

6016 NE Birch St., Hillsboro OR 97124 USA [www.fullbasketbelize.org](http://www.fullbasketbelize.org)

2018 Community Grant

Application

#  Up to $1,000 USD

## **STIPULATIONS:**

Any project funded by Full Basket Belize (FBB) must meet the following criteria:

* Projects must be community-based, implemented in Belize for the benefit of Belize and Belizeans, focused on one or more of the following areas:
* Education
* The Environment
* Health - with emphasis on HIV/AIDS and domestic abuse
* Grassroots Economic Development
* Youth Leadership Development
* Applicants must be non-profit organizations, including non-governmental organizations, schools, and communities, and must have an organizational bank account (or a clearly identified fiscal agent that meets the requirements above).
* FBB funds cannot be used for lobbying, staff salary, subcontractor salary, or other benefits to individuals or to promote any political parties, religion or religious beliefs.
* Funding requests cannot exceed $1,000 USD.
* Projects must start and finish in the 2018 calendar year.

## **INSTRUCTIONS:**

# **Due**

# **October 13th**

#  **2017**

* Please answer each question thoughtfully and thoroughly.
* A detailed project budget must show how FBB funds will be spent.
* For applications to be considered, they must be completed, signed, and submitted by October 13, 2017.
* Completed applications can be e-mailed to brandon@fullbasketbelize.org.

Completely fill out each section of the application below (use additional pages if necessary).

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| Section 1: Applicant Information |

Each project application must be completed by the primary Point of Contact (POC) who will oversee the project in Belize. Assigning a secondary POC is encouraged. At least one POC must be affiliated with the organization applying for funds.

**LEAD ORGANIZATION**

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| --- |
| Name: |
| Date Organization Established: |
| Mission of Lead Organization: |
| Mailing Address: |
| Phone: | Fax: |
| e-mail address: | Website: |

 **Primary POC**

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| --- |
| Name: |
| POC’s association/position with applicant organization: |
| e-mail address: | Phone: |

**Secondary POC (encouraged)**

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| Name: |
| Secondary POC’s association/position with applicant organization: |
| e-mail address: | Phone: |

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| Section 2: Project DescriptionPlease answer the following questions as thoroughly as possible.  |

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| Title of Project or Program: |

Project Type: (**BOLD or Circle all that apply**)

Education

Environment

Health

Youth Leadership Development

Grassroots Economic Development

**Summary of the Program or Project**

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| Idea: Provide a brief overview of your project, including location and population(s) being served (3-4 sentences) |
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| Need: Describe why the project is needed or what problem you are trying to solve (3-5 sentences) |
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| Goals: Describe what you hope to accomplish/what will change as a result of your project (4-6 sentences) |
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| Objectives: Describe how you will achieve your goal/what will to do to improve your community? (4-6 sentences, including milestones, such as, number of people trained, events held, or resources distributes)  |
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**Project Design**

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| Activities: Outline your proposed activities to carry out your project, including your projected timeline (length as needed) [Note: projects should start and end in 2018] |
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| Sharing Success: Describe how you will demonstrate success to your community and to FBB (3-5 sentences) |
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| Section 3: Budget |

Please provide a detailed budget for the entire project. Note that funds from FBB cannot be used to pay for lobbying, staff salary, or any other direct support to individuals.

Grant Amount Requested (in U.S. Dollars; Maximum is $1000 USD): $ \_\_\_\_\_\_\_\_

(Please use the table below as a guide for your detailed budget. Feel free to submit an alternate format)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Quantity | Cost Per | Total Cost | Source of Funds (FBB, In-Kind, or other source) |
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| Grand Total |  |

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| --- |
| If funding from FBB is insufficient to complete the project, please indicate additional funding, resources, and in-kind support available to be used to complete the project (if applicable). |
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**Fiscal Agent**

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| --- | --- | --- |
| Do you have an organizational bank account? (Circle or **Bold** your answer) | Yes | No |
| If yes, please confirm if your bank will deposit or cash US checks | Yes | No |
| If you have a bank account, please sign and date the application below. |
| If you do not have an organiztaional bank account, do you have a fiscal agent that you will use? (Circle or **Bold** your answer) | Yes | No |
| If no, you are not eligible for this grant. E-mail Brandon@fullbasketbelize.org for more info. |
| If yes, please name the fiscal agent: |
| Date fiscal agent was established: |
| Mission of fiscal agent: |
| Mailing Address: |
| Phone: | Fax: |
| e-mail address: | Website: |
| Name of point of contact (POC) at fiscal agent:  |
| POC’s association/position with fiscal agent: |
| e-mail address: | Phone: |

Please sign and date your application

I hereby certify that, to the best of my knowledge, the information furnished in this application is true and complete.  I understand that if found to be otherwise, it is sufficient cause for denying an application or for requiring the applicant and the applicant's organization or school to restore funds to Full Basket Belize.

I am aware that funds will not be issued by Full Basket Belize to any institution that refuses to comply with appropriate reporting requirements or that refuses to sign a Full Basket Belize grant-making agreement.

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| POC’s signature |  Today’s date |