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Application Cover Page

Volunteer or Voluntary Nonprofit Agencies or Organizations Active or Assisting in or with Disasters: Request for Proposals 2020

**Part I: Organizational Information**

**Organization Name:**

*(Legal IRS Name)*

**Organization AKA Name:**

**Organization Physical**

**Address:**

**Organization Mailing**

**Address:**

**Organization Mission**

**Statement:**

**If an NGO, then year organization received**

**501(c)(3) status:**

Year: EIN#: State:

**Organization Overview:**

*(100 word limit)*

**Executive Director: (Name, title, phone, and email)**

**Additional Contact for this project: (Name, title, phone, and email)**

**Organization Phone:**

**Organization Website:**

**Organization Social Media:**

**Project / Program Name**

**Applying for Funding:**

**DEM VOAD Funding Category or Priority this project falls under:**

**Amount of funding your agency is requesting from this grant:**

**Project / Program Mission: (if different from agency mission)**

(S*hort; no more than three sentences)*

**Part II: Detailed Information on Organization**

**Organizational operating budget:**

Current year: Previous year:

(\*Current year figures are based on board-approved budget forecasts; previous year figures are based on the organization’s audited statement of activities or completed 990).

**Staff size:**

Full-time

Part-time

Volunteer

**List your agency’s other major funding sources, noting whether they are governmental sources, foundations, etc. Also include whether the source is confirmed or pending for current year:**

**Source Amount Confirmed/Pending**

$

$

$

$

$

**Totals $**

|  |  |
| --- | --- |
| **Counties / Geographic location served: (include area affected by this application)** |  |
| **Does your agency serve any disaster survivors and how are potential disaster survivors eligible for your services:** |  |
| **Number of disaster survivors served within your last fiscal year:** |  |
| **Please list all licensing numbers, accreditations, and respective agencies.** |  |
| **Part III: Detailed Information on Program(s)** | |
| **Summarize in no more than 200 words how the program serves disaster survivors, your agency’s commitment to these values, and how your agency is or will be trained on these values:** | |

**Summarize in no more than 200 words how the program/organization is transformative. Most competitive applications will demonstrate that the program(s) is embraced by community leadership, is actively engaged in a community-wide coalition and/or a component of the larger community disaster recovery, and whether the program(s) is replicated and/or taken to scale. If these elements have not yet occurred, then outline if and how it can be done:**

I, , certify I am the duly authorized officer or representative of the requesting organization and to the best of my knowledge, the information provided in this application is accurate. I understand and agree to provide additional documentation in support of the information provided if requested.

By signing and submitting this Cover Sheet, I confirm my organization’s understanding and acceptance of the rules and conditions for application. The information in this Cover Sheet is true to the best of my knowledge.

Agency Authorizing Official Date

Print Name Title