

Grant Application

Organization Information Form

Tobacco-Free Kids follows the United States Government's Executive Orders and laws that prohibit the provision of funding or other resources and support to organizations and individuals associated with terrorism, such as those organizations and individuals on terrorist-related lists promulgated by the U.S. Government, the United Nations, and the European Union, or associated with the organizations or individuals on those lists. Accordingly, applicants will be asked to submit additional information so that Tobacco-Free Kids can make the various required anti-terrorism checks as well as ensuring none of the resources violate anti-corruption laws and regulations, including the U.S. Foreign Corrupt Practices Act and the U.N. Convention Against Corruption, or organizational Conflict of Interest Provisions.

A. Basic Information

Organization's Registered Legal Name (as stated in the organization's registration document)		
Organization Mailing Address	Street Address	
	Street Address	
	City	
	State/Province	
	Postal Code	
	Country	
Organization Phone Number	Country Code	
	Phone Number	
Organization Email Address:		
Website Address (if any)		

Please provide the following information below for the person (preparer) completing this form:	
Title (Dr./Mr./Mrs.)	
Full Name	
Phone	
Email	

1. Please list, with English translations as necessary, all names previously used by the organization (not already listed above), including all the names used by any organization(s) from or through which the current organization was created:

2. Please list all current business locations of the organization, including address and phone numbers (if more than five, list only the five most important business locations):

Address	Phone Number

3. Please list all countries where the organization has been active or had any presence, or where it plans to be active or have a presence:

Country	Status (Current, Previous)

B. Financial Information

4.Organization Budget (Current Year, in USD)		**5. Organization Budget** (Last Year, in USD)	

6. Does the organization have a formal system in place for tracking all receipts and expenditures of funds?	**No** ☐ **Yes** ☐

7. Please list the organization's major sources of funding (including international, national and government agencies) for the current year and the past two years. Please attach most recent annual reports (last 2 years), if available.

Funding Source	**Year(s)**

8. Does your organization itself make grants or donations to other entities?	**No** ☐ **Yes** ☐

8a. If yes, please list top 5 recipients over the past two years, including contact names and addresses:

Recipient Name	Recipient Address	Year of Donation or Grant

9. Has the organization ever received any funding or support from any company that manufactures, distributes, markets, or sells tobacco products, or that provides legal representation, public relations or lobbying services, or marketing assistance to any member of the tobacco industry?	**No** ☐ **Yes** ☐

9a. If yes, describe:

10. Within the last 3 years, has the organization received any funding from any company that manufactures ultra-processed foods or sugar-sweetened beverages?	**No** ☐ **Yes** ☐ **N/A** ☐

10a. If yes, describe:

11. Do you require prior government authorization to receive international funding?	**No** ☐ **Yes** ☐

11a. If yes, please describe.

12. Please list any current or former staff, consultants, board members, directors, advisors, or other affiliates of your organization who have, within the past three (3) years, been affiliated with Campaign for Tobacco-Free Kids (CTFK), Tobacco Free Kids Action Fund (TFKAF), and its initiative, Global Health Advocacy Incubator (GHAI). If applicable, please provide the individual's name, roles in both organizations, and dates of involvement; if not applicable, please fill in as *N/A*

Individual's Name	Roles in Both Organizations	Dates of Involvement

C. History & Purpose of Organization

13. In what year was the organization formed?		**14. In what city and country was the organization formed?**	

15a. Categorize your organization by selecting one of the following:

☐ Government	☐ University/Educational Institutions
☐ Non-Governmental Organization (NGO)	☐ Other

15b. If you have selected "Other" please describe below.

16a. Is the organization legally registered or licensed with any government entity?	**No** ☐ **Yes** ☐

16b. If yes, please submit copies of the most recent certificates or documentation of the registration or license with this form and provide detailed information below:

Governmental office that issued the registration	**City and Country of registration**	**Date of registration**	**Does your registration require for it to be renewed?**
			No ☐ **Yes** ☐

16c. If not, has an application by the organization for any government registration or licensing been rejected? No ☐ **Yes** ☐ **N/A** ☐

If yes, please explain.

17. Does the organization make annual or regular filings with any government entity that are publicly available? [If so, please provide copies of the most recent filings.]	**No** ☐ **Yes** ☐

D. Board of Directors & Primary Staff

18a. Does the organization have a board of directors or other governing body other than the organization's executive officers?	**No** ☐ **Yes** ☐

18b. If yes, please complete for each member of the Board of Directors or governing body:

Title *((Dr / Prof / Mr. / Ms. Etc.)* **with Full Name as it appears on Your Passport/ National ID**	**Role in the Board of Directors**	**Other Organizational Affiliations and Role(s) Served (List Organization Names)**	**Nationality**

19. Please complete for the organization's top five executive officers and, if different, the names of titles of heads of each separate office or location of the organization:

Title *(Dr / Prof / Mr. / Ms. Etc.)* **with Full Name as it appears on Your Passport/ National ID**	**Organizational Affiliation/ Position**	**Nationality**

20. Please list the full name, title and contact information of the person authorized to sign agreements on behalf of the organization. The information provided will be displayed within the agreement.

Title (*(Dr / Prof / Mr. / Ms. Etc.)*	**Full Name**	**Position/Title**	**Contact info** (phone, e-mail, etc)

BANK INFORMATION

Please complete all fields on this page. If any field is not applicable to your bank account, please indicate as N/A.

This bank information is for: ☐ *The Grantee organization*
☐ *A Fiscal Sponsor Organization*

Bank Name	
Branch Name (or Number)	
Name Associated with Bank Account (per Official Bank Statement/Online Account Portal)	
Bank Account Number:	
SWIFT / BIC* # / CLABE:	
Bank Address	
Bank City	
Bank Postal Code	
Bank Country	

** Must have either 8 or 11 digits – your bank can provide this information*

Corresponding Bank Name and Location:**	
Corresponding Bank SWIFT / BIC Number:**	
Intermediary Bank Account Number:**	

** This information may not be applicable to all accounts. You must share the letter from your bank with CTFK, confirming if there are corresponding/intermediary accounts for international payments. If not applicable, indicate N/A.

☐ **All questions have been fully answered. Document not valid without name, title, signature and date**

I confirm all the information in this application is true, complete, accurate and is authorized to sign & submit on behalf of this organization.

Name and Title

Signature **Date**