Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Name

Address

EIN/Federal Tax ID Number

Executive Director/CEO Name

Executive Director/CEO Email

Finance Director/CFO Name

Finance Director/CFO Email

Project Contact Person

Project Contact Email

Project Contact Phone Number

Provide a brief overview of your organization (e.g. purpose, mission, services).

500 Character Limit

Describe your organizational experience in the anti-poverty arena.

500 Character Limit

Organization Service Area  If "Other", indicate where

If your organization provides services beyond Oneonta, explain how this project will target interventions to just individuals or households within the City of Oneonta School District.

500 Character Limit

Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name

Who is the target population for this project?

250 Character Limit

What conditions of poverty will be addressed through this project?

500 Character Limit

Provide a brief summary of the proposed project to be supported by this grant award.

500 Character Limit

What key intervention strategies will be implemented?

500 Character Limit

Explain how this project will reduce poverty and stabilize households.

1,000 Character Limit

OUTCOMES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Time Period       to

Number of individuals/households to be served      

Project Goal(s)

G1 -

G2 -

G3 -

What changes in condition or benefits to the target population do you expect from this project?

500 Character Limit

How will outcomes/changes in condition/benefits be measured?

500 Character Limit

How will measure a reduction in poverty and improved household stability?

500 Character Limit

Poverty Initiative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you determine which conditions of poverty to address? How did you identify this as a need?

500 Character Limit

Were individuals living in poverty involved in developing this project/proposal?

If “Yes”, provide a brief explanation of involvement.

500 Character Limit

How will you ensure persons benefitting from this project are low-income?

500 Character Limit

Budget\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested       Overall Project Cost

Project Budget Summary

1,000 Character Limit

Could this project operate with a partial award?

If yes, what component of the project would you prioritize? If no, explain.

250 Character Limit

How will you sustain this project after ESPRI funds are expended?

250 Character Limit