**PROPOSAL COVER SHEET**

**PLEASE SUBMIT THIS DOCUMENT WITH YOUR PROPOSAL NARRATIVE and BUDGET**

**PROJECT/REQUEST: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. PROJECT TITLE:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. PROJECT TARGET COUNTRY:   (*country or countries*) | 1. DURATION OF PROJECT:   (*in months*) | 1. REQUESTED PROJECT FUNDING (in *US Dollars*) | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_ | | |
| **5.** PRIOR EXPERIENCE WITH OUR ORGANIZATION: | | | **YES** | **NO** |
| **6. PROJECT PERIOD START DATE (yyyy-mm-dd)** | | |  |  |
| **a.** Have you ever APPLIED for a grant from our organization? | | | ☐ | ☐ |
| **b.** Have you ever RECEIVED a grant from our organization? Year, if known? \_\_\_\_\_\_\_ | | | ☐ | ☐ |

**CONTACTS:** *Enter names as they appear on your passport or legal documents.*

|  |  |  |
| --- | --- | --- |
| **6.** **ORGANIZATION** CONTACT PERSON  (*Head of Organization)*: | | **7.** **PROJECT** CONTACT PERSON  (Project Lead or Director) (*ONLY if different)* |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Skype: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Skype: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Type (*Staff or Other*): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| *If you chose ‘Other’ enter a description:* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**ORGANIZATION DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **8.** LEGAL NAME OF ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Organization Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | |  | |
| **9.** a. STREET ADDRESS: | | b. MAILING ADDRESS (only, if different): | |
| **Address Type** *(Select One):*  Postal & Street*: if your mailing and physical address are the same \_\_\_\_\_*  Postal*: is your mailing address is different from your physical location\_\_\_\_\_\_*  Street*: if your physical location is different from your mailing \_\_\_\_\_\_* | |  | |
| Street: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| State / Province: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State / Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Country: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Postal Code: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Address Location: | Headquarters or Field Office *(select one)* |  | |
|  |  |  | |
| 10. DOES YOUR ORGANIZATION HAVE OTHER OFFICES? ?  If yes, provide list: | | | |
| City / Country: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City / Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| City / Country: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City / Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **11**. **ORGANIZATION STATUS** | | | |
| 1. IN WHAT YEAR WAS YOUR ORGANIZATION ESTABLISHED/FORMED? : \_\_\_\_\_\_\_\_\_\_\_ 2. **ORGANIZATION FISCAL YEAR START DATE** *(yyyy-mm-dd)* 3. **ORGANIZATION FISCAL YEAR END DATE** *(yyyy-mm-dd)* | | | |
| 1. IS YOUR ORGANIZATION INCORPORATED OR LEGALLY REGISTERED?   ***If yes,******please attach a copy of the certificate of registration or incorporation when submitting your proposal****.*  **If yes,** does your registration expire?  **If yes,** Valid through date (*yyyy-mm-dd*): \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **If no,** provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. FOR PROFIT OR NON PROFIT:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. **TYPE OF ORGANIZATION**   ***Select one:***  ***Corporation of Professional Service Form***  ***International NGO***  ***Local NGO***  ***Media Outlet***  ***Membership Organization***  ***National NGO***  ***Regional NGO***  ***Think Tank***  ***University***  ***Other Organization*** *(please specify): \_\_\_\_\_\_\_\_\_\_\_* | | | |
| **12.** IS YOUR ORGANIZATON LOCATED IN THE UNITED STATES? | **YES** | **NO** |
| **If yes,** please respond to items a, b, and c below. |  |  |
| 1. Does your organization have a U.S. Employer Identification Number (EIN)? |  |  |
| **If yes**, please provide EIN number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. Does your organization operate as a 501(c)(3) tax-exempt organization? |  |  |
| **If yes**, attach a copy of your determination letter with your proposal. |  |  |
| 1. 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 | | Position Title | Full Time | Part Time | Consultant | Volunteer |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 4. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | | *If additional space is needed, please continue list on page 4* | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | **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: \_\_\_\_\_\_\_\_\_ |  |  | | **18. DOES THE BOARD EXERCISE FINANCIAL OVERSIGHT? If yes,** please provide details of financial oversight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | **19. IS THE BOARD INFORMED OF ANY FRAUD ALLEGATIONS OCCURING IN THE ORGANIZATION? If yes,** please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |

**ORGANIZATION FINANCIALS**

|  |  |  |  |
| --- | --- | --- | --- |
| **18.** WHAT WAS YOUR ORGANIZATION’S TOTAL OPERATING BUDGET FOR THE PAST FISCAL YEAR? (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 EXPECT TO 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 YES**, PLEASE LIST **US Grants and Contracts** and/or **Non US Grants and Contracts** below: |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | / | / | $ \_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| --- | --- | --- | --- | --- |
| **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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | / | / | $ \_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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

**ADDITIONAL INFORMATION FOR ANY QUESTIONS**

**Please type below.** *(Replace text below with your text.)*

Enter Additional information from above here: \_\_\_\_