**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) |
| Request Amount: | $ | |

**Contact Information**

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

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| --- | --- | --- | --- |
| **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)*  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: |  |
| Organization: |  | | |
| Address: |  | | |
| Direct Phone: |  | Needs Portal Access? |  |

1. \* If grant is fiscally sponsored, org or contact information needs be from and of the fiscal sponsor and not the sponsored project.

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