

Before You Begin

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- Please refer to the *Grantee Application Guidance*, which can be found [here](#).
- It might be helpful to write out your narrative answers in a word processing software first, then copy and paste as needed.
- At any time, you may log into your account at https://www.GrantRequest.com/SID_5741?SA=AM to access saved and submitted requests.
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.
- The system will time out after 45 minutes of inactivity. Be sure to save your changes by clicking 'Save & Finish Later'. To return to the application, select the grant in progress from the Applications landing page, or use the link in the automatically generated email.

Organization Information

Organization/Agency Name
RI Council for the Manatees

Address
100 Main Street

City	State	ZIP Code
Providence	RI	02903

Telephone Number	Extension	Fax
(xxx) xxx-xxxx		(xxx) xxx-xxxx

Organization Website

Total organization budget

Organization's mission statement

Tax ID

EIN of your organization or that of your fiscal sponsor.

Is your organization using a fiscal sponsor for this project/program?

If "No," please continue to the next section (Contact Information).

No

If an organization is serving as the fiscal sponsor for this project/program, please complete the following information. A signed agreement between the applicant and fiscal sponsor is also required and will be submitted via the Attachments tab of this application.

Fiscal Sponsor Organization Name

By entering this organization's name you are affirming that you, the applicant, have discussed this funding request and the organization, listed here, has agreed to serve as the Fiscal Sponsor for this application.

Prefix First Name Middle Initial Last Name

Title

Address

City State Zip Code

Phone Extension Fax
(xxx) xxx-xxxx

E-mail

Contact Information

Organization/Chief Executive Contact Information

Prefix First Name Last Name
<None>

Chief Executive Title
Executive Director, CEO, etc.

E-mail

Grant Request Contact Information

Same as Organization Primary Contact
No

Prefix First Name Last Name

Title

E-mail

Project/Program Information

Program Requirement

With which Grant Program Officer did you speak?

Program Information

Project/program name
Name should actually describe your project/program.

Total project/program budget Amount requested

Date of project/program start up Expected project/program end date

How many people do you anticipate **this project/program** will serve annually?

Does this project involve lobbying?

Direct Lobbying Amount

Grassroots Lobbying Amount

Narrative

Please respond to each question below. The *Grantee Guidance Document* provides additional explanation. Please be concise. If copying narrative from another software program you may use bullets where appropriate.

1. Identify the sector and strategy that best describes your project.

You may only select one sector/strategy.

2. Briefly describe the problem/challenge you want to address.

What is the evidence the project is needed, and why is it critical now?

3. Describe the proposed project, project goals, objectives, and vision for success.

Define how your organization is positioned to address the problem, and how the proposed project aligns with your organization's mission and model of service delivery.

4. Explain how the project aligns with the sector strategy that you selected in question 1.

5. Consistent with your proposed budget, explain how you plan to use the grant funds.

See the Attachments Tab for a link to the budget template. Section II of the *Grantee Application Guidance* document provides instructions and definitions to complete the budget template.

6. Identify the major activities you will implement through the course of the grant period to meet your project goals.

List up to four major activities, identify the outputs you expect to achieve with each (e.g. # of individuals served, # of trainings offered, # of hours of mentoring, etc.) and the anticipated timeframe for implementation. If selected for funding you will report on each of the activity areas you include below. See *Grantee Application Guidance* for definitions and examples.

Activity 1

Timeframe 1

Outputs 1

Activity 2 Timeframe 2 Outputs 2

Activity 3 Timeframe 3 Outputs 3

Activity 4 Timeframe 4 Outputs 4

7. Identify the expected outcomes that you seek to achieve through your activities.

List up to four outcomes that you expect to result from your activities. For each, include the measure(s) you will use to track progress, data source(s), and your plan to collect the data. If selected for funding you will report on each of the outcomes you include below. See *Grantee Application Guidance* for definitions and examples.

Outcome 1 Outcome Measure 1

Data Source 1 Collection Plan 1

Outcome 2 Outcome Measure 2

Data Source 2 Collection Plan 2

Outcome 3 Outcome Measure 3

Data Source 3 Collection Plan 3

Outcome 4

Outcome Measure 4

Data Source 4

Collection Plan 4

8. Explain the organizational and sector learning that you expect to result from the project.

For example, are there questions your organization is most interested in exploring if awarded these funds? How do you expect learnings to affect future program delivery or other organizations working in the sector?

9. Identify any potential challenges or barriers to achieving project goals during the award period.

Are there critical relationships, activities, or other dependencies that must be in place for your project to succeed?

10. As we explore your grant request, you will notice that we are interested in understanding your organizational leadership, financials, business model, and strategic planning practices. Are you currently experiencing--or do you forecast--any changes, challenges, or opportunities in these areas in the next year?

Attachments

Budget Form

Please use [this template](#).

Organizational Budget

Please include your organization's budget for the current fiscal year with year-to-date actuals. This is not required for public schools and hospitals.

Audited Financials

Please include your organization's financials for the two most recent years. This is not required for public schools and hospitals.

Board List

IRS 501 (C) Tax Determination Letter (not a tax-exempt certificate)

This is required ONLY IF YOUR ORGANIZATION HAS NEVER APPLIED TO THE RIF FOR FUNDING. If an organization is serving as the fiscal sponsor for this project, please submit the 501 (c) tax determination letter for the fiscal sponsor.

Fiscal Sponsor Agreement

If you are using a fiscal sponsor, please attach a copy of the signed agreement outlining the terms and conditions of the sponsorship.

Please only submit the requested attachments and do not include evaluation/report forms with this grant application. Those forms will be submitted separately.