



Beyond Idea Grant (BIG) Program Application

Notice that data fields with asterisks (*) are required information.

Date

About the Organization

* Name of Organization:

* Address:

* City:

* State:

* Zip Code:

* Employer Identification Number (EIN):

Website:

Primary Contact

* Name:

* Title:

* Email Address:

Contact Phone Number:

Are you applying through a fiscal sponsor?

If yes, provide fiscal sponsor's name and EIN.

Fiscal Sponsor:

Fiscal Sponsor EIN:

Organization Type:

*How long has your organization been in operation?

*How many paid staff work for your organization?

*Full-Time:

*Part-Time:

*Total Paid Staff:

About the Project

*Idea Title:

*In a few sentences, what is your project idea and how will it move your community forward?

*What is your proposed project timeline?

Start Date:

End Date:

***How much money are you requesting from the SDCF for this work?**

***Project Budget**

***Please provide a short description of the types of things you would spend these funds on. (Examples: salaries, program expenses, equipment, software/hardware, travel expenses, indirect up to 10%, etc.)**

***Who will your proposal serve? (used for tracking purposes only)**

Town/s:

Number of individuals:

Race/Ethnicity:

***Does your project address a disparity? Please describe (economic, disability, veteran's status, race, gender, age, other.)**

***What is your project plan? Describe the steps you intend to take to develop, test, and/or spread your idea.**

***How does the project align with your organization's mission/vision?**

***Describe the people leading this project. What is their connection to the community being served?**

***How do you plan on measuring the impact of your project? What do you hope to achieve? (What might increase, decrease, improve, etc.)**

DRAFT