**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): |
| **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.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **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)?
 |[ ] [ ]

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|  |
| **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): \_\_  |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **16.** IS YOUR ORGANIZATION AFFILIATED WITH ANY OTHER ORGANIZATION OR POLITICAL PARTY?**If yes,** provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |

  |

**ORGANIZATION FINANCIALS**

|  |  |  |
| --- | --- | --- |
| **18.** WHAT WAS YOUR ORGANIZATION’S TOTAL OPERATING BUDGET FOR THE PAST FISCAL YEAR? (in U.S. dollars)$\_\_\_\_\_\_\_\_\_\_\_\_ | **YES** | **NO** |
| **21.** HAS YOUR ORGANIZATION EVER RECEIVED GRANT OR CONTRACT FUNDING? | [ ]  | [ ]  |
| **22.** 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: \_\_\_\_