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.

A	applying Organization (Universities: specify i	f 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:
	•	d Documents
_	s (Universities are not required to submit th	
	etermination letter from the IRS	Most recent Annual Report (or URL)
Current opera	• •	Most recent audited financial report
Explanation o	f the nature of the relationship your organiza	ation has with its fiscal agent or sponsor (if applicable)
II C Universities	Submit A 122 Audit Papart	
Canadian Organiz	Submit A 133 Audit Report rations: Submit W-8BEN Form if available organizations: Contact Sloan Program Directors	or or email grantsadmin@sloan.org for requirements
Canadian Organiz	rations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo	or or email grantsadmin@sloan.org for requirements only if different from Organization's address)
Canadian Organia Other Non-U.S. C	rations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo	
Canadian Organia Other Non-U.S. C	cations: Submit W-8BEN Form if available organizations: Contact Sloan Program Director Contact Information (Fill in Address or	nly if different from Organization's address)
Canadian Organia Other Non-U.S. C	cations: Submit W-8BEN Form if available organizations: Contact Sloan Program Director Contact Information (Fill in Address of Principal Investigator	nly if different from Organization's address) Co- Project Director/Principal Investigator (If applicable)
Canadian Organia Other Non-U.S. C Project Director/ Name:	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	nly if different from Organization's address) Co- Project Director/Principal Investigator (If applicable) Name:
Canadian Organia Other Non-U.S. C Project Director/ Name: Title:	cations: Submit W-8BEN Form if available organizations: Contact Sloan Program Director Contact Information (Fill in Address of Principal Investigator	Co- Project Director/Principal Investigator (If applicable) Name: Title:
Canadian Organia Other Non-U.S. Co Project Director/ Name: Title: Organization:	cations: Submit W-8BEN Form if available organizations: Contact Sloan Program Director Contact Information (Fill in Address of Principal Investigator	Co- Project Director/Principal Investigator (If applicable) Name: Title: Organization:
Canadian Organia Other Non-U.S. Control Project Director/ Name: Title: Organization: Department:	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	nly if different from Organization's address) Co- Project Director/Principal Investigator (If applicable) Name: Title: Organization: Department:
Canadian Organia Other Non-U.S. Content of the Non-U.S	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	nly if different from Organization's address) Co- Project Director/Principal Investigator (If applicable) Name: Title: Organization: Department: Address Line 1:
Canadian Organia Other Non-U.S. Condens Project Director/ Name: Title: Organization: Department: Address Line 1: Address Line 2:	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	Co- Project Director/Principal Investigator (If applicable) Name: Title: Organization: Department: Address Line 1: Address Line 2:
Project Director/ Name: Title: Organization: Department: Address Line 1: Address Line 2: City, State, Zip:	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	Co- Project Director/Principal Investigator (If applicable) Name: Title: Organization: Department: Address Line 1: Address Line 2: City, State, Zip:
Canadian Organia Other Non-U.S. Conter Non-U.S. Conter Non-U.S. Conter Non-U.S. Conter Name: Project Director/ Name: Title: Organization: Department: Address Line 1: Address Line 2: City, State, Zip: Country:	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	Co- Project Director/Principal Investigator (If applicable) Name: Title: Organization: Department: Address Line 1: Address Line 2: City, State, Zip: Country:
Canadian Organia Other Non-U.S. Conternal Project Director/ Name: Title: Organization: Department: Address Line 1: Address Line 2: City, State, Zip: Country: Work Phone:	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	Co- Project Director/Principal Investigator (If applicable) Name: Title: Organization: Department: Address Line 1: Address Line 2: City, State, Zip: Country: Work Phone:
Canadian Organia Other Non-U.S. Conter Non-U.S. Conter Non-U.S. Conter Non-U.S. Conter Name: Title: Organization: Department: Address Line 1: Address Line 2: City, State, Zip: Country: Work Phone: Mobile Phone:	cations: Submit W-8BEN Form if available Organizations: Contact Sloan Program Directo Contact Information (Fill in Address of Principal Investigator	nly if different from Organization's address) 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:

Continued on next page \rightarrow

	Contact Info	rmation (continued)		
Additional Conta	ct	Admin/Financial Officer responsible for financial reporting		
Name:		Name:		
Title:		Title:		
Organization:		Organization:		
Department:		Department:		
Address Line 1:		Address Line 1:		
Address Line 2:		Address Line 2:		
City, State, Zip:		City, State, Zip:		
Country:		Country:		
Work Phone:		Work Phone:		
Email:		Email:		
	Payment Address (This information	n will only be used if your project is funded)		
Mail to		Payee Contact (only if name should appear on mailing label)		
Org Name:	(must be same as Applying Org)	Name:		
Department:		Work Phone:		
Address Line 1:		Email:		
Address Line 2:				
City, State, Zip:				
Country:				
Form Completed by:				
	Form	Completed by:		
	Form			
Name:		Completed by: Title:		
Name:	(Print name)			
		Title:		
Name: Signature:				
	(Print name)	Title: Date:		
Signature:	(Print name) Endorseme	Title: Date: ent and Verification		
Signature: To be signed by h	(Print name)	Title: Date: ent and Verification		
Signature: To be signed by h	(Print name) Endorseme mead of the organization or another official	Title: Date: ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University)		
Signature: To be signed by head or Official a	(Print name) Endorseme ead of the organization or another official authorized to sign	Title: Date: ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University)		
Signature: To be signed by head or Official and Name:	(Print name) Endorseme ead of the organization or another official authorized to sign	Title: Date: ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title:		
Signature: To be signed by head or Official and Name: Title:	(Print name) Endorsement ead of the organization or another official authorized to sign	Date: Port and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title:		
Signature: To be signed by head or Official and Name: Title: Department:	(Print name) Endorsement of the organization or another official authorized to sign	Title: Date: ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		
Signature: To be signed by head or Official and Name: Title: Department: Address Line 1:	(Print name) Endorsement Read of the organization or another official authorized to sign	Title: Date: Ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		
To be signed by head or Official and Name: Title: Department: Address Line 1: Address Line 2:	(Print name) Endorsemente of the organization or another official sauthorized to sign	Title: Date: Ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		
Signature: To be signed by head or Official and Name: Title: Department: Address Line 1: Address Line 2: City, State, Zip:	(Print name) Endorsemente of the organization or another official sauthorized to sign	Title: Date: Ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		
To be signed by head or Official and Name: Title: Department: Address Line 1: Address Line 2: City, State, Zip: Country:	(Print name) Endorsemente of the organization or another official sauthorized to sign	Title: Date: Ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		
Signature: To be signed by head or Official and Name: Title: Department: Address Line 1: Address Line 2: City, State, Zip: Country: Work Phone:	(Print name) Endorsemente of the organization or another official sauthorized to sign	Title: Date: Ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		
Signature: To be signed by head or Official and Name: Title: Department: Address Line 1: Address Line 2: City, State, Zip: Country: Work Phone: Email:	(Print name) Endorsemente of the organization or another official sauthorized to sign	Title: Date: Ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		
Signature: To be signed by head or Official and Name: Title: Department: Address Line 1: Address Line 2: City, State, Zip: Country: Work Phone:	(Print name) Endorsemente of the organization or another official sauthorized to sign	Title: Date: Ent and Verification authorized to sign on its behalf Director of Sponsored Research or equivalent (if University) Name: Title: Email:		