

2012 Matching Grant PROPOSAL FORM



Organization Requesting Funds _____

Grant Project and/or Program _____

Amount Requested: _____

Have You Received Funding from the Foundation Before? \$ _____

Year(s) of Grant/Amount(s) _____

Type of Programming/Project:

Please check all that apply to the proposed project

- Advocacy
- Coalition Building
- Education
- Policy Development
- Outreach, Promotions
- Scientific Research
- Other _____

Percentage of time/funds spent:

Please indicate the proportions of each in total project

- % _____ Advocacy
- % _____ Coalition Building
- % _____ Education
- % _____ Policy Development
- % _____ Outreach, Promotions
- % _____ Scientific Research
- % _____ Other

Location of Proposed Project

- Entire Ecosystem

Region(s) ~ List Counties:

Grant Contact Person _____

Title _____

Address _____

Phone(s) _____

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 WITH PROPOSAL FORM

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

- Cover Letter
- Resume or Vitae of staff members funded by the grant
- List of Board members of your organization, including their affiliations
- A copy of your organization's most recent *Annual Report* and/or audited Financial Statements
- A copy of the organization's most recent IRS determination letter indicating 501 (c)(3) 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 will be accepted.
- One page that clearly outlines and establishes project/program benchmarks that are quantifiable prior to and after the projects are concluded and what value-added benefits your organization brings to the process.

“THE PROJECT/PROGRAM”

PROPOSED

Describe the proposed project/program.

How does the proposed project/program address and enhance the goals of the “*Essentials of Everglades Restoration?*” Include the “Issue” or “Challenges Faced”--what is currently happening as a result of this issue/challenge and how will the proposed project/program change the current status? Describe whether your project is local/regional/or statewide in focus. How will you add value to the program process? Describe how your resources can be leveraged to add value to your contributions to the process? Where applicable, describe research methods. Explain how the research or program will expand upon the previous work of others. Who is the target audience and why? Explain how you will use social media to educate and publicize your programs goals and successes. *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 OF PROPOSED PROJECT/PROGRAM

List the *clearly defined outcomes* (deliverables) that will occur as a result of this grant. Clearly define pre- and post-project benchmarks. Provide measurable performance measures. What will occur as a result of this grant project/program? What will be developed? How? Explain how the project work product or outcomes can assist with building stakeholders, influencing policy makers and engaging people in advocacy on behalf of Everglades restoration? How will performance toward objectives and goals be tracked? When will the project be implemented and/or completed? How will the result(s) be evaluated and tracked? How can the result potentially be expanded or built upon?

QUALIFICATIONS OF GRANTEE

Describe any special qualifications your organization brings to the proposed project/program. Considering the description of the proposed project/program on pages 3 and 4, what is your experience dealing with this particular issue and/or challenge? What are the strengths of your organization (staffing and membership)? What is your track record in moving people to action? What is your particular niche, market, mission--and why is it relevant to the proposed programming?

**COLLABORATIONS &
OF PROPOSED PROJECT/PROGRAM**

Identify the government agencies, organizations, community groups, policy makers, or special interests who will be involved in generating results for the proposed project/program.

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.

CATEGORY	PROPOSED PROJECT BUDGET	FOUNDATION FUNDING REQUESTED	IN-KIND/ OTHER SUPPORT	Your Organization's TOTAL EVERGLADES BUDGET	DESCRIPTION / COMMENT
Staff <i>(Totals from Page 6)</i>					
Benefits <i>(Maximum of 28%)</i>					
Travel					
Supplies					
Printing and Copying					
Professional Services					
Equipment					
Postage & Courier					
Special Events					
TOTALS:					