

The Flextronics Foundation

**Disaster/Community Relief Details**

**Date:** \_\_\_\_\_

*Most grants have a US\$5,000 limit*

*Persons with affiliations to Flextronics are ineligible for grants, but are eligible to request funds for outside programs.*

**Information about the grant requestor:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Contact person within the organization that the grant will support:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Questions about the project:**

Name of the organization that the grant will support: \_\_\_\_\_

Grant title: \_\_\_\_\_

Nature and objective of the grant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the project in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What specific problem is this project addressing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will benefit? How many? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage (%) of the total funding needed for the project will the Flextronics Foundation funding represent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage (%) of the total funding provided by the Flextronics Foundation will go directly to the project (vs. administrative costs, etc)? \_\_\_\_\_  
\_\_\_\_\_

**Questions about the organization:**

How long has the organization been in existence? \_\_\_\_\_  
\_\_\_\_\_

Is the organization a 501 (c) (3) nonprofit organization, exclusively public institution [509 (a) qualified] or comparable organization outside the U.S.? \_\_\_\_\_

If yes, what is the 501(c)(3) identification number? \_\_\_\_\_

If no, describe how the organization is charitable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will the organization be able to demonstrate and report to the Flextronics Foundation the progress that results from the grant provided? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How will the organization be able to demonstrate competence in the sound financial management of the organization? *For example: Are independent audits conducted?*

\_\_\_\_\_  
\_\_\_\_\_

What are the funding sources for the organization? Is the organization affiliated with any religious (sectarian) and/or political groups? If yes, please describe the nature of the affiliation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for reporting the progress made and the spending of the Flextronics Foundation's grant?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount of grant requested? *(Most grants have a US\$5,000 limit)* \_\_\_\_\_

When will the funding be needed? (day/month/year) \_\_\_\_\_