

**CDF application – Frank B. Sollars Fund  
for International Cooperative Development**

**1. Organizational Information**

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Has this organization received a grant from CDF in the past? If yes, for what project(s) and in what year(s)? \_\_\_\_\_

Federal employer ID number: \_\_\_\_\_

What kind of organization are you? (cooperative, university, etc.) \_\_\_\_\_

Name and title of organization's director: \_\_\_\_\_

Name, title, and contact information of person completing this application: \_\_\_\_\_

\_\_\_\_\_

Is this organization a 501©(3)? \_\_\_\_\_ If not, fiscal agent: \_\_\_\_\_

Summary profile of organization, including history, strategic goals, services provided, etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Activity 2: \_\_\_\_\_

Activity 3: \_\_\_\_\_

Activity 4: \_\_\_\_\_

Activity 5: \_\_\_\_\_

Activity 6: \_\_\_\_\_

Activity 7: \_\_\_\_\_

Activity 8: \_\_\_\_\_

Project staffing – primary staff involved, title, and project role:

Staff 1: \_\_\_\_\_

Staff 2: \_\_\_\_\_

Staff 3: \_\_\_\_\_

Staff 4: \_\_\_\_\_

Project results – outputs (number of people served, materials produced, knowledge gained, etc.) and outcomes (changes resulting from this project)

Outputs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcomes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation – how will you evaluate the outputs and outcomes

\_\_\_\_\_

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Collaborating partners (if any) and their roles:

Partner 1: \_\_\_\_\_

Partner 2: \_\_\_\_\_

Partner 3: \_\_\_\_\_

Partner 4: \_\_\_\_\_

Sustainability – If this project is ongoing, describe how you will sustain it after CDF funding ends.

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**3. Budget**

Amount requested from CDF: \$ \_\_\_\_\_ Total amount of project: \$ \_\_\_\_\_

Budget for amount requested from CDF:

Professional fees, salaries	\$ _____
Printing	\$ _____
Travel	\$ _____
Meetings	\$ _____
Supplies	\$ _____
Telephone	\$ _____
Postage	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Total	\$ _____

Identify other sources of funding for this project, either received or pending:

Source 1. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Status \_\_\_\_\_

Source 2. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Status \_\_\_\_\_

Source 3. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Status \_\_\_\_\_

Source 4. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Status \_\_\_\_\_

#### **4. Attachment**

Please attach IRS or fiscal agent's determination letter.

#### **5. Project Endorsement**

By signing this application, I certify that I endorse this project and agree that if the organization receives funding from CDF, it will assume full responsibility for proper fiscal management of and accounting for all grant funds received and for submitting all progress reports, including financial reports, that may be required by the grant contract.

Authorizing signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Type name and title \_\_\_\_\_