Grant Support Request

Part 1: General Information

**Organization Applying for the Grant**\*

Click here to enter text.

**Contact Name**\*

Click here to enter text.

**Phone Number & Extension**\*

Click here to enter text.

**Email**\*

Click here to enter text.

**What type of grant are you applying to?**

Choose an item.

**Funding Agency**\*

Click here to enter text.

**Funding Opportunity Title**\*

e.g. Food Insecurity Nutrition Incentive (FINI) Grant

Click here to enter text.

**Sub-Category (If Applicable)**

e.g. FINI Pilot Project, Multi-Year Community FINI Project

Click here to enter text.

**Who the Support Letter Should Be Addressed To\***

Click here to enter text.

**Title (Position) of Individual\***

Click here to enter text.

**Office Address of Individual\***

Click here to enter text.

**Grant Application Due Date**\*

Click here to enter a date.

**Anticipated Grant Award Announcement (If Known)**

Click here to enter a date.

**Funding Opportunity Number**\*

e.g. USDA-NIFA-FINI-006104

Click here to enter text.

**CFDA Number**\*

e.g. 10.331

Click here to enter text.

**Grant Period**\*

e.g. Up to 2 Years

Click here to enter text.

**Total Amount Being Requested**\*

e.g. $1,000,000

Click here to enter text.

**Percentage Committed to the Promise Zone (From Award Amount)**\*

e.g. 25%

Click here to enter text.

**Zip Codes Served**\*

e.g. 95814

Click here to enter text.

**List ALL Organizations You Will be Collaborating With for This Grant Opportunity**\*

Click here to enter text.

Part 2: Project Abstract

**Select How Your Grant Targets the Promise Zone**\*

[ ] The proposed project is solely within Promise Zone boundaries

[ ] The proposed project includes the entire Promise Zone boundary and other communities

[ ] The proposed project includes a portion of the Promise Zone boundary

[ ] The proposed project is outside of the Promise Zone boundaries, but specific and definable services or benefits will be delivered within the Promise Zone or to Promise Zone residents

Click here to enter text.

**Which Promise Zone Goal(s) Does Your Organization Aim to Meet**\*

(Check all that apply)

[ ]  Jobs-Accelerate job creation

[ ]  Economic Development- Promote a sustainable economic base

[ ]  Education- Increase educational opportunities for all Promise Zone students along the education spectrum- from PreK to higher education

[ ]  Health- Promote healthy behaviors and increase health interventions

[ ]  Sustainably Built Community- Facilitating neighborhood revitalization

**Please Describe in Detail the Grant Activities and How Your Proposal Aims to Target Promise Zone Residents and Goal(s)**\*

(500 words or less)

Click here to enter text.

Part 3: Work Plan

Number as many Goals, Objectives, Activities, and Outcomes as you need. Include specific information to the PROMISE ZONE POPULATION being targeted.

**Goals**\*

(e.g. Goal #1: To develop relationships with decision makers within five Promise Zone high schools.)

Click here to enter text.

**Objectives**\*

(e.g. #1 To engage five high school principals in the Promise Zone - if available provide a list of schools.)

Click here to enter text.

**Activities**\*

(e.g. #1 Outreach to 50 parents in Del Paso Heights #2 Schedule meetings with 10 principals)

Click here to enter text.

**Project Period**\*

(e.g. 1/1/2015 - 1/1/2016)

Click here to enter text.

**Anticipated Outcomes**\*

(e.g. #1 Through our strengthened relationships we can develop an after-school program that will impact the lives of 50 students.)

Click here to enter text.

**Data & Evaluation Metrics**\*

(e.g. #1 The number of meetings scheduled, #2 The number of school officials involved, #3 The number of students who will be involved in the after-school program)

Click here to enter text.

**By submitting this request, the organization is agreeing to send a copy of the full grant application and Award Letter to the Sacramento Promise Zone office.**\*

[ ]  I agree to the terms above

Print Name­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_