**Annex 8. Pre-Grant Inquiry Form**

*Please complete the form below as one of the administrative selection requirements for submitting the SGP Indonesia Small Grants proposal.*

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| **BASIC INFORMATION** | | |
| 1. Name of Organization |  | |
| 1. Adress |  | |
| 1. Legal Entity Status & Number of Notary Deed of Establishment/Legal Identity with Date and Place of Establishment |  | |
| 1. Management Structure (Management/Trustees / Supervisors/Representative Assembly and/or Other Equal Position) | Name | Position |
| 1.  2. |  |
| 1. Executive Director / Daily Chair/Other Equal Position |  | |
| 1. Contact Person | *name, telephone number and email* | |
| 1. Title of Proposal | | |
|  | | |
| 1. Organizational Information | | |
| Provide a brief description of the organization (information about the organization's history, experience and main activities), no more than 1000 characters | | |
| 1. Number of Permanent Staff | 1. Number of Part-Time Staff | 1. Number of Volunteer |
|  |  |  |
| 1. Sources of Organizational Funds | Name of Institution & Program | Amount of funds |
|  |  |
|  |  |  |
|  |  |  |
| 1. Organizational Bank Accounts |  | |