

# U.S. Embassy Sofia Grant Application Form

Grant requests should be submitted to: [SofiaGrants@state.gov](mailto:SofiaGrants@state.gov)

**1. Name of Institution/Organization and certification of its status as NGO, Educational or Local Government Institution (include postal address, ZIP code, website):**

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**2. Background information on Institution/Organization (main goals, activities and past performance)**

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**2. Main Contact (the individual within the organization authorized to approve grants or to receive and disburse funds):**

Name	Title in the Organization	Address
Phone	e mail	Fax

**3. Title and Period of the Project (the period should cover all expected disbursement dates):**

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**4. Two Sentence Summary of Project:\***

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\*Summary should include the project's goal and major activities. Please stay under 250 characters. A more complete description should be entered in line item 6 below.

**5. Target Audience:**

Description of Audience

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Expected Number of Individuals Reached

Cities or Regions Reached

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**PROJECT DETAILS:**

*Please enter all necessary information regarding the proposed project below.  
In this part please give as many details as possible.*

**6. Description:**

Please provide a narrative outline of your project, including goals and objectives, expected outcomes, a timeline, monitoring and evaluation criteria, and any plans to continue the program after this grant ends. If appropriate, describe the people who will benefit and how.

**7. Statement of Need / BUDGET:**

Please state the funding amount requested and break down your budget within the categories below. Each line item can have as much sub items as necessary to provide a clear account of how funds will be spent. Also explain why you are seeking U.S. Embassy funding for this project and what other funding sources, if any, are anticipated.

<b>Budget Categories</b>	<b>Amount in U.S. Dollars (USD)</b>
1. Personnel	
2. Travel	
3. Equipment	
4. Supplies	
5. Contractual	
6. Construction	
7. Other Direct Costs	
8. Total Direct Costs (lines 1-7)	
9. Indirect Costs* (reflect provisional, pre-determined rate and allocation base)	
10. Total Costs (lines 1 -10)	

**8. Project Partners:**

Please give the name and key function of all partner institutions, if any.

**9. Embassy rationale/recognition:**

Please explain why the U.S. government should support your proposal and how Embassy or USG support will be recognized in the program.

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**BANK ACCOUNT INFORMATION REQUIREMENT**

For USD in USA, EFT payments (ACH) for American grantees:

Name of Bank:

Bank Code:

Bank Account Number:

Routing Number:

**For BGN payments:**

**Name of Bank Account Holder:**

**Name of Bank:**

**Bank (SWIFT) Code:**

**Bank Account Number: IBAN**

**Correspondent Bank in the U.S.:**

For USD payments outside US:

Name of Bank:

Bank Account: IBAN

SWIFT Code:

Name Correspondent Bank for USD payments:

SWIFT of Correspondent Bank for USD payments: