

ALFRED P. SLOAN FOUNDATION

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New York, NY, 10111

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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:				(Will be Grantee Organization if funded)
Address Line 1:				
Address Line 2:			U.S. Tax ID (EIN#):	
City, State, Zip:			Tax Status:	
Country:				
Phone:			Twitter Handle:	
Fax:			Facebook Page:	
Email:			Org URL:	

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**

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

Co- Project Director/Principal Investigator (If applicable)

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

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

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: _____
Address Line 2: _____
City, State, Zip: _____
Country: _____

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

Name: _____
Work Phone: _____
Email: _____

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

Signature: _____
Date: _____

Director of Sponsored Research or equivalent (if University)

Name: _____
Title: _____
Email: _____