**Applicant Name:**

**Contact Name:**

**Address:**

**Phone Number:**

**E-mail:**

**Amount Requested:**

**Match Amount:**

**Project Title** (*15 words or less)*

**Abstract** -Include a project summary of 200 words or less suitable for dissemination to the public. It should include the need for the project, a brief description of the goals and outcomes, and your plan for evaluating and measuring the success of the project or program.

**Project Purpose**

* What is the specific issue, problem or need that the project will address?
* Why is the project important and timely?
* What are the objectives of the project?
* If the project is a continuation of a project funded previously, describe how the project differs from and builds on the previous project’s efforts.

**Potential Impact**



**Expected Measurable Outcomes** -

* Provide a GOAL - A goal is what you hope to achieve as a result of conducting the activities and producing the outputs (tangible results that can be seen, touched, handled, or moved about) of the project. Examples of outcome-oriented goals could include a change in knowledge, change in behavior, and change in conditions that make a difference for the beneficiaries of the project.

GOAL:

* Provide your PERFORMANCE MONITORING PLAN. How will you monitor your progress toward achieving each GOAL?

What are your data sources for monitoring performance? For example, will you conduct surveys or use questionnaires?

* How will you collect the required data? Be sure to include the frequency of your data collection.
* Describe how you will share the results of the project.

**Work Plan**

|  |  |  |
| --- | --- | --- |
| **Project Activity -** Describe the project activities that are necessary to accomplish the objectives. | **Who will do the work?** | **When will the activity be accomplished?** Include a timeline that indicates when each activity will occur (at least month and year) and beginning and end dates for the project. |
|  |  |  |
|  |  |  |
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|  |  |  |

**Project Commitment** – Describe the stakeholders other than the applicant, individuals and organizations involved in the project who support this project and why.

**Budget Narrative**

|  |  |  |
| --- | --- | --- |
| ***Budget Summary*** | |  |
| **Expense Category** | **Funds Requested** | **Matching Funds (if applicable)** |
| Personnel |  |  |
| Fringe Benefits |  |  |
| Travel |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Contractual |  |  |
| Other |  |  |
|  |  |  |
| ***Total Amount Requested*** |  |

*Use information below to help calculate Budget Summary table (above):*

* **Personnel** – List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Title | Level of Effort (# of hours OR % FTE) | | | Funds Requested |
|  |  | | |  |
|  |  | | |  |
| ***Personnel Subtotal*** |  | |

* **Fringe Benefits** - Provide the fringe benefit rates for each of the project’s salaried employees described in the Personnel section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Title | Fringe Benefit Rate | | Funds Requested | |
|  |  | |  | |
|  |  | |  | |
| ***Fringe Subtotal*** | |  |

**Travel** - Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at http://www.gsa.gov.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trip Destination | Purpose of the Trip | Type of Expense (airfare, car rental, hotel, meals, mileage, etc.) | Unit of Measure (days, nights, miles) | | Number of Units | Cost per Unit | Number of Travelers Claiming the Expense | Funds Requested |
|  |  |  |  | |  |  |  |  |
|  |  |  |  | |  |  |  |  |
|  |  |  |  | |  |  |  |  |
| ***Travel Subtotal*** | |  | | |

Additional justification of travel expenses, as needed:

* **Equipment** - Describe any special purpose equipment to be purchased or rented under the grant. ‘‘Special purpose equipment’’ is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $5,000 per unit and is used only for research, medical, scientific, or other technical activities.

Rental of "general purpose equipment’’ must also be described in this section.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Description | Justification for Equipment | | Rental or Purchase | | Funds Requested |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| ***Equipment Subtotal*** | |  | |

* **Supplies** - List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item Description | Justification for Supplies | Per-Unit Cost | | Number of Units/Pieces Purchased | | Funds Requested |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
| ***Supplies Subtotal*** | |  | |

* **Contractual/Consultant** – Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)
  + Provide an itemized budget (personnel, fringe, travel, equipment, supplies, other, etc.) with appropriate justification. If indirect costs are/will be included in the contract, include the indirect cost rate used. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

|  |  |
| --- | --- |
| ***Contractual/Consultant Subtotal*** |  |

* **Other** - Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item Description | Justification of the Expense | | Per-Unit Cost | Number of Units | | Funds Requested |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
|  |  | |  |  | |  |
| ***Other Subtotal*** | | |  | |