



EVENTS DC COMMUNITY GRANT APPLICATION

GENERAL INFORMATION

Name of Organization:			
Mailing Address:			
Telephone Number:		Fax Number:	
Web Address:		Tax ID:	
Date of Application:		Grant Amount Requesting: \$	

PRIMARY STAFF AND BOARD OF DIRECTORS

List the following for each primary staff person for the organization (attach additional sheets if necessary):

Name:	Title:	Phone No:	Email Address:

List the organization's Board of Directors, Officers and/or Committee Members (attach additional sheets if necessary).

Name:	Board Position:	Employment/Organizational Affiliation:

ORGANIZATIONAL OVERVIEW

List the number of employees:

Full-time Employees: _____ Part-time Employees: _____ Volunteers: _____

Provide a summary of the organization including a brief history, mission statement, goals/objectives of the organization, and activities/events hosted and/or supported by the organization:

NOT FOR
SUBMISSION

PROGRAM AND/OR PROJECT OVERVIEW

List the name of the project and/or program for which you are seeking funding from this grant: _____

Describe the program and/or project to be funded through this grant and list the goals and objectives for the program and/or project:

NOT FOR
SUBMISSION

For a NEW program and/or project: Describe the anticipated benefits and positive impact of your program and/or project.

For an EXISTING program and/or project: Describe the benefits and positive impact that have resulted from execution of your program and/or project.

NOT FOR
SUBMISSION

Identify the DC Wards that will benefit from this grant (check all that apply):

☐ Ward 1 ☐ Ward 2 ☐ Ward 3 ☐ Ward 4 ☐ Ward 5 ☐ Ward 6 ☐ Ward 7 ☐ Ward 8

Describe the implementation plan you will use to carry out the program and/or project funded by this grant. Specifically, outline the sequential steps and actions you will undertake to achieve the established goals within the proposed deadlines. Attach a schedule or timeline.

NOT FOR

Describe the marketing tools and techniques to be used to build awareness of the program/project funded by the grant.

SUBMISSION

Discuss how you will evaluate the success of the program/project to be funded by the grant. Identify how your goals and objectives will be met and measured.

NOT FOR

If applicable, discuss how your organization collaborates or plans to collaborate with other organizations to achieve your goals and objectives.

SUBMISSION

BUDGET AND FUNDING INFORMATION

Overall Budget for Organization's Current Fiscal Year: _____

Total Projected Income for Organization's Current Fiscal Year: _____

Total Projected Expenses for Organization's Current Fiscal Year: _____

Note: Attach the following documents:

- A detailed outline of your organization's overall budget, including line items for income and expenses;
- A budget for use of the grant funds and a description of how grant funds will be used;
- A copy of an annual financial audit conducted by a certified public accountant for the organization's most recent fiscal year; or if the organization does not have a financial audit, a copy of the organization's IRS Form 990 for the most recent tax year;
- A copy of the determination letter from the IRS confirming the organization's 501(c)(3) status; and
- A copy of the letter from the DC Office of the Chief Financial Officer, Office of Tax and Revenue confirming the organization is exempt from DC income and franchise taxes.

Acknowledgement of Funding Guidelines (please check box below):

☐ I understand that single grant awards will range from \$2,500 to \$25,000. I acknowledge that depending on the number of grants awarded in each cycle and the types and nature of the programs being funded, my organization may not receive the full amount of funding requested. I agree and confirm that my organization's project/program can proceed, even if the full grant amount requested is not received, and I understand that grantees will not be permitted to change the scope of the project/program being funded once the grant award is made.

List all District of Columbia government agencies and private sector companies or organizations from which your organization has received grant funding over the past 2 years (attach additional sheets if necessary).

Agency/Organization Name:	Award Year:	Award Amount:	Program/Project Supported by Grant:

APPLICANT CERTIFICATION

I certify, to the best of my knowledge, that the information contained in this application is accurate, and that I am authorized to make this Application. I accept the terms and conditions of the Events DC Community Grant Program as outlined in the Guidelines for Applicants.

Signature of Authorized Official

Name (Printed) of Authorized Official

Title

Date

NOT FOR
SUBMISSION