|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INDUS SOCIETY FOR HUMAN AND ENVIRONMENTAL DEVELOPMENT (iSHED)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GRAND PROGRAM APPLICAITON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ORGANIZATION PROFILE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant Request Deadline:** | | | | | | | | | | | | JUNE 30th/DECEMBER 31st | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization Name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization Leader:** | | | | | |  | | | | | | | | | | | | **Title:** | | | | | | |  | | | | | | | | | | |
| **Office Address Line 1:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Office Address Line 1:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** |  | | | | | | | | | | **State/Province:** | | | | | | |  | | | | | | | | | **Country:** | | | | | |  | | |
| **Office PH #:** | | |  | | | | | | **Mobile #:** | | | | | | |  | | | | | | | **Fax #:** | | | | | | | | | |  | | |
| **Email Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Website Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year Incorporate:** | | | |  | | | | **Tax ID:** | | | | | |  | | | | | | | | **Corp. Type:** | | | | | | | Society/Trust/Institution/etc. | | | | | | |
| **Program Area:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Serviced Geography:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GRAND HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program/Project** | | | | | | | | **Year** | | | | | **Amount (US $)** | | | | | | **Description** | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |
| **THE REQEUST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Purpose:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Contact Person:** | | | | | | | | |  | | | | | | | | | | | **Title:** | | | | | | | |  | | | | | | | |
| **Office PH #:** | | |  | | | **Mobile #:** | | | | | | | |  | | | | | **Email:** | | | |  | | | | | | | | | | | | |
| **Request Amount (US $)** | | | | | |  | | | | | | | | **Project/Program Budget (US $):** | | | | | | | | | | | | | | | |  | | | | | |
| **Est. Num. of Beneficiaries:** | | | | | | | |  | | | | | | **Description of**  **Beneficiaries:** | | | | | | | Men/women/children (under 18)/others | | | | | | | | | | | | | | |
| **Project Term** (years)**:** | | | | | | | |  | | | | | | **Start Date:** | | | | | | | mm/dd/yyyy | | | | | | | | **End Date:** | | | | | | mm/dd/yyyy |
| **Statement of**  **Problem/Opportunity:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Beneficiaries (who will this request serve?) Put ALL if apply to all people** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | | |  | | | **Age Group:** | | | | | | | | |  | | | | **Race/Ethnicity:** | | | | | | | | | |  | | | | | | |
| **Est. Number of Beneficiaries:** | | | | | | | | | |  | | | | | | | **Income Group:** | | | | | | | | | | |  | | | | | | | |
| **Additional Details:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Strategy** (How will you use grant funds to address this problem/opportunity?): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ORGANIZATIONAL BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organizations Mission:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organizations Main Activities/Program:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization’s Primary**  **Beneficiaries:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUEST RESULTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the request success?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide two measureable success goals of the request?** | | | | | | | | | | Goal 1: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Goal 2: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FINANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total Project Budget (US $):** | | | | | | | | | |  | | | | | | | **Amount Requested (US $):** | | | | | | | | | | | | | |  | | | | |
| **Financial Support Breakdown for the Project Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding Sources | | | | | | | | | | Fund Already Committed (US $) | | | | | | | | | | | | | | | | Funds Pending/Requested (US $) | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| TOTAL | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Budget for the Project Request** (Put “0” if line item does not apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Budget Line Item** | | | | | | | **Requested from iSHED** | | | | | | | | | | | | **Other Sources** | | | | | | | | | | | | | **Total** | | | |
| Salaries & Wages | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Benefits & Payroll Taxes | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Staff Development | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Consultants/Professional Services | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Insurance | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Marketing | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Membership Dues | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Office Supplies | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Postage/Mailings | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Printing | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Program Supplies | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Rent/Mortgage | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Building Maintenance | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Equipment Maintenance | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Technology/Computers | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Telephone/Internet | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Travel/Mileage | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Utilities | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Others (specify) | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Others (specify) | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Others (specify) | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Others (specify) | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| TOTAL EXPENSES | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe In-kind Support** (including: volunteers, office space, equipment, project/program supplies, etc): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe Future Funding** (iSHED will not provide unlimited funds. Please describe your plan for securing funds once the iSHED grant is expanded): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Policies Compliance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Executive Director and the Board Chair has reviewed this request and assures Indus Society of Human and Environmental Development (iSHED) that: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Policy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Initial** | |
| * 1. **The organization and the request meet the eligibility guidelines:** the applicants have reviewed iSHED current guidelines for grand eligibility and agree to its terms and conditions. Guidelines can be access by visiting: [www.ishedusa.org\grantsguidelines\_201401.pdf](http://www.ishedusa.org\grantsguidelines_201401.pdf) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| * 1. **The organization has filled complete reports** **of all previous grants** with iSHED Secretary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| * 1. **The amount of fund requested** in the proposal is between $1,000/- and $25,000/- the available range of funds per single request/proposal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| * 1. **The organization receiving the funds on this proposal cannot apply for another grant** until End of the Grant Report is not filled and 12 months have passed since the approval of the previous grant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| * 1. **All grant proposals are subjected to iSHED internal review** and those rejected may apply again for next granting deadline. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **AUTORIZING SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organization Leader (Name):** | | | | | | | | | |  | | | | | | | | | | | | | | Title: | | | | | |  | | | | | |
| Signature: | | | | | | | | | |  | | | | | | | | | | | | | | Date: | | | | | |  | | | | | |
| **Board Chair (Name):** | | | | | | | | | |  | | | | | | | | | | | | | | Title: | | | | | |  | | | | | |
| Signature: | | | | | | | | | |  | | | | | | | | | | | | | | Date: | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | |

All Grant Application Forms must be received by iSHED office on or before the Grant Application deadline of March 31st. All Grant Applications must be mailed or emailed to iSHED office at the following address:

Email: [grant@ishedusa.org](mailto:grant@ishedusa.org)

Or Mail to:

**Indus Society for Human and Environmental Development (iSHED)**

6965 S Craig Ct.

Franklin, Wisconsin 53132, USA