

ALFRED P. SLOAN FOUNDATION

630 Fifth Avenue, Suite 2550

New York, NY, 10111

Phone: (212) 649-1649 | Fax: (212) 757-5117

www.sloan.org**PROPOSAL ADMINISTRATION FORM**

Please complete and sign this form. It must also be signed by the head of your organization or another official authorized to sign on its behalf, endorsing this application and verifying that the information below is correct.

Applying Organization (Universities: specify if applying organization is a supporting foundation)

Legal Name:	NumFOCUS (Will be Grantee Organization if funded)		
Address Line 1:	P.O. Box 90596		
Address Line 2:		U.S. Tax ID (EIN#):	45-4547709
City, State, Zip:	Austin, TX 78709	Tax Status:	501c3
Country:	USA		
Phone:	512-222-5449	Twitter Handle:	
Fax:		Facebook Page:	
Email:	info@numfocus.org	Org URL:	numfocus.org

Required Documents**U.S. Organizations** (Universities are not required to submit these documents)

- | | |
|---|---|
| <input type="checkbox"/> Tax-exempt determination letter from the IRS | <input type="checkbox"/> Most recent Annual Report (or URL) |
| <input type="checkbox"/> Current operating budget | <input type="checkbox"/> Most recent audited financial report |
| <input type="checkbox"/> Explanation of the nature of the relationship your organization has with its fiscal agent or sponsor (if applicable) | |

(If not contained in the annual report, provide a brief description of your organization's mission, founding date, major programs, and size of staff. List major financial contributors and board members.)

U.S. Universities: Submit A 133 Audit Report**Canadian Organizations:** Submit W-8BEN Form if available**Other Non-U.S. Organizations:** Contact Sloan Program Director or email grantsadmin@sloan.org for requirements**Contact Information** (Fill in Address only if different from Organization's address)

Project Director/Principal Investigator		Co- Project Director/Principal Investigator (If applicable)	
Name:	Dr. Gregory V. Wilson	Name:	Cindee Madison
Title:		Title:	Board Member
Organization:		Organization:	NumFOCUS
Department:		Department:	
Address Line 1:	164 Ashdale Avenue	Address Line 1:	
Address Line 2:		Address Line 2:	
City, State, Zip:	Toronto, Ontario, M4L 2Y9	City, State, Zip:	
Country:	Canada	Country:	
Work Phone:	+1 416 435 9779	Work Phone:	1-510-333-5367
Mobile Phone:		Mobile Phone:	
Email:	gvwilson@third-bit.com	Email:	cindeem@gmail.com
URL:		URL:	

Continued on next page →

Contact Information (continued)**Additional Contact**

Name: _____
Title: _____
Organization: _____
Department: _____
Address Line 1: _____
Address Line 2: _____
City, State, Zip: _____
Country: _____
Work Phone: _____
Email: _____

Admin/Financial Officer responsible for financial reporting

Name: Leah Silen
Title: Executive Director
Organization: NumFOCUS
Department: _____
Address Line 1: P.O. Box 90596
Address Line 2: _____
City, State, Zip: Austin, TX 78709
Country: USA
Work Phone: 512-222-5449
Email: info@numfocus.org

Payment Address (This information will only be used if your project is funded)**Mail to**

Org Name: _____ (must be same as Applying Org)
Department: _____
Address Line 1: P.O. Box 90596
Address Line 2: _____
City, State, Zip: Austin, TX 78709
Country: USA

Payee Contact (only if name should appear on mailing label)

Name: Leah Silen
Work Phone: 512-222-5449
Email: info@numfocus.org

Form Completed by:

Name: _____ Title: _____
(Print name)

Signature: _____ Date: _____

Endorsement and Verification

To be signed by head of the organization or another official authorized to sign on its behalf

Head or Official authorized to sign

Name: Leah Silen
Title: Executive Director
Department: _____
Address Line 1: P.O. Box 90596
Address Line 2: _____
City, State, Zip: Austin, TX 78709
Country: USA
Work Phone: 512-222-5449
Email: info@NumFOCUS.com

Director of Sponsored Research or equivalent (if University)

Name: _____
Title: _____
Email: _____

Signature: _____

Date: _____