



## EVENTS DC YOUTH DEVELOPMENT 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 of the organization (attach additional sheets if necessary).

Name:	Title:	Phone Number:	Email Address:

List the following for each member of the organization's Board of Directors and each Officer (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:**

## **PROGRAM OVERVIEW**

**List the name of the program for which you are seeking funding from this grant:**

\_\_\_\_\_

**Describe the program to be funded through this grant and list the goals and objectives for such program:**

**For a NEW program: Describe the anticipated benefits and positive impact of your program.**

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

**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 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.**

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

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

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

## 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 a 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 at a minimum \$100,000 to a maximum of \$350,000. I acknowledge that depending on the number of grants awarded and the type/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 program can proceed, even if the full amount of the grant we are requested is not received. Furthermore, I understand that grantees will not be permitted to change the scope of the 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 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 submit this Application on behalf of the applicant organization. I accept the terms and conditions of the Events DC Youth Development Program as outlined in the Guidelines for Applicants.*

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name (Printed) of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date