

**Proposal Form
Southwest Georgia United Empowerment Zone**

Applicant Organization Name:		Application Date:	
Physical Address:		City, St, Zip:	
Mailing Address:		Contact Person:	
City, St, Zip			
Phone, Fax, E-mail:			
	501(c)(3) Non- Profit	Government	Quasi-Governmental or Other Non-Profit
Corporate Status:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Project/Program Name: _____

Project/Program Length (36 month maximum)	Amount Requested: \$
EZ Strategy:	EZ Benchmark:

Project/ Program Abstract: _____

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Total Proposal Budget:

	EZ Request	Matching Funds (Cash Only)	Matching Funds (in-kind)	Source of Matching Funds (Including in-kind)	Total Budget
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total					

Prior Empowerment Zone Funding Received:

Dates	Amount	Project/Program	Complete?

**List Partners / Supporters of this Program / Project
(Attach current letter of support or current letter committing resources for each organization)**

Sources and amounts of funds applied for but not yet committed

	Amount	Source

To the best of my knowledge and belief, all data in this Proposal Form are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Name of Authorized Representative	Title	Telephone Number
Signature		Date Signed:

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1. Applicant Information: Existence, Diversity, Community Base (10 Points)

Criteria 1: Boards of Nonprofits shall be composed of diverse members representing the whole community across racial, economic, social and geographic lines. Nepotism or any appearance of nepotism must be avoided

1. A. Attach Articles of Incorporation and Bylaws, or other proof of organizational legal status

1.B. Attach current membership list of Board of Directors, including address, race, gender, and age

1.C. Attach most recent organizational Budget, Balance Sheet, Income Statement, and Audit

2. Benefit to Residents (without regard to race) of the Southwest Georgia United Empowerment Zone (20 Points)

Criteria 2: Organizations that receive funds from sources other than the Empowerment Zone to pay administrative salaries and expenses will be preferred over similar organizations that pay administrative expenses solely with Empowerment Zone funds. Typically, Empowerment Zone funds may be used to pay up to 100% of project administrative expenses in the first year, 75% of project administrative expenses in the second year, 50% of project administrative expenses in the third year, 25% of project administrative expenses in the fourth year, and may not be used to pay project administrative expenses in the fifth and following years without specific Board approval.

2.A. Describe the need within the community that this proposal addresses. Use objective data, if such data is available.

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A. Describe the need within the community (continued)

2.B. Describe the Proposed Project

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2.B. Describe the Proposed Project (Continued)

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2.C. Project Activities

List the specific activities that are a part of this program / project. If the activity is paid for by funds other than Empowerment Zone funds, please note this in the description and in the budget narrative.

Activity Name	Description	Frequency (Daily, 1/week, 3/week, 2/month, 1/quarter, once only, etc)	Start Date	End Date
Administration				

2.D. Project Evaluation:

List the desired outcomes from the Program / Project, how they will be measured, and the goal the project intends to achieve. Leave the column marked "Actual" blank.

Desired Outcome	Measure	Goal	Actual

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3. Program/Project and Organization Sustainability (40 Points)

Criteria 3: During their first year of application, an organization must receive a minimum of one percent (1%) of the amount of its Empowerment Zone grant from other sources in a cash contribution in order to be eligible for a grant from the Empowerment Zone. During the second and following years of application, an organization must receive a minimum of ten percent (10%) of the amount of its Empowerment Zone grant from other sources in a cash contribution in order to be eligible for a grant from the Empowerment Zone.

The existence of these funds will be verified prior to allocation of funds to the recipient.

This cash contribution will be recognized in the grant agreement between the Empowerment Zone and the organization. Empowerment Zone funding will be provided on a contingent basis, based on the recipient documenting this required cash contribution from other sources.

Each applicant must have a business plan or a strategic plan that shows how it intends to insure sustainability. A copy of the plan must be included with the grant application.

3.A. Organization History, Experience, Accomplishments

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3.D. Attach Copy of Business Plan or Strategic Plan

A copy of Applicant's Business Plan or Strategic Plan is attached.

3.E. Discuss prior Empowerment Zone projects and organization's successes in meeting prior project goals. Discuss any prior problems with programmatic or financial issues and state how problems have been resolved (if applicable)

4. Program/Project Addresses the EZ Benchmark (10 Points)		
4.A. Discuss how the proposed Program / Project contributes toward meeting the Benchmark target, how the Program relates to and supports other tasks funded under this benchmark, and how the Program / Project will contribute to secondary outputs, particularly the following:		
Dollar amount leveraged	# of jobs saved	# of houses
Dollar amount of loans	# of loan funds established	# of houses rehabilitated
# of jobs created	# of buildings built/renovated	# of new/upgraded computers

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Program/Project Addresses the EZ Benchmark (continued)

**5. Program Coordinates With and Does Not Unnecessarily Duplicate Other
Community Resources (20 Points)**

5.A. In-Kind Matching Funds		
In-Kind Match Provider	Items Provided	Cash-Equivalent Amount Provided
Total		

5.B. Discuss the contributions of the Partner and Supporter Organizations listed on Page 2 of this application. Include shared information, shared beneficiaries, shared staff and volunteer resources, and shared data collection and evaluation measures.

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5.B. Discuss the contributions of the Partner and Supporter Organizations (continued)

5.C. Discuss and explain any apparent duplication of services.

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6. A. Complete Proposal Budget, By Fiscal Years

If the Program / Project is more than twelve months long, please show the budget divided by fiscal years on the charts below.

6. A. 1. Budget – Request from EZ

	Year One	Year Two	Year Three	Total
a. Personnel				
b. Fringe Benefits				
c. Travel				
d. Equipment				
e. Supplies				
f. Contractual				
g. Construction				
h. Other				
i. Total				

6. A. 2. Matching Funds – Cash Only

	Year One	Year Two	Year Three	Total	Source of Matching Funds
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total					

In the first year of application to the EZ, Cash Matching Funds must equal at least one percent (1%) of the EZ request. In the second and following years, Cash Matching Funds must Equal at least ten percent (10%) of the EZ request.

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6. A. 3. Matching Funds – In-kind Only

	Year One	Year Two	Year Three	Total	Source of In-kind Matching Funds
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total					

6. B. Activity Budget – Show Funding Sources for Each Project Activity, Including Administration

	Source: EZ	Source:	Source:	Source:	Total	Percent
Administration						
Activity Name						
Activity Name						
Activity Name						
Activity Name						
Activity Name						
Activity Name						
Total						

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6. C. Budget Narrative – Provide Reasoning and Justification for Budget Amounts Shown:

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6. C. Budget Narrative – Continued