



# PROPOSAL COVER SHEET

PLEASE SUBMIT THIS DOCUMENT WITH YOUR PROPOSAL TO: [proposals@ned.org](mailto:proposals@ned.org)

1.    
NAME OF PERSON COMPLETING COVER SHEET DATE

2. LEGAL NAME OF ORGANIZATION:

3. MAILING ADDRESS:

Street:

City:

State:

Country:

Postal Code:

Office Phone:  Email:

Mobile:  Website:

Fax:  Skype:

4. STREET ADDRESS (if different):

5. DOES YOUR ORGANIZATION HAVE REGIONAL OFFICES?  Yes  No

**If yes, provide list:**

|                            |                               |
|----------------------------|-------------------------------|
| City: <input type="text"/> | Country: <input type="text"/> |
| City: <input type="text"/> | Country: <input type="text"/> |
| City: <input type="text"/> | Country: <input type="text"/> |

If additional space is needed, please continue list at the bottom of page 3

6. IS YOUR ORGANIZATION INCORPORATED OR LEGALLY REGISTERED?  Yes  No

**If no, provide details:**

**If yes, please attach a copy of the certificate of registration or incorporation when submitting your proposal.**

7. IS YOUR ORGANIZATION AFFILIATED WITH ANY OTHER ORGANIZATION OR POLITICAL PARTY?  Yes  No

**If yes, provide details:**

8. LIST THE MEMBERS OF YOUR BOARD OF DIRECTORS AND THEIR POSITIONS (Chairman, Secretary, Treasurer, Member, etc.):

|    | Name                 | Position Title       | Paid or Volunteer Position? |
|----|----------------------|----------------------|-----------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |

If additional space is needed, please continue list at the bottom of page 3

9. HOW MANY EMPLOYEES ARE IN YOUR ORGANIZATION?

Full-time:  Part-time:  Consultants:  Volunteers:

10. LIST FULL- AND PART-TIME STAFF WHO WOULD WORK ON THE PROPOSED PROJECT, INCLUDING NAMES AND POSITIONS:

|    | Name                 | Position Title       | Paid or Volunteer Position? |
|----|----------------------|----------------------|-----------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/>        |

If additional space is needed, please continue list at the bottom of page 3

11. ARE ANY MEMBERS OF YOUR BOARD OR STAFF SERVING AS GOVERNMENT EMPLOYEES?  Yes  No

If yes, please identify:

12. HAVE YOU EVER RECEIVED A GRANT FROM THE NATIONAL ENDOWMENT FOR DEMOCRACY?  Yes  No

13. LIST ALL GRANTS AND CONTRACTS THAT YOUR ORGANIZATION CURRENTLY RECEIVES:

U.S. Grants and Contracts:

|    | Donor                | Project              | Grant Period         | Amount               |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If additional space is needed, please continue list at the bottom of page 3

Non-U.S. Grants and Contracts:

|    | Donor                | Project              | Grant Period         | Amount               |
|----|----------------------|----------------------|----------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If additional space is needed, please continue list at the bottom of page 3

14. DOES YOUR ORGANIZATION RECEIVE ANY LOCAL CONTRIBUTIONS THAT ARE NOT GRANTS?

Yes  No If yes, indicate amount per year:

15. DOES YOUR ORGANIZATION EARN, OR EXPECT TO EARN, INCOME FROM ACTIVITIES (subscriptions, book sales, training fees, etc.)?

Yes  No **If yes, indicate amount per year:**

16. IF LOCATED IN THE UNITED STATES,

a) Does your organization have a Negotiated Indirect Cost Rate Agreement (NICRA)?

Yes  No **If yes, attach a copy of the agreement with your proposal.**

b) Does your organization operate as a 501(c)(3) tax-exempt organization?

Yes  No **If yes, attach a copy of your determination letter with your proposal.**

**ADDITIONAL INFORMATION FOR ANY QUESTIONS**

**Please type below.**