



## GLOBAL PROGRAM APPLICATION FORM

Please fill out this application form completely, attach all additional requested documents, and complete the application by having this form signed by your executive director/president and your board president/board representative.

Please mail to:

The Seattle International Foundation  
Attention: Michele Frix, Global Program  
909 NE Boat Street, Suite 300  
Seattle, WA 98105

The Global Program is open to organizations which meet the following criteria:

- 501(c)(3) status
- Based in Washington State
- Organizational/project budget of less than \$2 million
- Working in development with an international focus

Please contact the Seattle International Foundation's Program Officer, Michele Frix, with any questions: [mfrix@seaif.org](mailto:mfrix@seaif.org) or (206) 547-9335.

**ORGANIZATION PROFILE**

**NAME:** \_\_\_\_\_ **Year organization incorporated:** \_\_\_\_\_

**ADDRESS:** (included street address if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the name at left the same as it appears on the IRS Letter of Determination?**

Yes  No

**If not, explain:** \_\_\_\_\_

**CHIEF EXECUTIVE'S NAME, TITLE, & LENGTH OF SERVICE:** \_\_\_\_\_

**GRANT APPLICANT CONTACT'S NAME & TITLE (if different):** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**NUMBER OF:**

**Full time staff:** \_\_\_\_\_

**Volunteers:** \_\_\_\_\_

**Part time staff:** \_\_\_\_\_

**Board Members:** \_\_\_\_\_

**Current Global Washington Member?:** Yes  No

**Founding Date:** \_\_\_\_\_

**501 (c) (3) status since:** \_\_\_\_\_

**Major Funders:**

**Organizational Mission Statement & Purpose:**

**History of Accomplishments:**

**Major Programs:**

Major Beneficiaries:

Geographic Area of Work:

**FINANCIAL INFORMATION**

Program to Management Expense Ratio: \_\_\_\_\_ Cash reserve: \$ \_\_\_\_\_

Profit/loss for last fiscal year: \_\_\_\_\_

Operating budget total for current fiscal year: \$ \_\_\_\_\_ Fiscal year (start to end dates): \_\_\_\_\_

**2009 SOURCES OF INCOME:**

Government	Federal _____ %	Fees/Earned Income _____ %
	State _____ %	Individual Contributions _____ %
	County _____ %	United Way _____ %
	City _____ %	Workplace Campaigns _____ %
		(not United Way)
		Corporate and/or Foundation Grants _____ %
		Special Events _____ %
		Memberships _____ %
		Other _____ %

**PROJECT PROPOSAL**

AMOUNT OF THIS REQUEST: \$ \_\_\_\_\_ FUNDS NEEDED BY: \_\_\_\_\_

DATES OF TIME FRAME IN WHICH FUNDS WILL BE USED: \_\_\_\_\_

Check one of the following:

GENERAL OPERATING SUPPORT

PROJECT SUPPORT

If for project support, complete the following:

PROJECT NAME: \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_ PERCENT THIS REQUEST OF PROJECT TOTAL: \_\_\_\_\_ %

PROJECT COST PER BENEFICIARY (if applicable): \$ \_\_\_\_\_

**PROJECT PROPOSAL (continued)**

*The Seattle International Foundation requests limiting your answers to the space provided.*

1. Identify the needs your organization or this proposal will address.

2. Who and how many beneficiaries will this project serve?

3. What geographical area will the project serve? Please provide a description of the socio-economic overview of the area.

4. Is this a joint project? If so, who are the partners?

5. Please provide a timeline for this project.

6. If applicable, who are the local (in country) partners, implementers, administrators, etc. involved?

7. What is the anticipated impact of this project?

8. How will this project be evaluated and monitored?

9. What are your other potential and actual sources of support for this proposal?

**ATTACHMENTS**

In addition to the information required on this application form, please attach the following:

- 1. Copy of IRS 501(c)(3) determination letter
- 2. List of current board members (include member affiliations and any other pertinent information)
- 3. List of key organizational staff, including titles and main functions
- 4. Latest 990 Form
- 5. Most recent official financial statement (audited if applicable)
- 6. Annual Report

\_\_\_\_\_  
Executive Director/President (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Chair/Board Representative (signature)

\_\_\_\_\_  
Date