**Dream Blue Foundation Grant Application Form**

**Part 1—Your Organization**

1. **Contact Details**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President / Chief / Executive: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*(all correspondence will be sent to the Project Officer)*

Phone: (office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Business Information**

Is your organization:

 Incorporated *Please attach copy of incorporation certification*

 or

 Other legal entity? *Please attach copy of articles of association or other supporting documentation*

Is your organization tax exempt? Yes No
*Please attach copy of Taxation Status Form*

**3. Organization Profile**

Please outline the role, function, aims and objectives of your organization:

What initiatives and merchandise does your organization utilize to:

* promote the interest of its members, and
* work toward increasing its membership base

**3. Funding Information**

Please list all current funding applications your organization has submitted or is preparing to submit to other funding bodies:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Funding Body | Program | Project Description | Funding sought | Funding period |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please list all funding your organization has received over the past **5 years** from other funding bodies

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Funding Body | Program | Project Description | Funding sought | Funding period |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part 2 – The Project**

**1. Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Funding requested**: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Project Narrative**:
*Attach a separate project proposal detailing the project plan for managing, monitoring, and evaluating the project. Please be sure to describe how the project outcomes will strengthen the capacity of your organization, address an existing need, and are achievable.*

**4. Project Plan**

Please outline the key deliverables for your project, associated milestones, and date for completion.

|  |  |  |
| --- | --- | --- |
| **Deliverable** | **Milestone** | **Dates/ Timeframe** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**5. Project Budget**

Please provide an itemized budget of all expenses associated with the project including items funding through other sources

|  |  |  |
| --- | --- | --- |
| **Item of Expenditure** | **Dream Blue Foundation Grant $** | **Other Sources $** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

**6. Funding Payment Schedule**

Funding will usually be provided to grant recipients in the following three installments:

* Installment 1: 40% of total grant funding

*Paid upon signing of the Funding Agreement*

* Installment 2: 50% of total grant funding

*Paid upon submission of a satisfactory project progress report by the grant recipient to DBF*

* Installment 3: 10% of total grant funding

*Paid upon submission of satisfactory final project report by the grant recipient to DBF*

Request to change funding payment schedule.

If the project is likely to incur the majority of costs during the first 3 to 6 months, you may request a different breakdown of payments, subject to approval by Dream Blue Foundation.

Please include the preferred installments below and state reasons:

* Installment 1: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Installment 2: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Installment 3: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: