



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 Number:	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:

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:

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.

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.

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

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.

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

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