OFF-CYCLE GRANT AUTHORIZATION FORM

Please attach the proposal. If the following information is not included in the proposal, please provide the information below to allow processing to begin:

Contact Name:	Roy Godson	
Org Name:	Institute for eluternational Studies	
Address:	Institute for Muternational Studies 5711 Glenwood Road	
City, State, Zip:	Betweeda mo 20817	
Phone:	301-654-3635	
Fax:	202-659-5429	
Email:	rgodson@ strategy unter.org	

Complete this section for all Off-Cycle grants:

Complete this section	Tot all Oir Cycle grants.	1040
Purpose of Grant:	to support the	Work of Dr. Roy Godson & Associa
Grant Amount:	\$ 240,000	
Budget Sector:	eldeas I shot.	
Program Officer:	DYS	
Grant ID #:	20141166	Award Date:
Director Affiliation:	hone	
Approved by:	See file emai	ls in file
Approved by:	, v	V

(If unable to sign this form, attach email or other confirmation of the Board Member.)

Grant checks are processed on the first and third Wednesday of each month. This grant will be paid on the next check processing date after receipt of the signed agreement. Please indicate any special requests. 1-21-15

Additional items for the file:

The GPR recommendation form will be prepared by the Program Officer.

The Grants Administrator will prepare and send the grant agreement (which must be signed by the grantee and returned to the Foundation) and the yellow checklist, attaching a copy of the Charity Check report to it. If a determination letter is not on file, one will be requested.