



## Topic-Specific Proposal Outline Fall 2021

### **THIS IS ONLY AN OUTLINE OF THE FULL PROPOSAL**

If you are selected to submit a full proposal, you will be sent a JotForm link in your notification email sent to you by the TDC's Staff Liaison. For questions email [Smallgrants@tndisability.org](mailto:Smallgrants@tndisability.org)

- You must answer all sections completely
- Please note: the JotForm link allows you to save and come back later to finish the application process
- Fall proposals are **due on or before October 29th, 2021**. The link will close after 11:59pm CST

**Please note:** There will be a section for a Primary organization and an additional organization for collaborative applicants. Primary organization means the organization that has been designated to receive funding, and is responsible for submitting mandatory reporting. The TDC is not responsible for designating this role!

If there are more than two (2) organizations involved in this grant, after submitting the application please email Carrie Carlson at [smallgrants@tndisability.org](mailto:smallgrants@tndisability.org) for additional instruction.

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### **Organization Information:**

**If this is a collaborative proposal** -- Unless you make your selection and choose "Yes, this is a collaborative effort" on the first question, you will not see additional space for entering more than one organization's information. Once you choose "yes, this is a collaborative effort", additional questions will populate.

You are required and responsible for submitting the information requested in its entirety, for all organizations applying for funding / working in a collaborative effort on the proposed project.

All information is needed for all organizations

- Name of organization
- Website
- Federal tax ID#
- Year organization was founded
- Mailing address

- Physical address, if different

### **Primary contact information:**

Primary contact is the designated contact who will oversee the grant funds and reporting. Please remember that the TDC is not responsible for designating this role; it is the responsibility of the applying parties.

All organizational contact listed in this proposal will receive **ALL** emails regarding this proposal and all future grant related communications from the TDC staff liaison.

- Primary contact Name
- Title
- Phone number
- Email address

### **Collaborative / Secondary Organization Information:**

- Name of organization
  - Website
  - Federal Tax ID#
  - Year organization was founded
  - Physical address
  - Name of organization contact person
  - Title
  - Email address
  - Phone number
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## **Section 1: Application Information**

### **Primary organization information**

- Organizations' Executive Director/President/Principal
- Organizational title
- Email
- Describe your organizations' experience as it relates to the proposed project

### **Collaborative / secondary organization information**

- Organizations' Executive Director/President/Principal
- Organizational title
- Email
- Describe your organizations' experience as it relates to the proposed project

## **Section 2: Project Information**

Please add the total budget for the proposed project including funding and contributions from other sources as well as the organization itself. Add the total amount being requested from TDC considering the maximum allowable amount.

Do not exceed \$10,000.00 for a single applicant or \$15,000.00 for a collaborative application. Indicate the total time frame for the proposed project.

This period may exceed the grant period if awarded.

- Estimated budget for this project
- What is the funding amount requested from the Tennessee Disability Coalition?

### **What is the timeframe for the proposed project?**

- Start date
- End date

## **Section 3: Project Narrative**

Please use the sections provided for the proposal. Each section will be evaluated and awarded points. The point system is based upon clear and concise responses to questions, focused content, completeness of the answers, and quality of the responses.

Answer all questions as outlined in the Full Proposal Form. Please do not include any attachments other than those requested. They will not be reviewed. The areas of focus are identified in this document and the point values assigned for each. These areas have been further broken down into more specifically detailed questions/topics which must be addressed, if applicable.

### **A. Project Description**

- Describe the proposed project to be funded by the TDC, if awarded?
- Describe the need to be addressed by this project?
- Who will be served by this project?
- How will funding from the TDC support disability community-centric storytelling?
- How do you plan to implement the project?
- What is the goal of the project?
- Include measurable, outcomes-base objectives, including the estimated number of participants:

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### **B. Impact / Evaluation:**

- Describe the impact the project will have on the participants and community:
- How do you plan to evaluate the project?
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In the section below, please include the anticipated outcomes and measures that you intend to take for the evaluation of this project.

**Please note:** this section should be used for your two mandatory reports if your project is funded

**Reporting** (this question is in table format)

	Anticipated outcomes	Measures
Five (5) month report		
Final Report		

- If the project will be ongoing, how will it be sustained beyond the grant award period?

### C. Collaboration

- How do you plan to work collaboratively with other organizations serving this population/area/need?: (List organizations that are not already included in this application)
- If you are not collaborating with others, please explain why:
- If this is a collaborative grant, describe each organization’s role in this project:
- If this is a collaborative grant, describe each organization’s financial support or contribution to this project:

### Section 4: Estimated Project Budget

To assist the Coalition in further understanding your request, please provide a Budget Justification describing how the funds will be used.

No attachments accepted. Only use the categories outline in the budget table below

- Budget Justification:

Complete the Project Budget Line Items for THIS project in the table provided below. Do not include your organization’s operating budget here.

In "other funds committed or allocated for this project", add the total amount from all organizations or funders contributing to this effort.

No attachment accepted.

Project Budget Line Items (This section is in table format)

Please make sure your math is correct.

Project Budget Line Items	Requested Funds from Tennessee Disability Coalition	Other Funds Committed or Allocated to this project	Total
Salaries & Wages			
Benefits & Payroll Taxes			

Consultants / Professional Services			
Staff Development			
Insurance			
Rent / Mortgage			
Building Maintenance			
Equipment			
Equipment Maintenance / Rental			
Technology / Computers			
Program supplies			
Marketing			
Postage / Mailings			
Printing			
Office supplies			
Travel / Mileage			
Utilities / Telephone			
Other (specify):			
TOTAL PROJECT EXPENSES			

- What is the total amount of funding being requested?

**Section 5: Certification and Signature**

We certify that the information contained herein is correct and complete. We agree to keep accurate financial records for any funds that might be received and to use any grant money strictly for the purpose detailed herein. We will comply in the event the Tennessee Disability Coalition asks to schedule site visits before and after the grant has been made, and we agree to submit the interim and final requested narrative and fiscal reports by the deadlines set forth by the Coalition. We will allow the Coalition to use the information provided in this request for public information pieces and will acknowledge the Coalition’s support in any publicity generated regarding this project:

**To ensure that this form is accessible to all, please use the option below that best fits you, by either signing or typing your name.**

Primary organization

- Name of primary organization
- Name of organization officer

- Title
- Signature
- Date

Executive Director / President / CEO

- Name
- Title
- Signature
- Date

Primary Grant Contact

- Name
- Title
- Signature
- Date

Collaborative / Secondary Organization:

- Name of primary organization
- Name of organization officer
- Title
- Signature
- Date

Executive Director / President / CEO

- Name
- Title
- Signature
- Date

Primary Grant Contact

- Name
- Title
- Signature
- Date

UPLOAD APPROVAL LETTER FROM THE TDC.