

**APPLICATION FORM
LGBT SMALL GRANTS PROGRAM**

United States Consulate Recife
Rua Gonçalves Maia, 163
Boa Vista
Recife – PE

Tel: (55-81) 3416-3050
Fax: (55-81) 3231-4109

PLEASE FILL OUT, SAVE AND SEND TO RecifeLGBTgrant@state.gov
Portuguese version can be found at XXXXXXXXXXXXXXXXXXXXXXXX

GRANT RECIPIENT

Name of NGO	
Head of NGO (name, position)	
Legal address	
Physical address (if different)	
Mailing address (if different)	
Project Manager (name, position)	
Telephone, fax	
Email	
Web site	

LOCAL BANK ACCOUNT

Bank Name	
Agência/Branch	
Address of Agência/Branch	
Account Number	

DUNS

Organization's DUNS number	
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**** In order for an institution to receive a grant award, it must obtain and include in this application a US Federal DUNS number. To obtain this number, please go to the following site and follow the instructions (in English):**

BACKGROUND ON NGO

Registration/establishment date	
NGO's primary objectives	
Previous grants awarded	
2-3 examples of most successful activities	
Description of current facilities, office space	
Description of human resources	
Partner institutions (if they will be participating in project, please explain how)	
Project name and brief summary (no more than 2-3 sentences)	

REQUIRED ATTACHMENTS

Please include the following documents with your application form:

- 1) Copy of the NGO registration documentation;
- 2) Copy of the certificate showing non-profit status of the NGO;
- 3) Resumes of staff to be involved in project implementation;
- 4) Letters of support if the project will receive additional funding from other sources;
- 5) Monitoring and evaluation plan

PROJECT DATES (DD-MM-YYYY)

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BUDGET

a) Amount Requested (in USD):

BUDGET INSTRUCTIONS

Budget should contain detailed descriptions of all categories. Budget items should be concrete and linked to the narrative. Bank information including the name, address, account number must be included (see page 1). **Budget should be presented in U.S. dollars, rounded to the nearest dollar.**

Please feel free to change names of subcategories, type over all existing text and renumber the entries as necessary. Fields are not fixed-length, so please continue typing in the cells below if you need more space.

b) Itemized Cost Breakdown

No.	Budget Item	Detailed Description	Requested Amount	Your Contribution	Contribution, other sources
1	Salaries (taxes included)	[amounts should include taxes]			
1.1	Position, name	\$ per month * number of months			
1.2	Position, name	\$ per month * number of months			
1.3	Position, name	\$ per hour / per event * number of hours/events			
	SUBTOTAL				

No.	Budget Item	Detailed Description	Requested Amount	Your Contribution	Contribution, other sources
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2	Equipment	[amounts should include taxes]			
2.1	Item description	Price in \$ * number			
	SUBTOTAL				

No.	Budget Item	Detailed Description	Requested Amount	Your Contribution	Contribution, other sources
3	Administrative costs	[amounts should include taxes]			
3.1	Office supplies	Amount in \$ * number of months			
	SUBTOTAL				

No.	Budget Item	Detailed Description	Requested Amount	Your Contribution	Contribution, other sources
4	Publishing	[amounts should include taxes]			
4.1	Name of the publication	Cost in \$ per copy * number of copies			

