

FRIENDS OF MONGOLIA SMALL GRANT APPLICATION OPEN TO MONGOLIA BASED VOLUNTEERS AND COMMUNITY ORGANIZATIONS

APPLICATION DEADLINE: March 15th, 2017

Application information: Applications are reviewed and decisions are made within one month after the application deadline. See end of this application for additional information.

Please return this application via email to <u>officers@friendsofmongolia.org</u>. **Applications are not considered complete unless all materials requested are received.** See application checklist at the end of this document.

Please answer the following questions in the order presented and numbered. Please attach any supporting documents as needed.

- 1. Project Title
- 2. Name of Organization

Physical Address Mailing Address Website Address

3. Contact Information

Primary Point of Contact (name & title) Telephone Number E-mail Address

- **4. Please provide the names and titles of the officers of the organization.** If a member of Peace Corps, provide only the name and title of direct supervisor(s).
- 5. What is the purpose/mission statement of the organization? (if not Peace Corps)
- 6. For US-domestic or Mongolia-based non-Peace Corps/VSO organizations, how is the organization registered/chartered? i.e. registered charity (501c3), a foundation, etc.

7. For US-based organizations, what is the organization's Federal Tax ID Number? Please include a scanned copy of the organization's charter/registration with this form (if non-Peace Corps).
8. Where will the project take place? If project is located outside of Mongolia, please explain.
9. Provide the project timeline (attach if needed).
10. Define the project goals and objectives.

11. Please descri	be the criteria	you will use to a	issess your pro	ogress and out	comes.
12. What is the to	otal budget for	the project? (U.	S. Dollars)		
13. How much is Please attach a de If the FOM Grant why additional fun overall success of	etailed budget, i is for suppleme ding is needed,	ncluding commun	ity contribution (in already funde	ed project, pleas	se describe
14. Please identif	fy the use of fu	unds. Specify the	Project Focus A	Area(s) and Acti	vities from
the categories bel		, , , , , , , , , , , , , , , , , , , ,	.,		
Focus Areas ☐ Health ☐ Cultural ☐ Education ☐ Other (Specify)		Activities ☐ Capital Costs ☐ Direct Gifts ☐ Operations ☐ Other (Specify)			
15. Specify the nu	mber of target	beneficiaries of	the funding.		
	Women	Men	Girls	Boys	Total
Direct					
Beneficiaries					
Indirect Beneficiaries					

16. Describe plans, if any, for sustaining the project beyond this short-term funding period.
17. In your own words please describe how this donation supports FOM's mission. (See www.friendsofmongolia.org)
18. Has the organization/HCA received funds from FOM previously? When and for what project?
19. From what other sources will the organization receive funds for this project (if any)?

PLEASE COMPLETE THE FOLLOWING FORM AND SUBMIT WITH APPLICATION NARRATIVE: Project Title:
We, the undersigned, agree to the following terms when applying for funding from the Friends of Mongolia Small Grant Program:
 Funds can only be used for the items specifically stipulated in the attached budget. Primary point of contact agrees to maintain correspondence with Friends of Mongolia at least quarterly through the duration of the project to provide status updates. A final report must be submitted to Friends of Mongolia within 30 days of completing the project, which describes project outcomes, any deviations from the project plan, project photographs (if applicable) and itemized description of all expenses including copies of receipts. Any unused funds must be returned to Friends of Mongolia within 30 days of project completion. All applications are reviewed by an independent committee and application for funds does not guarantee that funds will be awarded. The amount available for grants is not fixed and may vary each year. The final funding award amount is at the sole discretion of Friends of Mongolia and approved funds not collected within the designated time frame of the project will remain the property of Friends of Mongolia.
In addition, we the undersigned, certify that this project is community initiated and directed.
Project Coordinator (or PCV/VSO) Signature Date (Full name typed out)
Community Leader SignatureDate (Full name typed out)
Application Checklist:
 □ Verification that the project is: 1. Community initiated and directed 2. Meets a community need or interest 3. Supported by at least a 25% community contribution (direct or in-kind) 4. Well planned with sustainability in mind
□ Detailed Budget. If the FOM Grant is for supplementary funding to an already funded project, please describe why additional funding is needed, what it will be used for, and how the funding will increase the overall success of the project.
☐ Additional supporting documents as needed (organization's charter/registration for non-Peace Corps related organizations, etc)

For Official use only:
Date Application Received: Date Reviewed by FOM: Date Applicant Notified of Decision: Date of Project Completion: