CCRIF Small Grants Programme
Governance of Organization

1. **Organization**

   Name:

   Email:

2. **Responsible Contact Persons for this Project (Name, position, phone, email)**

   Contact 1:

   Contact 2:

   Please provide a copy of the official government-issued ID for the primary contact person (Contact 1)

3. **Governance of Organization**

   Members of the Organization's Senior Management Team
   For each member of senior management, provide the following information:

   Name:
   Position:

   Name:
   Position:

   Name:
   Position:

   Name:
   Position:

Please provide copies of the official government-issued IDs of each member of the Senior Management team

Members of the Board of Directors

Please provide the list of all board members and for each board member, provide the following information:

Name:
Position on Board:
Profession:
Employer:
Political Affiliation (e.g. member of Parliament - upper or lower house or leader of political party)? (Y/N):
If Yes, please add additional info including your role

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Profession:
Employer:
Political Affiliation (e.g. member of Parliament - upper or lower house or leader of political party)? (Y/N):
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If Yes, please add additional info including your role

Please provide copies of the official government-issued IDs of each board member.

**Please return this form and copies of the requested government-issued IDs to:
ccrifsmallgrants@ccrif.org**