

Topic-specific Small Grant Cycle

Letter of Interest - Fall 2021

The Tennessee Disability Coalition is pleased to announce our first topic-specific funding opportunity

Community-centric Storytelling

Eligibility Requirements:

The Tennessee Disability Coalition grant funds are available to nonprofit organizations in the State of Tennessee, United States of America (USA), that are IRS-designated tax-exempt organizations or governmental entities. The organization's **unrestricted funds** as part of their annual budget **must be less than \$2 million**. For collaborative grant applicants, unrestricted funding **per organization** must be less than **\$2 million dollars (\$4 million combined)**.

Private foundations and agency members of the Coalition Grant Committee are not eligible to apply. Only one letter per organization, per grant cycle.

This letter of interest is due on or before September, 20th. The link will close after 11:59 pm CST. There is no exception for late letters of interest.

Is this a collaborative letter of interest? *

Yes, this is a collaborative letter of interest

No, this is NOT a collaborative letter of interest

Organization/Agency Information

Please provide all information requested

Organization/Agency Name *

Organization Program to be funded, if different

Point of Contact *



| First Name | | | |
|------------------------------------|----------------------------|--|--|
| Phone Number | | | |
| Please enter a valid phone number. | | | |
| Email * | | | |
| example@example.com | | | |
| Organization/Agency Name (2) | | | |
| Organization Program | to be funded, if different | | |
| Point of Contact (2) | | | |
| First Name Last Nam | ne | | |
| Email (2) | | | |
| example@example.com | | | |
| Phone Number (2) | | | |
| Please enter a valid phone number. | | | |
| Address (2) | | | |
| Street Address | | | |
| Street Address Line 2 | | | |
| City | State / Province | | |
| Postal / Zip Code | | | |



| Address | |
|--|--|
| Street Address | |
| Street Address Line 2 | |
| City | State / Province |
| Postal / Zip Code | |
| | ty Coalition is not responsible for managing grant responsibilities or funds between ogether on a collaborative grant. |
| Please use the space be funds and submit require | elow to determine which organization and primary contact will manage/receive ed reporting. |
| Please note: both organ of interest. | ization contacts listed above will be copied on all emails sent regarding this letter |
| Name and Title of Indi | ividual Submitting this Letter of Interest * |
| Ex: John Doe, Director of Oper | ations |
| A brief statement of h | istory, mission and services of your organization (2): |
| | |
| | |
| A brief statement of h | istory, mission and services of your organization: |
| | |
| | |
| | |

A brief description of the project to be funded as you would like it to appear on our website:



| 0/100 |
|---|
| Provide a detailed description of the project to be funded |
| |
| How will the funding from the TDC contribute to Community-centric Storytelling? |
| |
| |
| Provide a description of the overall goal of the project to be funded: |
| |
| If you have received funding from the TDC in the past, how is this program different? (2) |
| Please provide a budget justification: |
| |

If you have received funding from the TDC in the past, how is this program different?

| Project budget line items | | | |
|-----------------------------------|---------------------|--|-------|
| | TDC Requested Funds | Organization funds 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/Computer | | | |
| Program Supplies | | | |
| Marketing | | | |
| Postage/Mailings | | | |
| Printing | | | |
| Office Supplies | | | |
| Travel/Mileage | | | |
| Printing | | | |
| Utilities/Telephone | | | |
| Other (specify below) | | | |
| Other (specify below) | | | |
| Total | | | |



| Individual applicants can request up to \$10,000.00 |
|--|
| Collaborative applicants can request up to \$15,000.00 |
| Amount of funding you are requesting? |
| Other (from budget) |
| |
| |
| Annual Organizational Budget: |
| Please include your annual organizational budget below by either providing: |
| The amount listed on your 990 Form, or If you do not receive a 990 Form, your annual organizational budget reported |
| Please note: We do not need anything to be uploaded for this section |
| |
| Organizational Unrestricted Funds |
| (\$) |
| Organizational Budget (2) |
| (\$) |
| Organizational Unrestricted Funds (2) |
| (\$) |
| Organizational Budget |
| (\$) |
| All Letters of Interest will be reviewed to determine if the Coalition Grant Committee and Coalition Board |

wish to pursue a full proposal. Applicants will be notified via email of the results of the review process by



October, 15th, 2021.

Please Type First and Last Name *

Federal ID Number

Please Type First and Last Name (2) *

Federal ID Number (2)

Full Proposals will be due the LAST FRIDAY IN OCTOBER. October, 29th, 2021.