**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** with line items plus other funding source names, amounts and status |
| 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):*
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| 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 |

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| * *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 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 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 |