



Grant Application

Organization Information Form

Tobacco-Free Kids follows the U.S. Executive Orders and laws that prohibit the provision of funding or other resources and support to organizations and individuals associated with terrorism, such as those organizations and individuals on terrorist-related lists promulgated by the U.S. Government, the United Nations, and the European Union, or associated with the organizations or individuals on those lists. Accordingly, Tobacco-Free Kids will be making various anti-terrorism checks based on the information submitted in this form. Tobacco-Free Kids will not share any non-public information obtained through this form with anyone outside of the application and grant-making process without the applicant's permission except as may be required by law.

A. Basic Information

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| Organization's Name | |
| Organization Mailing Address | |
| Organization Phone Number/Fax | |
| Organization Email Address: | |
| Website Address (if any) | |
| Contact Person Title (Dr./Mr./Mrs.) | |
| Contact Person Name | |
| Contact Person Phone | |
| Contact Person Email | |

1. Please list, with English translations as necessary, all names previously used by the organization (not already listed above), including all the names used by any organization(s) from or through which the current organization was created:

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2. Please list all current business locations of the organization, including address and phone numbers (if more than five, list only the five most important business locations):

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3. Please list all countries where the organization has been active or had any presence, or where it plans to be active or have a presence:

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B. Financial Information

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| 4. Organization Budget (Current Year, in USD) | | 5. Organization Budget (Last Year, in USD) | |
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| 6. Does the organization have a formal system in place for tracking all receipts and expenditures of funds? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
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7. Please list the organization's major sources of funding for the current year and the past two years:

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8. Please list the organization's major sources of funding (including international, national and government agencies) for the current year and the past two years. Please attach most recent annual reports (last 2 years), if available.

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9. Does your organization itself make grants or donations to other entities?

No Yes

10. If yes, please list top 5 recipients over the past two years, including contact names and addresses:

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11. Has the organization ever received any funding or support from any company that manufactures, distributes, markets, or sells tobacco products, or that provides legal representation, public relations or lobbying services, or marketing assistance to any member of the tobacco industry?

No Yes

12. If yes, describe:

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13. Do you require prior government authorization to receive international funding ?

Yes: No:

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If yes, please describe.

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C. History & Purpose of Organization

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| 14. In what year was the organization formed? | | 15. In what city and country was the organization formed? | |
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16. Categorize your organization by selecting one of the following:

Government: NGO:

University/Educational Institutions: Other:

If you have selected “Other” please describe below.

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| 17. Is the organization legally registered or licensed with any government entity? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
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18. If yes, please provide additional detail and submit copies of the most recent certificates or documentation of the registration or license with this form. If not, has an application by the organization for any government registration or licensing been rejected (and, if it has, explain).

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| 19. Does the organization make annual or regular filings with any government entity that are publicly available? [If so, please provide copies of the most recent filings.] | No <input type="checkbox"/> Yes <input type="checkbox"/> |
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D. Board of Directors & Primary Staff

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| 20. Does the organization have a board of directors or other governing body other than the organization's executive officers? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
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21. If yes, please complete for each member of the Board of Directors or governing body:

| Title <i>(Dr / Prof / Mr / Ms etc)</i> | Full Name | Organizational Affiliation/ Position | Nationality |
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22. Please complete for the organization's top five executive officers and, if different, the names of titles of heads of each separate office or location of the organization:

| Title <i>(Dr / Prof / Mr / Ms etc)</i> | Full Name | Organizational Affiliation/ Position | Nationality |
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23. Please list the name, title and contact information of the person authorized to sign agreements on behalf of the organization.

| Title (<i>Dr/ Prof/Mr/Ms etc</i>) | Full Name | Position/Title | Address | Contact info (phone, e-mail, etc) |
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BANK INFORMATION

This bank information is for: _____ *The Grantee organization*
 _____ *A Fiscal Sponsor Organization*

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| Bank Name | |
| Branch Name (or Number) | |
| Bank Account Name | |
| Name Associated with Account (if different) | |
| Bank Account Number: | |
| SWIFT / BIC* # | |
| Bank Address | |
| Bank City | |
| Bank Postal Code | |
| Bank Country | |

** Must have either 8 or 11 digits – your bank can provide this information*

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|---|--|
| Corresponding Bank**: | |
| Corresponding Bank SWIFT / BIC Number**: | |
| Intermediary Bank Account Number**: | |

*** This information is not applicable to all account. Please speak with your bank about whether or not there are corresponding or intermediary accounts for international wire payments.*

All questions have been fully answered. Document not valid without name, title, signature and date

The following officer of the applicant organization affirms that all the information in this application is true, complete and accurate:

Name and Title

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|--|--------|------------------------------|
| Signature | | Date |
| <i>Standard Grant Proposal Organizational Form</i> | 7 of 7 | <i>Updated: October 2016</i> |