

Texas Holocaust and Genocide Commission
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TEXAS HOLOCAUST AND GENOCIDE COMMISSION GRANT
Fall 2019 Application

Deadline for submission for Fall 2019 is September 9th, 2019.

Before completing this application, please refer to the Texas Holocaust and Genocide Commission (THGC) Grant Criteria and Procedures document available at www.thgc.texas.gov. **Please ensure that your application is able to sufficiently address all aspects of the Evaluation Criteria.**

All proposals must be typed. This application form is designed to be filled out electronically. Please contact Cheyanne Perkins at 512.463.5674 if you require an alternate format.

PROPOSAL INFORMATION

Project Title:

Grant Funds Requested: _____ Matching Funds: _____ Total Project Cost: _____

ORGANIZATION INFORMATION

Organization Name:

Federal ID# (Taxpayer ID or tax exempt number):

Governance: Federal State County City University School/District Private nonprofit

Organization Website URL:

Organization's Mission Statement:

CONTACT INFORMATION

Organization Director/Fiscal Manager:

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email address:

Project Manager/Teacher:

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

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Email address:

PROJECT NARRATIVE (Maximum 3 pages for the 3 elements of the narrative)

Please attach responses to the three elements of the project narrative, described below, to the application. The narrative can be no longer than three pages in length.

1. Project Development

Describe project goals and activities and how they relate to the mission of your organization. • How does the project ensure that resources are available to students, educators, and the general public regarding the Holocaust and genocides? • Does the project emphasize the responsibility individuals have in upholding human value, especially regarding genocide?

2. Project Staff

List all staff and volunteers who will work on the project. • What are the qualifications of those individuals within your organization who will be working on the project to perform specific project duties? • What experience does your organization have in working with Holocaust and genocide-related educational projects?

3. Potential Impact and Feasibility

What audience will this project reach? • What are the goals and desired outcomes of the project? • How many individuals will this project reach? • What is the urgency and need for this project? • Is the size and scope of the proposal appropriate for this project? • Can the applicant properly accomplish the proposed project? • Will this project reach Texans in rural/smaller urban settings?

PROJECT BUDGET

The project budget must include a one-to-one match from cash and/or in-kind sources, unless prior approval based on need has been obtained from the THGC. **Provide a detailed explanation of how all funds will be used to carry out the project.** Break down your project costs based on which funds would come from the THGC grant and which funds will come from cash and in-kind sources. Please use the sample budget in the THGC Grant Criteria and Procedures document, available at www.thgc.texas.gov, as a model. Attach verification for each source stating the cash contribution pledged.

PROJECT EVALUATION

Describe how you will evaluate the effectiveness of your project. If applicable, include the types of data tracking tools you will use to collect statistical information (quantitative), and explain how you will make determinations about participants' understanding of the project and its goals (qualitative). You may attach additional pages if necessary.

Project Component	Evaluation Method

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PROJECT TIMELINE

Create a timeline with specific calendar dates when project tasks will be accomplished. **Projects must begin on or after November 1st, 2019 and be completed prior to October 31st, 2020, when a complete financial report of expenditures and the final reimbursement request for the project are due.** Please plan your activities with these dates in mind. Include all steps and be as specific as possible. You may attach additional pages if necessary.

DATE	ACTIVITIES
November 2019	
December 2019	
January 2020	

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February 2020	
March 2020	
April 2020	
May 2020	
June 2020	
July 2020	
August 2020	
September 2020	
October 2020	

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APPLICANT CERTIFICATION

We certify that all information contained herein is accurate or represents a reasonable estimate of future operations based on data available at the time of application and that there are no misstatements or misrepresentations in the information submitted herein or as a supplement:

Organization Director or Authorized Representative

Signature: _____

Date: _____

Name:

Title:

Project Manager

Signature: _____

Date: _____

Name:

Title:

APPLICATION CHECKLIST AND DELIVERY

The following must be complete and received by the THGC by September 9th, 2019. All materials must be included in a single packet.

A complete application package will contain:

- a signed, original application form
- a project narrative
- a project budget
- a copy of IRS determination letter or other proof of not-for-profit status
- verification of required matching funds

Optional attachments:

- resumes of individuals responsible for project oversight
- three copies of supplemental materials representing programs similar to the one for which a grant is being requested

Do not staple application materials or place them in plastic sleeves or notebooks.

Please submit all application materials electronically, by emailing them to cheyanne.perkins@thgc.texas.gov.

Texas Holocaust and Genocide Commission staff is available to help you with this application. For assistance, contact Cheyanne Perkins at 512.463.5674.