

**Application for
Special Opportunity Grant in Support of the FCTC**

Funded by the American Cancer Society, Cancer Research UK, and the Framework Convention Alliance

Administered by the American Cancer Society

Organizational details

Full legal name and address of organization:	Telephone:
	Fax:
	E-mail:
Attach the following documents to your application: <ul style="list-style-type: none"> • List of organization's officers and Board of Directors • A current financial statement for your organization reflecting the organization's net funding (receipts) for the current fiscal year end, from either your internal accounting department or from an outside auditor • Current documentation from your governing authority certifying your organization's non-profit status 	

Personal details

Family/surname:	Given name:
Date of birth:	Nationality:
Present employment position:	Since when (year):
Are you a Framework Convention Alliance Member? <input type="checkbox"/> Yes – Please specify which: _____ <input type="checkbox"/> No	
Are you a Framework Convention Alliance Board Member or employee? <input type="checkbox"/> Yes – Please specify which: _____ <input type="checkbox"/> No	
Have you received any other external funding to support tobacco control work in 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list the amount (in USD) and purpose of the funds. Amount: \$ _____ Purpose: _____	

Project details

Title of proposed project:	Proposed start and end dates of your project:
Project description (2 – 5 pages) Identify: <ul style="list-style-type: none"> • Organizational History: Describe your organization's background, experience, and achievements in advocacy for tobacco control (max. 1 page) • Project Objectives: Describe the specific project goals and objectives (max. 1 page) • Project Activities: Describe the project activities and timeline (max. 2 pages) • Collaboration: Describe collaborating partners (individuals, organizations) (max. 1 page) 	
Curriculum vitae: Attach abridged version (up to 2 pages) that concentrates on your tobacco control activities	
Budget (use attached format): Specify anticipated expenditure items: <input type="checkbox"/> Salary • <input type="checkbox"/> Travel/transport • <input type="checkbox"/> Communications (tel, email, fax, web, mail) • <input type="checkbox"/> Materials/Supplies • <input type="checkbox"/> Other	

Declaration

I hereby declare that the details of this application are complete and true. I understand that any false statement is sufficient cause for rejection of this application or for cancellation of a grant already awarded.

Applicant's electronic or hand signature:

Date:

Please submit this application form with the documents requested above (i.e., supporting documents from your organization, project description, budget, curriculum vitae) to: catherine.jo@cancer.org by the **application closing date of 6 March 2009**.