

# Project Proposal Template for Community Organizations



**Due: March 13, 2020**

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## CONTACT INFORMATION

*Please provide the following information on the primary contact for the application.*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Phone**

*Please identify the person who will present the project (if chosen).*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

## ORGANIZATION INFORMATION

*Please provide the following information on your organization.*

\_\_\_\_\_  
**Organization Name**

\_\_\_\_\_  
**Website**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Does your organization serve at least 51% low-to-moderate-income residents?**

Yes

No

**Will your project serve at least 51% low-to-moderate-income residents?**

Yes

No

**Organization Mission and Description**

*Provide a brief description of your organization, its mission, and its projects or activities*  
(250 words maximum)

**PROJECT INFORMATION**

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**Project Title**

**Population and Region**

*Briefly describe the population and region your project will serve.*  
(100 words maximum)

*Specify the city, county, and census tract in which your project’s service area is located. To identify your census tract, [click here](#) and select “Geographies” from the menu on the left.*

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**City**

**County**

**Census Tract**

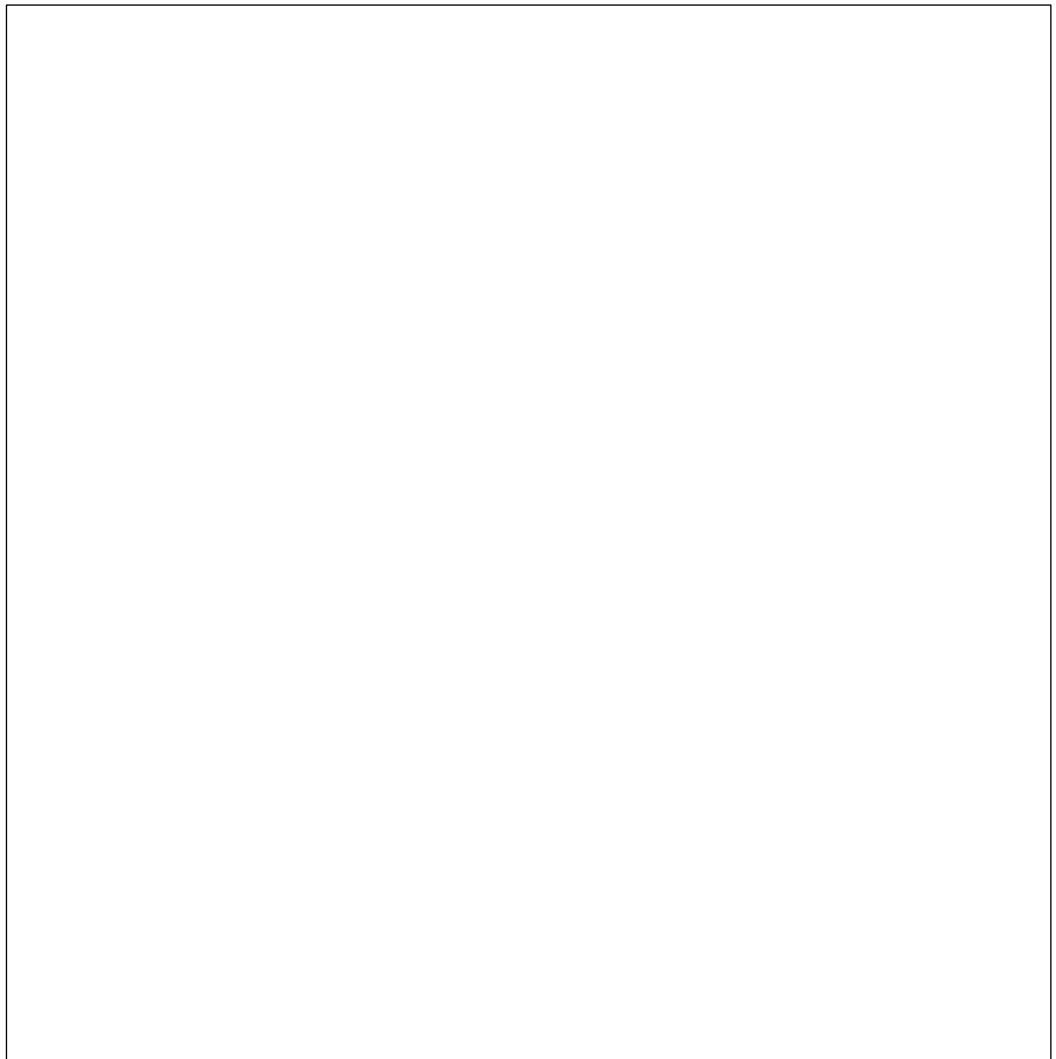
**Community Needs**

*Provide a brief description of the community needs your project will address.*  
(200 words maximum)

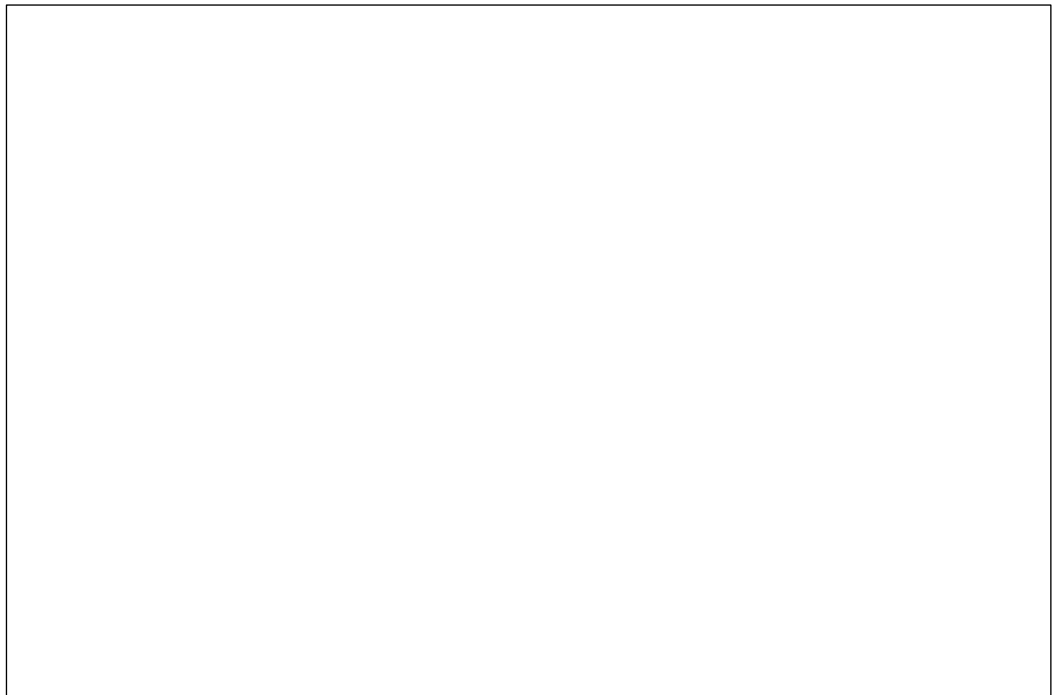
**Project Description**

*Describe your project's structure, timeline, and sustainability plan.*  
(300 words maximum)

*Describe your project's implementation strategy and the resources that will be required.*  
(300 words maximum)



**What makes your project innovative?**  
(200 words maximum)



## FUNDING INFORMATION

### Type of Funding

Please check all that apply.

- Term Loan       Line of Credit       Grant       Equity Investment  
 Service Hours       Other (please specify): \_\_\_\_\_

### Disbursement Type

- Lump Sum       Incremental Payments       Not Applicable

Amount of Funding Requested \_\_\_\_\_

Requested Timing of Funding \_\_\_\_\_

Please specify the date or quarter when the funding will be needed. If you are requesting incremental payments, please also provide the requested frequency and number of payments.

**If selected, how will your organization use and benefit from partnership with a financial institution for this project?**

(200 words maximum)

### Funding Sources

Please list your organization's major funding sources.