CDP Domestic Application

Organization Information

Applicant Organization	
Also Known As	
Address	
City, State, Zip Code	
Telephone	
Organizational Email Address	
Web Address	
Tax Id	
Annual Operating Budget	
Year End Date	
Mission Statement (word count: 500)	
Are you a member of a VOAD *Please bold or highlight all that apply*	• None • Local VOAD/COAD • State/ Territorial VOAD • National VOAD • Interaction

SAMPLE

CDP would like to understand more about the leadership of grantee partner organizations. This information will help us to understand our grantee partners and inform our grantmaking process and strategy but **will not be used for this individual funding decision.** Please view CDP's statement on Racial and Intersectional Equity.

Does the leadership of your organization self-identify in the following areas? *For example, if a majority of the key decision makers (Board of Directors/ senior staff) selfidentify as older adults and/or Indigenous select both options below.*
Bold or highlight all that apply:

Prefer not to answer
Communities experiencing racial or ethnic inequity/ ethnic minorities
Indigenous
LGBTQIA+ People
Migrants/Immigrants/Refugees
Older Adults
People who are economically disadvantaged
People with different abilities
Women

Youth
Other (please list)

Is there a specific population that your organization is dedicated to serving?
This might be referenced in the governing documents, strategy or public-facing materials. Bold or highlight all that apply:

Prefer not to answer
Communities experiencing racial or ethnic inequity/ ethnic minorities
Children and Families
Indigenous
LGBTQIA+ People
Migrants/Immigrants/Refugees
Older Adults
People who are economically disadvantaged
People with different abilities
Women & Girls
Youth
Other (please list)

SAMPLE

Contact Information

Organization Contact: Main point of contact for the organization.
This individual is typically the Chief Executive Officer or Executive Director and has the authority to sign contracts.

Prefix/Salutation	
First Name	
Last Name	
Preferred pronouns (e.g. he/she/they)	
Title *i.e. Executive Director*	
Direct Office Phone	
E-mail	

Request Contact: Main point of contact for project's general grant administration
This individual is responsible for the completion of grant requirements.

Prefix/Salutation	
First Name	
Last Name	
Preferred pronouns (e.g. he/she/they)	

Title *i.e. Director*	
Direct Office Phone	
E-mail	

Fiscal Contact:

Prefix/Salutation	
First Name	
Last Name	
Preferred pronouns (e.g. he/she/they)	
Title *i.e. Finance Director*	
Direct Office Phone	
E-mail	

Fiscal Sponsor Information (only if applicable)

If your organization is not serving as the project's fiscal sponsor and main prime recipient of funds, please provide the information for the entity serving as the fiscal sponsor. Fiscal sponsors are responsible for the execution of the grant and must meet eligibility guidelines for the grant.

Fiscal Sponsor Organization Name:

Fiscal Sponsor CEO/ED Contact

First Name	
Last Name	
Preferred pronouns (e.g. he/she/they)	
Title *i.e. Executive Director*	
E-mail	
Office Phone	

Fiscal Sponsor CFO/Finance Contact

First Name	
Last Name	
Title *i.e. Finance Director*	
E-mail	
Office Phone	

SAMPLE

Project/Grant Request Information

Project Title *The title should be approximately three to six words in length. For example: Long term resiliency program for disaster affected communities.*	
Purpose Statement: (word count: 100) *The purpose statem brief, one - two sente the work. If a grant would be used in the and may be used o and for other public pu To provide long-term r resiliency in communities.*	
Estimated project started date	
Estimated project end date	
Please estimate the number of people affected	
Please estimate the number of people served through this project	
In what state(s) will these services be delivered	
List the cities and/or regions services will be delivered	

SAMPLE

Provide a detailed description of the proposed project. (word count: 500)
Describe the significance of the project to the community. Why is this project needed now in this disaster affected area? What needs will it address? What impact do you anticipate this project making and how do you know?

How does this project build long term sustainability or resilience in the disaster affected area and/or your organization beyond the life of the project? (word count: 250)

What major activities will help you reach your purpose statement as expressed above?
Please provide up to 3 major activities for your project in the table below. Example: Our organization will provide a one-day training on stormwater prevention to underinsured homeowners. Each homeowner will receive a free rain barrel and a one-on-one consultation at their property.

Major Activity 1 (word count: 150)	
Major Activity 2 (word count: 150)	
Major Activity 3 (word count: 150)	

What outcomes are you expecting for these activities?
Please indicate expected results in measurable terms, and how they will be measured, in the table below. Example: "50 uninsured homeowners will be trained within three months and demonstrate an increased knowledge of stormwater prevention techniques". This will be measured through a pre- and post-intervention KAP survey".

Expected outcome 1 (word count: 150)	
Expected outcome 2 (word count: 150)	
Expected outcome 3 (word count: 150)	

SAMPLE

CDP would like to understand more about whom this project will serve. This information will help us to understand our grantee partners and inform our grantmaking process and strategy but **will not be used for this individual funding decision.** Please view CDP's statement on Racial and Intersectional Equity.

Are the efforts funded by this grant primarily meant to benefit historically marginalized and at-risk populations? *Bold or Highlight response*

- Yes
- No

- Unsure
- Prefer not to answer

If yes, are any of the following populations the primarily intended people and/or communities served by the efforts funded by this grant?
You may select from multiple categories to reflect the intentions of your project.
Bold or highlight all that apply:

Communities experiencing racial or ethnic inequity/ ethnic minorities
Children and Families
Indigenous
LGBTQIA+ People
Migrants/Immigrants/Refugees
Older Adults
People who are economically disadvantaged
People with different abilities
Women & Girls
Youth/Children
Other (please list)

SAMPLE

Budget

Indirect Costs: CDP pays reasonable indirect costs, which includes those items that support the organization as a whole – i.e. development, organizational oversight/expenses - versus the specific project or program for which you are requesting a grant.

Exclusions: As a reminder, no CDP Funds support:

A. Any grants unrelated to a disaster or crisis
B. For-profit organizations
C. Grants to individuals, including scholarships, travel assistance or conference fees
D. Annual campaigns
E. ERF Funds do not support Capital Projects (i.e. bricks and mortar).

Total Project Budget:	
Request Amount:	

Detailed Project Budget (Attachment)
Please use the Microsoft Excel budget template provided or send a budget that identifies how you with use CDP funds, including a brief narrative description for each line item.

Budget Narrative (Provide Additional Details, Only If Necessary) (word count: 500)
The Budget Narrative should not repeat information that is provided in the Project Budget template in Excel. This Budget Narrative section should only be used to provide additional support or context for material budget items that are not already captured in the Project Budget template (e.g. Outside Resources budget expense was based on responses received by your organization to a request for proposals; or Personnel budget expense was based on prior budgeting experience). In addition, the Budget Narrative can be used to highlight estimates or assumptions made, or that are most subject to change during the term of the project.

Will you seek additional support to complete your funding needs for this project? (word count: 250)
If yes, please explain from whom you are seeking support. Indicate Funder Name, Status (Received, Committed, Pending, Likelihood) and Amount.

Due Diligence Documents

Request Documents (Required)

- Wire Transfer Form (Attachment)
- MOU (Attachment) o A Memorandum of Understanding is needed if your organization or project requires a fiscal sponsor.

Due Diligence Documents
Please refer to your grant manager email on which documents to provide.

- IRS Determination Letter of Non-profit Status (Attachment)
    - Letter should include statement that organization is a public charity or not a private foundation.
- Current 990 (Attachment)
    - Please ensure your 990 is signed.
    - Please explain any extension requests or reasons for not having a current 990.
- Audit (Attachment)
    - Organizations with an audit: Please upload Current Audited Financial Statements
    - Organizations without an audit: Please upload current financials from your accounting system (including a balance sheet as of the current date and a profit & loss statement for the prior fiscal year and YTD for the current fiscal year).
    - Please explain any audit findings including how the organization is addressing those findings, extension requests, or reasons for not having a current audit.

SAMPLE

Certification
By submitting this request to the Center for Disaster Philanthropy on behalf of the Executive Director/President of the organization named above, I, as the primary contact for this application, attest that all relevant staff and/or Board Members have reviewed this application and the information is accurate and complete.

Electronic Signature:_____

Date:_____

SAMPLE