



Contact Information

Salutation
Last Name (required) First Name (required)
Title (required)
Address (required)
City (required) State (required) Zip Code (required)
Telephone (required) Fax
Email Address (required)

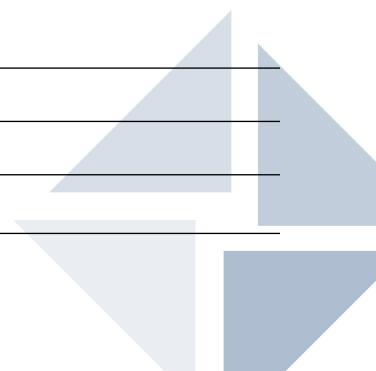
Organization Information

Legal Name (required) AKA Name
Address (required)
City (required) State (required) Zip Code (required)
Country (required)
Telephone (required) Fax
Website Address (required) Email Address (required)
Organization Mission (required)

Organization Certifications

- Y / N No CSCI employee, customer, or board members has a financial interest (required)
Y / N No branch offices, operations, or representation in US sanctioned countries (required)
Y / N Board, staff and organization are free of indictments, convictions, and conflicts of interest (required)
Y / N Organizations has one separate financial or accounting person or function (required)
Y / N Organization has conflict of interest policy and procedures (required)
Y / N The organization has at least 3 board members (required)

If answering "no" to any of the above questions, please explain. (required)



Proposal Information

Project Title (required) _____

Request Date (required) _____ Request Amount (required) _____

Project Budget (required) _____ Funding Areas _____

Project Start Date (required) _____ Project End Date (required) _____

Please specifically state/explain how CSCI funding will be used in the proposed program/project. (required)

What is the overall approach or strategy you are using to achieve results? (required)

Specifically state the social cause/issue you intend to address. (required)

Include additional program/project funding if any. (required)

How will you know when your expected results have been achieved? What information or evidence will you use to verify success? (required)

What approaches will you use to communicate CSCI's role as your partner in this work? (required)

Number estimated to see CSCI as your partner. _____

