**Cover Sheet Instructions**

The Heising-Simons Foundation is excited to invite your organization to submit a proposal. Completing the cover sheet is the first required step in submitting a proposal.

* All fields in the organization information section are required. The Foundation asks for this information to identify the legal entity to receive and be responsible for the grant, to report on our tax documents, and to help survey our grantees to assess the Foundation’s performance.
* If your project is fiscally sponsored, please complete the [Fiscal Sponor Proposal Cover Sheet.](https://www.hsfoundation.org/wp-content/uploads/Fiscal-Sponsor-Proposal-Cover-Sheet.docx)
* If the project may include lobbying activities, please check the lobbying box so the Foundation can provide specific guidelines on how to structure your proposal.
* Primary contact, Signatory, and Payment contacts are all required contacts that need to be employed by the grantee. They may be the same contact. The payment contact is required to have a phone number and email.
* The primary contact will have access to the grantee portal to submit proposal and reporting documents. Any additional contacts that will need access to the portal can be indicated with the corresponding check box. The Foundation recommends inviting no more than 2-3 contacts onto the portal.
* If a contact has the same address as the organization you may leave the address field blank.
* If your organization requires additional signatures on your grant agreement, please indicate the contact names, email, and phone numbers in the other contacts section.

**Proposal Process**

1. Complete the Proposal Cover Sheet and email it to your program contacts.
2. Your program contacts will send an email giving you access to our grantee portal (if not granted already) along with proposal guidelines based on the information provided in the Proposal Cover Sheet.
3. Submit your proposal by the requested due date.
4. Your program contacts will follow up with any additional questions and will provide an estimated timeline of notification of approval.

If, at any time, you have questions about your proposal, please don’t hesitate to reach out to your program contacts.

**Organization Information\***

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Legal Name: |  | | |
| EIN: |  | Website: |  |
| Annual budget (FY/$): | [20XX]/$ | Phone: |  |
| Organization Address: |  | | |

**Grant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Grant/Project Title: |  | | |
| Proposed Duration: | months | Start Date (pick one):  ASAP  Other[[1]](#footnote-1) | |
| Lobbying Activities?: |  | Request Amount: | $ |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact/Project Lead**  Contact responsible for grant implementation, receives correspondence, and handles grant reporting and monitoring, and could be the Principal Investigator. | | | |
| Full Name: |  | | |
| Title: |  | Email: |  |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatory\*** *(required)* Contact authorized to sign grant agreement. Office of Sponsored Projects, Executive Director. The grant agreement is sent via DocuSign, and the primary and payment contacts are copied. | | | |
| Full Name: |  | | |
| Title: |  | Email: |  |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Contact\*** *(required)*  Contact for electronic payment. Payment information form will *only* be sent to this contact via DocuSign. | | | |
| Full Name: |  | | |
| Title: |  | Email: |  |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Communications** *(if applicable)*  Contact primarily responsible for media, content development, and press releases. | | | |
| Full Name: |  | | |
| Title: |  | Email: |  |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Contact(s)** *(if applicable)*  Use this section to indicate other grant-related contacts such as consultants or a development officer. | | | |
| Full Name: |  | | |
| Title: |  | Email: |  |
| Organization: |  | | |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

1. Date must be after expected approval date. Please talk to your program contact if you need guidance. [↑](#footnote-ref-1)