

# Application Part 1 Form –Organization Profile

“\*” Indicates a required field.

## 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>i.e. Chair</i>				
Head of Organization <i>i.e. President</i>				
Head of Finance <i>i.e. CFO</i>				
Project Lead <i>i.e. Program Officer</i>				

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

<u>Donor</u> <i>Enter dates in a yyyy-mm-dd format</i>	<u>Project Title</u>	<u>Amount Total</u> <u>(show currency)</u>	<u>Start Date</u>	<u>End Date</u>

## **For Organizations Located in the USA**

**If your organizational address Country is US, then this section of questions is required.**

**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.*

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**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*