

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 Handle: _____
Fax: _____	Facebook Page: _____
Email: _____	Org 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"/> Current operating budget <input type="checkbox"/> Explanation of the nature of the relationship your organization has with its fiscal agent or sponsor (if applicable)	<input type="checkbox"/> Most recent Annual Report (or URL) <input type="checkbox"/> Most recent audited financial report
---	--

(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 for requirements

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

Principal Investigator/Project Lead	Admin/Financial Officer responsible for financial reporting
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: _____	Email (req’d): _____
Email: _____	
URL: _____	OSP Email: _____

(Generic email for reporting)

Continued next page →

Additional Contact Information

Co-Principal Investigator/Co-Project Lead

Name: _____
Title: _____
Organization: _____
Work Phone: _____
Email: _____

Co-Principal Investigator/Co-Project Lead

Name: _____
Title: _____
Organization: _____
Work Phone: _____
Email: _____

Co-Principal Investigator/Co-Project Lead

Name: _____
Title: _____
Organization: _____
Work Phone: _____
Email: _____

Co-Principal Investigator/Co-Project Lead

Name: _____
Title: _____
Organization: _____
Work Phone: _____
Email: _____

Payment Address (This information will only be used if your project is funded)

Mail to

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

Payee Contact (only if name should appear on mailing label)

Name: _____
Work Phone: _____
Email: _____

Form Completed by:

Name: _____ Title: _____
(Print name)
Signature: _____ Date: _____

Endorsement and Verification

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

Head or Official authorized to sign

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

Director of Sponsored Research or equivalent (if University)

Name: _____
Title: _____
Email: _____

Signature: _____
Date: _____