

GLOBAL GREENGRANTS FUND
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NONPROFIT EQUIVALENCY FORM

Information Requested of Non-United States Organizations
 Not Having Tax-Deferred Status

Please answer the following questions in order that we may determine whether your organization meets in form and spirit the following criteria which are used in determining non-taxable [501(c)(3)] status in the United States (your answers will not automatically qualify or disqualify you for a grant):

| | | |
|----------------------|--------------|-----------------|
| Name of Organization | Country | |
| Address | City | State/Province |
| Postal Code | | |
| Telephone (if any) | FAX (if any) | E-mail (if any) |

1. Is your organization organized as corporation under the laws of your country?
 Yes _____ No _____

If "no", what is the form of your organization? _____

Please attach a copy of your articles of incorporation or other organizing documents, if any.

2. Is your organization exempt from taxation in your country?
 Yes _____ No _____

If "yes", please attach a copy of your country's tax-exemption rule or act, and a copy of any documentation you have showing your status.

3. Are donations to your organization tax-deductible in your country?
 Yes _____ No _____

4. Is your organization operated exclusively for charitable, scientific, religious, literary, educational purposes?
 or
 Yes _____ No _____

Please give a brief description of the purposes of your organization:

5. Does your organization carry on lobbying activities, or attempt to influence legislation or the outcome of political campaigns by candidates for public office?

Yes _____ No _____

If "yes", briefly describe these activities:

6. Is your organization required by law to apply its profits (revenues in excess of expenses) to the furtherance of its stated purposes?

Yes _____ No _____

7. Does any part of the assets of your organization, now or planned for the future, inure to the benefit of private individuals, other than in the form of services which your organization is authorized to provide?

Yes _____ No _____

If "yes", please explain: _____

8. Please list the names of the organization's officers and the members of Its Board of Directors or similar governing body:

9. Does your organization make any payments to any of its officers or members of its Board of Directors or other governing body, other than reasonable compensation for services to the organization?

Yes _____ No _____

If "yes", please explain: _____

10. Upon dissolution, are the assets of the organization required to be distributed for charitable, educational, scientific, religious, medical or literary purposes?

Yes _____ No _____

11. Is your organization controlled by or operated in connection with any other organization?

Yes _____ No _____

If "yes", please list the names of such organizations and the nature of such control

or connection: _____

10. If your organization is a church-related organization, please answer the following questions:

a. Does the organization conduct religious worship?

Yes _____ No _____

b. To what extent is the organization connected with or controlled by a church? _____

The undersigned officer or authorized representative of the organization affirms that the foregoing statements are complete and accurate:

Name of Officer or Representative

Signature of Officer or Representative

Title

Date

Please return this form, completed and signed, by fax, email or regular post to the address above.

Incomplete or unsigned forms will delay or disqualify any possible grant.