

**2018 Grant
PROPOSAL FORM**



Organization Requesting Funds: _____

FEIN: _____

Grant Project and/or Program: _____

Amount Requested: _____

If you received funding from the Foundation before, please identify the amounts and the years:

Grant Contact Person: _____

Address _____

Phone _____

E-mail _____

Organization President or Executive Director: _____

Address _____

Phone _____

E-mail _____

National/Regional Organization President or Executive Director: _____

Address _____

Phone _____

E-mail _____

ATTACHMENTS TO INCLUDE **PROPOSAL FORM**

Please attach the following to the final Proposal Form...

- Cover letter
- Resume or curriculum vitae of staff members funded by the grant
- List of your organization's board members, including their affiliations
- A copy of your organization's most recent audited financial statements or 990's
- A copy of the organization's most recent IRS determination letter indicating 501(c)(3) status or 501(c)(4) status
- Less than 5 pages of supporting materials (such as newspaper clippings) demonstrating a need for the proposed project, or letters of support and correspondence relevant to the proposal
- One page that clearly outlines and establishes quantifiable project/program benchmarks prior to and after the project conclusion, including the value-added benefits your organization brings to the process

“THE PROJECT/PROGRAM”

PROPOSED

Describe the proposed project/program.

Describe how the proposed project/program addresses and enhances the 2018 Everglades Foundation goals. Include the issues or the challenges faced – identify the current status of the issue/challenge and describe how the proposed project/program will change the current status. Include a description of how your resources can be leveraged to add value to the process. If you are seeking research funds, describe your research methods and how the research or program will expand upon the previous work of others. Who is the target audience and why?

Please limit your response to the two pages in this form.

**“THE PROJECT/PROGRAM”
PROPOSED CONTINUED...**

[Optional second page for response on page 3 – Describe the proposed Project/Program]

THE RESULT

PROPOSED PROJECT/PROGRAM

List the clearly defined and measurable outcomes (deliverables) that will occur as a result of this grant. Clearly define pre- and post-project benchmarks. Describe how the project benchmarks were established and their relevance to the project. Explain what will occur as a result of this project/ program. Describe how you will track and evaluate performance toward project objectives and goals. Identify how the project will be implemented and/or completed. Explain how the result potentially be expanded or built upon.

QUALIFICATIONS OF GRANTEE

Describe any special qualifications and relationships your organization brings to the proposed project/program. Based on your proposed project/program, identify your experience dealing with this particular issue and/or challenge. Describe the strengths of your organization (staffing, membership, and donors). Describe your track record in moving people to action. Describe your organization's particular niche, market, mission, and its relevance to the proposed project/ program.

**COLLABORATIONS
OF PROPOSED PROJECT/PROGRAM**

Identify the government agencies, community groups, policy makers, or special interests you will involve in generating results for the proposed project/program. (Weight given to non EAC partners).

NAME OF ORGANIZATION	HOW ARE THEY INVOLVED?

BUDGET

Please complete the following.

GRANTEE'S TOTAL ORGANIZATIONAL BUDGET	TOTAL PROJECT/PROGRAM BUDGET	AMOUNT REQUESTED

To detail the projected budget of the proposed project/program, please use the following table. You may add as many rows as necessary.

If requesting funding for a project/program with multiple components, please provide separate budgets for each additional component as necessary. Below, please provide an itemized budget on how the funds requested will be allocated.

CATEGORY	PROPOSED PROJECT BUDGET	FOUNDATION FUNDING REQUESTED	IN-KIND/ OTHER SUPPORT	Your Organization's TOTAL EVERGLADES BUDGET	DESCRIPTION / COMMENT
TOTALS:					

ACCOMPLISHMENTS

FROM 2017 PROJECT/PROGRAM FUNDING

Complete this section if you received grant funding in 2017. Please provide a bulleted list specific victories or outcomes that resulted from the work your organization performed any challenges faced by your organization in meeting your 2017 goals.

If you did not receive funding in 2017 please complete the following:

METRIC	NUMBER
Members Nationally (<i>if applicable</i>)	
Members in Florida	
Facebook Fans	
Twitter Followers	
Members/Supporters contacted on Everglades Issues	
Members & Supporters who took action on Everglades (Sent emails, letters, phone calls, etc.)	
Members & Supporters who attended public meetings on Everglades issues	
Special Events Organized	
Earned Media (print, radio, television)	
Publications	
Other:	

PROGRAM STAFF/EMPLOYEE NAMES	JOB TITLE	ANNUAL SALARY OR HOURLY	PERCENT OF TIME ON GRANT

For additional information, please contact:
Dawn Shirreffs
Senior Everglades Policy Advisor & Grants Administrator
Phone: 786-249-4224 Email: dshirreffs@evergladesfoundation.org