



Second Genesis Foundation Grant Application

Project Name: _____

Project Summary

Please provide a brief general description of the project. Do not exceed 250 words. You will have the opportunity to include more details elsewhere in the application.

Character Limit: 1600

Amount Requested: _____ **Total Project Cost:** _____

Project Duration or Period of Grant Requested: _____

Project Organization Name: _____

Applicant Organization Name, if different: _____

DUNS Number: _____

Address Information: _____

Telephone: _____ **Fax:** _____

Project Manager – Primary Contact: _____

Email address of Primary Contact: _____

Target Population of Proposed Project:

- € Children and youth
- € Low to moderate income individuals/families
- € Veterans
- € General population
- € Other _____

Geographic Area Served Within the National Capital Area Region

Please indicate which jurisdictions in the National Capital Area region (cities and counties) will benefit from the project.

Detailed Project or Program Plan

- € **Objectives:** List the overall goal(s) and specific project objectives.
- € **Program Activities Description:** Provide a detailed description of the project's specific activities.
- € **Program Collaboration:** List any other organizational partners along with the role they will play in the promotion, development or funding of the project.
- € **Performance Measures:** Describe how you will evaluate your project's performance on quarterly and annual bases. Include any sample data collection and feedback instruments you will use, such as: surveys, focus groups, portfolios, etc. Provide an example of the planned evaluation.
- € **Key Personnel:** List the name and title (if applicable) of the key individuals who will work on the project, and the roles they will play.
- € **Annual Budget and Sources of Revenue**
Please provide the following information:
 - Current Year Planned Project Budget.
 - Current Year Planned Project Budget Narrative. Provide a narrative description of how the funds listed in each category of the Project Budget
 - Attach your organization's budget for the previous fiscal year.
 - Sources of current revenue – identify by category and if other grantors, identify grantor(s), for the current year

Fiscal Sponsor Organization Information – if different

If the applying organization is acting as a fiscal sponsor only, define any support roles that organization may play. If the applying organization will be producing the project and serving as its own fiscal sponsor, please describe the history of the organization (year founded and by whom), and how this project will support its overall mission and goals.

Fiscal Sponsoring Organization Location

Address: _____

Main Telephone: _____

Contact Person: _____

Contact Person Telephone: _____

Contact Person Email: _____

Certification

Entering your information below indicates that the statements contained in this application are true and correct to the best of your knowledge and belief. Your entered name also certifies that the Sponsoring Organization is in compliance with the provision on Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act; and the Age Discrimination Act of 1973. The entered name also certifies the sponsoring organization is not debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs in violation of the regulations implementing Executive Order 12549 "Debarment and Suspension."

Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are:

1. Representing that you are an officer or other agent for the applicant Grantee duly authorized to enter into legally binding agreements on behalf of the Grantee
2. Agreeing to submit this grant application in an electronic form on behalf of the Grantee which shall be bound by its contents as an electronic transaction
3. Agreeing that your insertion of data into these following fields constitutes an electronic signature.

Authorized Signature

Name _____

Title _____

Date _____

Appendix

Appendix

You may include any supporting documents such as program participant resumes, participant letters of commitment, brochures, photos, and other pertinent information. You may key this information in, cut and paste it from another document or upload a document file into the space below using your browser. If you have more than 5 files to upload (i.e. several resumes), please combine several documents into one file and upload that file as one document.

Appendix 2

You may upload up to four (4) additional Appendix documents (one per field) into the following spaces below.

Appendix 3

You may upload up to four (4) additional Appendix documents (one per field) into the following spaces below.

Appendix 4

You may upload up to four (4) additional Appendix documents (one per field) into the following spaces below.

Appendix 5

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