

GLOBAL GREENGRANTS FUND

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E-mail: ggf@greengrants.org - Web: www.greengrants.org

Recommending Advisor: _____

Amount of Grant US\$: _____

Organization Information Form

The Global Greengrants Fund values conservation of all resources including paper and time. However, an organization must complete this form and the Non-Profit Equivalency Form to qualify for a grant from the Global Greengrants Fund.

Both forms must be filled-out and returned to the Global Greengrants Fund in order to receive a grant.

A. Contact Information

Full Name of Organization _____ Date _____
Name of Contact Person _____ Title _____
Address _____
City _____ State/Province _____ Postal Code _____
Country _____ Web Site _____
Telephone _____ FAX _____ E-Mail _____

B. Financial Situation

Organization budget last year: \$US _____ Sources of funds last year: _____

Organization budget this year: \$US _____ Sources of funds this year: _____

C. History & Purpose of Organization

When was the organization formed? _____ Where? _____

What is your purpose or mission? (100 words)

How does the group seek to achieve its goals? (100 words)

Briefly describe the proposed objectives and activities which a GGF grant would enable the group to accomplish. (100 words) The Global Greengrants Fund welcomes additional information in one-page attachments.

D. Bank Information

An organization must have a bank account in its name in order to receive a grant directly. The bank account must be in the name of the grantee organization. Personal accounts are not acceptable. If a grantee organization does not have a bank account, another non-profit organization may receive the funds. In this situation, the fiscal sponsor (the organization that will receive the funds) must complete Section D. Bank Information, Section E. Fiscal Sponsor Information (see below), and the Non-Profit Equivalency Form.

This bank information is for: *The organization listed above* *A fiscal sponsor receiving money for the organization above.*

Bank name _____
SWIFT/ BIC#: _____ (must have either 8 or 11 letters and/or digits)

**To ensure successful transfer of funds, we must have the correct international bank identifier code (also known as SWIFT code or BIC number). Your bank can provide you with this information.*

Bank street address (required) _____
City _____ State/Province _____ Postal Code _____
Country _____

Organization or Fiscal Sponsor bank account name _____
(The name on the account must match the name of the organization receiving the transfer of funds, either the organization or the Fiscal Sponsor.)

Organization or Fiscal Sponsor bank account number _____
(Personal bank accounts are not acceptable.)

Corresponding Bank in U.S. _____

E. Fiscal Sponsor Information

Full Name of Fiscal Sponsor _____ Date _____
Name of Contact Person _____ Title _____
Address _____
City _____ State/Province _____ Postal Code _____
Country _____ Web-site _____
Telephone _____ FAX _____ E-Mail _____

Name of official completing this form

Signature

Date

Please return this form by fax, email or regular post to the address above.
Incomplete forms will delay any possible grant.