



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 completed application to the address below by March 15, 2010.

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 or the Pacific Northwest
- 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 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: _____

2009 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