**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*) | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_ | | |
|  | | | **YES** | **NO** |
| **5.** Have you ever APPLIED for a grant from our organization? | | | ☐ | ☐ |
| **6.** 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 OVERVIEW:**

|  |  |  |  |
| --- | --- | --- | --- |
| **8.** LEGAL NAME OF ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Organization Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | |  | |
| **9.** a. STREET ADDRESS: | | b. MAILING ADDRESS (only if different from street address): | |
| 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.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION DETAILS:**   |  |  |  | | --- | --- | --- | | **11.** 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)? |  |  | |
|  |
| **12**. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**ORGANIZATION STRUCTURE:**

**13.** HOW MANY EMPLOYEES ARE IN YOUR ORGANIZATION?

|  |  |  |
| --- | --- | --- |
| Total: \_\_ | Full-time (FT): \_\_ | Part-time (PT): \_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **14.** IS YOUR ORGANIZATION AFFILIATED WITH ANY OTHER ORGANIZATION OR POLITICAL PARTY?  **If yes,** provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |

**ORGANIZATION FINANCIALS:**

**15.** WHAT WAS YOUR ORGANIZATION’S TOTAL OPERATING BUDGET FOR THE PAST FISCAL YEAR? (in U.S. dollars) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **YES** | **NO** |
| **16.** HAS YOUR ORGANIZATION EVER RECEIVED GRANT OR CONTRACT FUNDING? |  | |  |
| **17.** HAS YOUR ORGANIZATION RECEIVED GRANT OR CONTRACT FUNDING IN THE LAST 12 MONTHS? |  | |  |

**ADDITIONAL INFORMATION FOR ANY QUESTIONS**

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

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