**Eesti Abistamiskomitee USA-s \*\* Estonian Relief Committee, Inc.**

**Written Grant Request**

[ fill in the blank boxes ]

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| **1. Contact information** | | | |
| * *For organizations:* | | |
| Representative | | |
| Name: | Click here to enter text | | | |
| Address: | Click here to enter text | | | |
| Phone: | Click here to enter text | | | |
| Email: | Click here to enter text | | | |
| Organization | | |
| Name: | Click here to enter text | | | |
| Address: | Click here to enter text | | | |
| Phone: | Click here to enter text | | | |
| Email: | Click here to enter text | | | |
| Web: | Click here to enter text | | | |
| Registration Number (USA EIN; Eesti MTÜ): | | | | Click here to enter text |
| Type (USA 501(c)#, non-profit association): | | | | Click here to enter text |

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| * *For Individuals:* | | |
| Name: | Click here to enter text | |
| Address: | Click here to enter text | |
| Phone: | Click here to enter text | |
| Email: | Click here to enter text | |

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| **2.** **Charitable purpose** and how it meets the [ERC mission](http://www.estoreliefusa.org/home_eng.html) |
| Click here to enter text |

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| **3. Project description** including schedule and who/how many people will benefit |
| Click here to enter text |

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| **4.** **Total project budget** and other sources of funds you will depend on |
| Click here to enter text |

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| **5. Funding amount requested** from the ERC and when/how the money will be spent |
| Click here to enter text |

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| **6. Grant payment information** |

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| * *International Wire (via bank):* | | |
| Bank name: | Click here to enter text | |
| Bank address: | Click here to enter text | |
| SWIFT/BIC code: | Click here to enter text | |
| Recipient name: | Click here to enter text | |
| Recipient address: | Click here to enter text | |
| Account #/IBAN: | Click here to enter text | |
| Account type: | Click here to enter text | |

|  |  |  |
| --- | --- | --- |
| * *USA (via check or Internet banking)* | | |
| Recipient name: | Click here to enter text | |
| Recipient address: | Click here to enter text | |
| Email (if setup for mobile payments) | Click here to enter text | |

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| **7.** **Acknowledgement of receipt of funds** via email to [grants@estoreliefusa.org](mailto:grants@estoreliefusa.org) within 7 days of receipt |
| Click here to enter text |

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| **8. Agreement to provide written proof** via email to [grants@estoreliefusa.org](mailto:grant@estoreleifusa.org) within 90 days, documenting the charitable use of donated ERC funds including copies of bills, receipts and proof of payment |
| Click here to enter text |

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| **9. Agreement to provide written summary and photos** regarding the use of the grant that can be used in ERC newsletters, website and other marketing information |
| Click here to enter text |

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| **10. Additional information** (voluntary) |
| Click here to enter text |