Application Part 1 Form –Organization Profile

Organization Name and Contact Information

1) Organization Legal Name*
Max 255 characters.
Must match the legal name entered
in the Proposal form.

2) Organization Acronym/ Abbreviation:

3) Primary Address*:
Max 255 characters.
Include P.O. Box if applicable.

4) City*:
Max 40 characters

5) State / Province:
Max 80 characters

6) Postal Code:
Max 20 characters

7) Country*:
Select from the drop-down menu.

8) Primary Organization Phone*:
Max 40 digits

9) Primary Organization Email*:
Max 80 characters

10) For Profit or Non-Profit:

11) Year Established/Formed:

Organization Structure And Governance

12) Is your organization incorporated or legally registered?*

If Yes, attach a copy of the certificate of registration or incorporation with your application materials. If No, NED staff may follow up for additional information.

Registration Valid Through Date:
Only enter if registration expires

13) How many staff are in your organization?
Select range from the drop-down menu

14) How many staff are full time?
Select range from the drop-down menu

15) How many staff are part time?
Select range from the drop-down menu

16) Are any members of your board or staff serving as elected officials or government employees?*
Select from the drop-down menu

17) Please provide additional information about board or staff serving as elected officials or government employees.

 Required if previous answer is Yes. If Yes, provide name and position. Max 255 characters.

18) Is your organization affiliated with a government entity or political party?
If Yes, please list details.

19) Is your organization legally affiliated with any other organization or coalition?If Yes, please list details.

20) Please provide the names, titles, and emails of the following four key staff.

	First Name	Last Name	Email	Position Title
Head of Board *i.e. Chair*				
Head of Organization *i.e. President*				
Head of Finance *i.e. CFO*				
Project Lead *i.e. Program Officer*				

Organization Financials

21) What was your organization's total operating budget for the past fiscal year?* (in USD)

Enter the amount using numbers only. For example, 15000, not $15K or Fifteen Thousand dollars

22) Other funding (list)*				
Provide a list of current grants including donor, project title, amount, and start and end dates. If no other funding, leave the table blank				
Donor *Enter dates in a yyyy-mm-dd format*	**Project Title**	**Amount Total** **(show currency)**	**Start Date**	**End Date**

For Organizations Located in the USA

23) Does your organization have an Employer identification Number (EIN)?*

Select from the drop-down menu

24) EIN

Max 15 digits

25) Does your organization operate as a 501(c)(3) tax-exempt organization?*

Select from the drop-down menu

26) Does your organization have a Negotiated Indirect Cost Rate Agreement (NICRA)?*

Select from the drop-down menu. If Yes, attach a copy of the NICRA letter with your application materials.

27) Additional information or any questions?

Enter any additional information that could not fit into the fields above, here.

to check if you have not answered any mandatory fields