



Seventh Generation Fund for Indigenous Peoples Grant Application Cover Sheet

Date of Application: _____ Grant Request Amount: \$ _____

Organization Information

Organization Name: _____

Contact Name & Title: _____

Mailing Address:

Street _____ City _____ State/Province _____ Zip _____

Country _____

Phone: _____ Fax: _____ Email: _____

Date of Founding: _____

Organizational Mission:

Project Information

Project Title (if applying for project-specific support): _____

Indigenous Nations/Communities Served: _____

Location of Work: _____

Within whose Traditional Territories is your project located? _____

Estimated Number of Individuals Served: _____

Type of grant support - please check one: **General Support** **Project-Specific**
 Capacity Building **Mini Grant**

Please describe your project in one paragraph:

BUDGET INFORMATION

Total Organizational Budget: \$ _____ Total Project Budget: \$ _____

Do you have 501(c)3 tax certification as a non-profit?

Current SGF Affiliate Project

YES (*Attach a copy of the tax certification to your proposal*) EIN # _____

NO If not, who is your project sponsor? (*Include copy of tax certification and fiscal management agreement*)

Fiscal Sponsor Organization: _____

Sponsoring Organization's Employer Identification # _____

Contact Name & Title: _____

Mailing Address: _____

Phone: _____ Fax: _____ Website: _____