

**ALFRED P. SLOAN FOUNDATION**

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[www.sloan.org](http://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: \_\_\_\_\_

Fax: \_\_\_\_\_ Facebook: \_\_\_\_\_

Email: \_\_\_\_\_ 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 (only 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](mailto:grantsadmin@sloan.org) for requirements

**Contact Information** (Fill in Address only if different from Organization’s address)

<b>Project Director/Principal Investigator</b>	<b>Co- Project Director/Principal Investigator</b> (If applicable)
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: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
URL: _____	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)**

Org Name: \_\_\_\_\_ (must be same as Applying Org)  
Department: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

Payee Contact: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Form Completed by:**

Name: \_\_\_\_\_  
(Print name)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Endorsement and Verification**

To be signed by head of the organization or another official authorized to sign on its behalf

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_