**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 fiscal sponsor 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.
* Primary fiscal sponsor contact, Signatory, and Payment contacts are all required contacts that need to be employed by the fiscal sponsor. They may be the same contact.
* It is required that the payment contact has a phone number and email.
* The primary fiscal sponsor 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 you Foundation contacts.
2. Your program contact will invite grant you access to our grantee portal (if not granted already) and submit a proposal on the grantee portal with the following information:
   1. Invited amount
   2. Support type
   3. Due date
   4. Any required documents including a fiscal sponsor certification.
3. Submit your proposal by the indicated due date.
4. Your Foundation contacts will follow up with you with any additional questions and 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 Foundation contact.

**Fiscal Sponsor Organization Information**

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

**Sponsored Project/Grant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Grant/Project Title: |  | | |
| Proposed Duration: | months | Start Date (pick one):  ASAP  Other[[1]](#footnote-1) | |
| Annual budget (FY/$): | [20XX]/$ | Requested amount | $ |

**Fiscal Sponsor Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Fiscal Sponsor Contact**  Must work for grantee organization, receives all grant-related correspondence, handles grant reporting and monitoring, and will have access to the request on the portal. | | | |
| Full Name: |  | | |
| Title: |  | Email: |  |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatory** *(required)* Contact authorized to sign grant agreement. Executive Director or other Signatory authority. 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? |  |

**Sponsored Project Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact/Project Lead**  Designated 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: |  |
| 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: |  |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

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