# BTE Grant/Fixed Price Subcontract Application

**Cover Sheet**

## Organizational Information

|  |  |  |
| --- | --- | --- |
| **Legal Name:** |  | |
| AKA/DBA: |  | |
|  | *Please add if organization has an “AKA -- Also Known As” or a “DBA -- Doing Business As”* | |
| **Organization Type**  ***(check one)*:** | Non-Profit  For-Profit | B Corp  Other: |
| **Tax ID Number:** |  | |
|  | *Official IRS Employer Identification Number (TIN). Information is found on annual 990 form. (US-based organizations only.)* | |

|  |  |  |
| --- | --- | --- |
| **Address:** |  | |
|  | Street Address |  |
|  |  |  |
|  | City | State |
|  |  |  |
|  | Country | Postal Code |
|  |  | |
|  | Website | |
|  |  | |
|  | Fax | |

|  |  |  |
| --- | --- | --- |
| **First Principal Contact:** |  |  |
| Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |

|  |  |  |
| --- | --- | --- |
| **Second Principal Contact:** |  |  |
| Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |

|  |  |  |
| --- | --- | --- |
| **BTE Site Coordinator:** |  |  |
| Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |

## About the Request

|  |  |
| --- | --- |
| **Site:** | **BTE-** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Implementation Dates** *(These dates must align with secondary school year)*: | | | | | |
| Start Date: |  | | | End Date: |  |
| Request: | Fiscal Year |  | Amount |
| Strategic Planning Grant | FY- |  | $11,500 |
| Year 1 Grant | FY- |  | $40,000 |
| Year 2 Grant | FY- |  | $30,000 |
| Year 3 Grant | FY- |  | $20,000 |
| TOTAL | |  | $101,500 |

## General Organizational Information

|  |  |
| --- | --- |
| Is your organization legally registered in the country in which the BTE program will be implemented? |  |
| *Enter the City and Country of legal registration:* |  |
| *Enter the initial date of legal registration:* |  |
| Name of  Does your organization have a system to separately track both payments and refunds for Value Added Tax (VAT) or Goods and Services Tax (GST)? |  |

## Procurement, Property, and Commodities Management Systems

|  |  |
| --- | --- |
| Does your organization have a written procurement policy? |  |
| Does your organization always solicit quotations from vendors before making a purchase over the local currency equivalent of $10,000 (your organization may have a lower micro-purchase threshold)? |  |
| Does your organization use inventory stock cards for commodities and supplies? |  |
| Does your organization maintain a fixed asset listing of non-expendable property containing the following? (Description, serial number, acquisition cost, acquisition date, unique fixed asset number assigned by the organization, location, current condition, and funding source.) |  |
| Are assets on hand periodically (at least yearly) inspected and counted, and the results compared with asset records? |  |
| Are different individuals responsible for purchasing goods, receiving goods, and approving vouchers? |  |

## Reports & Records

|  |  |
| --- | --- |
| Are procedures in place that provide reasonable assurance that current files can be recovered in the event of a computer failure? |  |
| Does your organization retain accounting records, including invoices, vouchers and time sheets, for at least three years after the final invoice is submitted to the funder? |  |

## Insurance

|  |  |
| --- | --- |
| Does your organization maintain Property, General Liability or Other types of insurance? If yes, copies of current insurance certifications (or insurance policy) should be available for review as applicable to the project. |  |
| If other, please specify the nature of coverage |  |

## Funding History

|  |  |  |
| --- | --- | --- |
| Is your organization a recipient of funds from other U.S. organizations? | |  |
| If yes, please provide the U.S. organization’s name, contact’s name and title, address, telephone and fax numbers, email. | |  |
| Organization: |  | |
| Organization: |  | |
| Organization: |  | |
| Organization: |  | |

## Vendor Record Information

\*If this application is successful, y*ou will be required to register as a vendor in FHI 360’s vendor portal in order to be issued a fixed price subcontract to implement the BTE program and to receive payments. Please provide the information below so that a record can be created for you, and to facilitate a smooth payment process. Once a record is created, the finance/administrative contact will receive an email, inviting them to register and enter the needed banking information.*

*\*Organizations outside of the US will be required to complete a* [*W-8 ben-e*](https://www.irs.gov/pub/irs-pdf/fw8bene.pdf) *from the United States Internal Revenue Service (IRS) to certify status as a non-US entity, for tax purposes. That form should be completed and submitted/uploaded as part of the vendor registration process.*

|  |  |  |
| --- | --- | --- |
| What is the organization’s bank account name (if different from legal name)?  Do you have a US currency Bank account?  Can you receive payments to your bank account in US dollars?  Is the bank account that you will be using to receive payments from FHI 360 a US currency account?  Is there a limit on the amount of US dollars your bank account can receive?  If there is a limit, please specify the maximum amount of US dollars your account can receive **USD $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| ***Finance/Administrative Point of Contact:***  Please specify the name of the finance/administrative point of contact (person responsible for keeping the banking information updated and ensuring payments are received). | |  |
| Email address: |  | |
| Telephone #: |  | |
|  |  | |
|  |  | |

## BTE Partners

|  |  |  |
| --- | --- | --- |
| Local Operating Company | | |
| Organization: |  | |
| Address: |  | |
|  | Street Address |  |
|  |  |  |
|  | City | State |
|  |  |  |
|  | Country | Postal Code |
|  |  | |
|  | Website | |
| Executive Sponsor: | | |
|  |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |
| BTE Champion: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |
| Other: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |

|  |  |  |
| --- | --- | --- |
| Secondary School | | |
| Organization |  | |
| Address: |  | |
|  | Street Address |  |
|  |  |  |
|  | City | State |
|  |  |  |
|  | Country | Postal Code |
|  |  | |
|  | Website | |
| Prime Contact: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |
| Other: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |

|  |  |  |
| --- | --- | --- |
| Institution of Higher Education | | |
| Organization: |  | |
| Address: |  | |
|  | Street Address |  |
|  |  |  |
|  | City | State |
|  |  |  |
|  | Country | Postal Code |
|  |  | |
|  | Website | |
| Prime Contact: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |
| Other: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |

|  |  |  |
| --- | --- | --- |
| Other | | |
| Organization |  | |
| Address: |  | |
|  | Street Address |  |
|  |  |  |
|  | City | State |
|  |  |  |
|  | Country | Postal Code |
|  |  | |
|  | Website | |
| Prime Contact: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |
| Other: |  |  |
|  | Name | Job Title |
|  |  |  |
|  | Email | Phone (include Country code) |

## Wire Transfer Request Form

|  |  |
| --- | --- |
| Vendor Number: | **To be assigned by FHI 360** |
| Vendor Name: |  |

|  |  |
| --- | --- |
| Transfer Currency: |  |
| Beneficiary Account Name: |  |
| Beneficiary Account Number: |  |
| **Beneficiary Bank Information** | |
| Beneficiary Bank Name: |  |
| Beneficiary Bank Address: |  |
| Beneficiary Bank City: |  |
| Beneficiary Bank State/Province: |  |
| Beneficiary Bank Country: |  |
| Beneficiary Bank Branch Number:  (If applicable) |  |
| Beneficiary Bank Swift (BIC) Code: |  |
| Beneficiary Bank IBAN:  (If applicable) |  |
| **Beneficiary Bank’s Intermediary/Correspondent Banking Information** | |
| Intermediary Bank Name:  (If applicable) |  |
| Intermediary Bank Swift (BIC) Code: |  |
| Intermediary Bank Account Number/ IBAN:  (If applicable) |  |
| Correspondent Bank Name:  (If applicable) |  |
| Correspondent Bank Swift (BIC) Code: |  |
| Correspondent Bank Account Number/ IBAN:  (If applicable) |  |
| Additional Wire Notes: |  |