 THIS APPLICATION WAS CREATED TO BE FILLED OUT ELECTRONICALLY. E-mail completed application to **your the Regional Health Manager.** Please note that funds disbursement and award requests are in **U.S. Dollars (USD) ONLY. Use www.oanda.com for currency conversions.**

Once the application is completed and signed off on by the Regional President and/or the Regional Staff Person, SOI will send an award letter and agreement, which must be signed and returned. If the Program has outstanding reports, the approval process will be delayed. Once the signed agreement is received, the payment will be sent.

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| **PROGRAM INFORMATION** | |
| **Program Name:** |  |
| **Program Contact Name:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Phone:** |  |
| **Program Board Chair:** |  |
| **Executive or National Director:** |  |
| **Regional President:** |  |
| **DUNS #(US Programs Only):** |  |

|  |  |
| --- | --- |
| **FUNDING INFORMATION** | |
| **US$ Amount Requested** |  |

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| **BANK INFORMATION** |
| **Name on Account:** |
| **Account Number:** |
| **Bank Name:** |
| **Telephone:**       **Fax:** |
| **Bank Address:** |
| **SWIFT Code:** |
| **ABA/ Routing Code:** |
| **IBAN:** |
| **Corresponding Bank Name:** |
| **Corresponding Bank Address:** |
| **Telephone:**       **Fax:** |
| **Additional Wiring Instructions:** |

*No personal bank accounts will be accepted.*

**Key Personnel:** Please list key persons whether paid or unpaid in positions such as the National or Executive Director, Chief Financial Officer/Treasurer, or other key persons.

|  |  |  |
| --- | --- | --- |
| **Position/Title** | **Full Name**  *(First name, Last name)* | **Date of Birth\***  *(Day, Month, Year)* |
| **Program Board Chair** |  |  |
| **National/Executive Director** |  |  |
| **Treasurer/Chief Financial Officer** |  |  |
| **Program Contact** |  |  |
|  |  |  |

***\*Note: The Date of Birth field is optional. However, failure to provide this information may result in a delay in the processing of the application.***

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| ***SIGNATURES*** | |
| SO Program Name: |  |
| Executive or National Director: | Date: |
|  |  |
| Regional President or  designated Regional Staff: | Date: |