

GLOBAL TRANSPARENCY INITIATIVE

c/o Institute for Democracy in South Africa (IDASA)

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GTI Small Grants Proposal

The Global Transparency Initiative values conservation of all resources including paper and time. However, an organization seeking funds must complete this form to qualify for a grant from the Global Transparency Initiative Project.

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. History & Purpose of Organization

What is your purpose or mission? (50 words)

How does the group seek to achieve its goals? (50 words)

C. Project Proposal

What is the timeline for the Project?

How much is being requested? US\$ _____

Briefly describe the proposed objectives and activities which a GTI grant would enable the group to accomplish including a budget. (150 words) The Global Transparency Initiative 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 and Section E. Fiscal Sponsor Information (see below).

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. _____

D.1. 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

Filename: Small Grants form 20061.doc
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Data\Microsoft\Templates\Normal.dot
Title: GLOBAL TRANSPARENCY INITIATIVE
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