

DEMOCRACY COMMISSION SMALL GRANTS PROGRAM U.S. EMBASSY-MOSCOW

FY-2012 APPLICATION

Please read carefully the instructions provided with this document.

Grant applications that do not follow the guidelines will be declared technically ineligible.

Please submit the completed application with attachments to MoscowDC@mail.ru by COB June, 15th.

I. PROJECT INFORMATION

Project Name:

Requested Amount (USD):

Duration: Start Date (mm/dd/yyyy):

End Date (mm/dd/yyyy):

Theme: Choose from Drop-Down Menu

II. APPLICANT INFORMATION

Contact Information

1. Organization Name (English):

2. Organization Name (Russian):

3. Address:

City/Town:

Region:

4. Telephone:

Fax:

E-mail:

Website:

Project Director

1. Last Name:

First Name:

2. Title:

3. Telephone:

Other telephone:

4. E-mail:

V. BACKGROUND OF ORGANIZATION

Date Founded:

Description of Organization:

Previous Grants Received:

VI. BUDGET

No.	Budget Item	Description	Amount
1	Travel		
1.1			
1.2			
1.3			
1.4			
1.5			
1.6			
1.7			
	Sub-Total		
2	Equipment and Supplies		
2.1			
2.2			
2.3			
2.4			

2.5			
2.6			
2.7			
	Sub-Total		
3	Other Costs		
3.1			
3.2			
3.3			
3.4			
3.5			
3.6			
3.7			
3.8			
3.9			
3.10			
3.11			
3.12			
	Sub-Total		
4	Salaries		
4.1			
4.2			
4.3			
4.4			
4.5			
4.6			
4.7			
	Sub-Total		
	TOTAL		

Budget Narrative:

VII. ATTACHMENTS

1. Registration Certificate
2. Tax Registration Certificate
3. Balance Sheet for the Previous Year
4. Letters of Support
5. Resumes

IX. CERTIFICATION

By checking the box and providing the information below, I certify that the statements contained in this form are true, complete, and accurate to the best of my knowledge.

I am aware that any false statements or claims will disqualify my application

I have read and understood the instructions accompanying this application and, to the best of my knowledge, have completed the application in accordance with the instructions.

I agree

Name:

Position:

Date: