRIBUTIONS THAT ARE NOT GRANTS? If yes, indicate amount per year in US dollars:		
20. DOES YOUR ORGANIZATION EARN, OR EXPECTTO EARN, INCOME FROM ACTIVITIES? (subscriptions, book sales, training fees, etc.) If yes, indicate amount per year in US dollars:		
21. HAS YOUR ORGANIZATION EVER RECEIVED GRANT OR CONTRACT FUNDING?		
22. HAS YOUR ORGANIZATION RECEIVED GRANT OR CONTRACT FUNDING IN THE LAST 12 MONTHS?		

• IF	F YES , PLEASE LIS	TUS Grants and Co	ntracts and/or Non	US Grants and Contracts belo)W:
------	---------------------------	-------------------	--------------------	-------------------------------------	-----

U.S. Grants and Contracts:	Start Date MM/YYYY	End Date MM/YYYY	Amount \$ USD
U.S. Donor Project Title			
U.S. Donor Project Title			
U.S. Donor Project Title			
U.S. Donor Project Title			

Non-U.S. Grants and Contracts:	Start Date MM/YYYY	End Date MM/YYYY	Amount \$ USD
Non U.S. Donor Project Title			
Non U.S. Donor Project Title			
Non U.S. Donor Project Title			
Non U.S. Donor Project Title			

 ${\it If additional space is needed, please continue list on page 4.}$

3 2017: **PCS PDF-EN**

ADDITIONAL INFORMATION FOR ANY QUESTIONS

Please do not type in all CAPS.

Enter additional information below:

4 2017: PCS PDF-EN