



REQUEST FORM FOR AID LIVE GRANTS

1. BASIC INFORMATION

Country of implementation	
Project Director	
Host Organization	
Country of Legal Organization	
Date of Submit	
Project Objectives	
Currency (COP or USD)	
Total amount requested to Aid Live	
Additional amount from other funding sources	
Total cost of the project	
Starting and Ending dates of the Project	

2. PROJECTS DETAILS

Executive Summary (maximum 2,000 words)	
Project Name	

Relation to Aid Live Vision (maximum 500 words)

Project description (maximum 750 words)
Rationale (maximum 250 words)
Project design and methodology (maximum 500 words)

Budget
Listed by categories including cost, expense description and country of expenditure

3. PERSONNEL INFORMATION

Project Director	
Prefix	
First Name	
Middle Name	
Last Name	
Suffix	
Nationality (Citizenship)	

Professional Title	
Work Address	
City	
Country	
Region	
Post Code	
Employment	
Mailing Address (if different than above)	
Email	
Telephone (include country and area codes)	
Percentage of time to be devoted to this project	
<i>Curriculum vitae (CV)</i>	

Project Co-Director (delete this table if there is only one Director)	
Prefix	
First Name	
Middle Name	
Last Name	
Suffix	
Nationality (Citizenship)	
Professional Title	
Work Address	

City	
Country	
Region	
Post Code	
Employment	
Mailing Address (if different than above)	
Email	
Telephone (include country and area codes)	
Percentage of time devoted to this project	
<i>Curriculum vitae (CV)</i>	

4. ADDITIONAL PERSONNEL INFORMATION (please replicate or delete the table as needed)

Person 1	
First Name	
Last Name	
Email	
Project Role	
Employer	
Percentage of time devoted to this project	
<i>Curriculum vitae (CV)</i>	
Statement of Support	

Person 2	
First Name	
Last Name	
Email	
Project Role	
Employer	
Percentage of time devoted to this project	
<i>Curriculum vitae (CV)</i>	
Statement of Support	

5. PERSONNEL ROLES TO BE FILLED (Please replicate the table as needed)

Role 1:	
Role Description	
Your plan to fill the role	
Percentage of time devoted to this project	
Employment	

Role 2:	
Role Description	
Your plan to fill the role	
Percentage of time devoted to this project	
Employment	

Role 3:	
Role Description	
Your plan to fill the role	
Percentage of time devoted to this project	
Employment	

6. INFORMATION ABOUT ORGANIZATIONS

Please provide the following information about the organization with whom Aid Live would enter into a formal grant agreement and which would receive the grant funds (“Legal Organization”) if an award is made. If there is a Parent Organization that houses or owns the Legal Organization, or within which the Legal Organization operates, please provide full details in an appendix.

Name of Legal Organization	
Address of Legal Organization	
City	
Country	
Region	
Post Code	
Website	
Also Known As (if applicable)	
Parent Organization (if applicable)	
Legal Organization Tax Identification Number if known	
Is the Legal Organization an accredited college or university?	
Is the Legal Organization a registered charity or non-profit organization? Please Note: Aid Live cannot make <i>donations</i> or fund grants to for-profit organisations.	

Did the Parent or Legal Organization receive 50% or more of its annual funding in any one of the last three years from any combination of the Templeton World Charity Foundation, Inc., John Templeton Foundation, or Templeton Religion Trust?
If the Legal Organization is not an accredited university or college, please provide a short mission statement. (maximum 1,000 characters).

Note that we reserve the right to request additional documents to satisfy our requirements. Such documentation may include the following:

1. An electronic copy of the Legal Organization's most recent Annual Report or a website link where this can be located.
2. Certified copies of the Legal Organization's organizational documents (Memorandum & Articles of Association, Certificate of Incorporation, Registers of Shareholders, Directors and Officers, Certification of Good Standing, or equivalent).
3. Audited financial statements.

7. BOARD MEMBERS, TRUSTEES, REGENTS

As part of the check for legal compliance, the Foundation will be screening your Legal Organization's Board of Directors, Trustees, or Regents, etc. Please list the names of your Board Members, Trustees, Regents, etc. in the following table (please replicate the table as necessary):

If this information is available on a website, please enter the URL here	
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Title:	
First Name	
Middle Name	
Last Name	
Professional or Occupational Title	

Title: Board Member	
First Name	
Middle Name	
Last Name	
Professional or Occupational Title	

8. CONTRACT SIGNATORY

Provide the name and contact information for the person who would be responsible for signing the Grant Agreement contract.

First Name	
Middle Name	
Last Name	
Suffix	
Professional Title	
Email	
Full Mailing Address (for academic institutions, include department, school, centre, or other sub-organization name)	
Phone number (include country and area codes)	

9. ADDITIONAL ORGANIZATION (S) INFORMATION

List any organizations that you anticipate will be involved in this project via a partnership or sub-contract. For each additional organization, include a statement of support from the director of the organization in the Supporting Materials. Please replicate or delete the table as needed.

Additional Organization 1	
Organization Name	
Address	
City	
Country	
Region	
Post Code	
Relationship to project	
Statement of Support	

Please note: Similar requests for documentation as noted above in the Legal Organisation section may be made with respect to Additional Organisations involved in the project, including subcontractors (if any) or sub-grantees (if known).

10. RELATIONSHIP TO AID LIVE FOUNDATION

To the best of your knowledge, is the Project Director or Project Co-Director, or the President, any Chief Executive Officer, or Head of either the Legal or Parent Organization a Member of the Aid Live Executive Board, officer or staff member, or is any such person related to a Aid Live officer or staff member as a spouse, child, sibling or parent?
If Yes, provide details of the relationship and the name of the Aid Live Executive Board, Officer or staff member:

11. TRAVEL AND LODGING

Is the funding requested from the Aid Live Foundation more than 25% of the Total Project Cost?

Are the travel and lodging expenses funded by Aid Live Foundation of persons who are not direct employees of the Legal Organization more than 10% of the Total Request Amount

14. ADDITIONAL INFORMATION

Please provide the name of the country or countries to which grant funds would flow, or within which grant funds would be expended, or with which the Project Director or Project Co-Director (if there is one) have an affiliation (other than the country within which the Legal Organization is located). (Please explain the nature of any such affiliations.)

If you are not a college or university, please provide the name of the country or countries with which your organization has an affiliation, and please explain the nature of the affiliation.

Can any of the persons involved with the project, including Senior Officers and Board Members, whether employed by the Project, Legal, or Parent Organizations, any additional organization(s), or any of the sub-grantees (if any), be classified as a "Politically Exposed Person?" (Politically Exposed Persons are defined as individuals who hold or have held, in the preceding year, important public positions, such as heads of state; heads of government; senior officials in the executive, legislative, administrative, military or judicial branches of a government, whether elected or not; senior officials of major political parties; and senior executives of government-owned corporations.)

If the answer to any of the foregoing questions is **YES**, please provide details:

15. SUPPORTING MATERIALS

