

ALFRED P. SLOAN FOUNDATION

630 Fifth Avenue, Suite 2550

New York, NY, 10111

Phone: (212) 649-1649 | Fax: (212) 757-5117

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: _____
 Address Line 1: _____
 Address Line 2: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

U.S. Organization's EIN#: _____
 Country: _____
 Fax: _____
 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.)

US Universities: Submit A 133 Audit Form

Non-U.S. Organizations: Contact Sloan Program Director or email grantsadmin@sloan.org for requirements

Contact Information (Fill in Address only if different from Organization's address)**Project Director/Principal Investigator**

Name: _____ Email: _____
 Title: _____ Phone: _____
 Dept/Org: _____ Fax: _____
 Address Line 1: _____ URL: _____
 Address Line 2: _____
 City, State, Zip: _____ Country: _____

Additional Contact

Name: _____ Email: _____
 Title: _____ Phone: _____
 Dept/Org: _____ Fax: _____
 Address Line 1: _____ URL: _____
 Address Line 2: _____
 City, State, Zip: _____ Country: _____

Additional Contact

Name: _____ Email: _____
 Title: _____ Phone: _____
 Dept/Org: _____ Fax: _____
 Address Line 1: _____ URL: _____
 Address Line 2: _____
 City, State, Zip: _____ Country: _____

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Contact Information (continued)

Administrative/Financial Officer responsible for grant budgets and financial reporting

Name: _____ Email: _____
Title: _____ Phone: _____
Dept/Org: _____ Fax: _____
Address Line 1: _____ URL: _____
Address Line 2: _____
City, State, Zip: _____ Country: _____

Form Completed by:

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

Endorsement and Verification

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

Name: _____ Email: _____
Title: _____ Phone: _____
Dept/Org: _____ Fax: _____
Address Line 1: _____ URL: _____
Address Line 2: _____
City, State, Zip: _____ Country: _____

Signature: _____ Date: _____