TEXAS HOLOCAUST AND GENOCIDE COMMISSION GRANT

Winter 2021 Application

**Deadline for submission for Winter 2021 is January 11, 2021.**

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](http://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:

E-mail address:

**Project Manager/Teacher:**

Physical Address:       City:       State:       Zip Code:

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

Telephone:       Fax:       E-mail 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 in Texas regarding the Holocaust and genocides? • Does the project emphasize the responsibility individuals have in upholding human value, especially regarding genocide?

1. **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?

1. **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 should include a one-to-one match, 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](http://www.thgc.texas.gov), as a model. Attach verification for each matching source, stating the cash amount of the contribution pledged.

**PROJECT EVALUATION**

Describe how you will evaluate the effectiveness of your project. 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). Grant Recipients will be required to compare the actual outcomes of the funded project with the projections given in the section. You may attach additional pages if necessary.

|  |  |
| --- | --- |
| **Project Component** | **Evaluation Method** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**PROJECT TIMELINE**

Create a timeline with specific calendar dates when project tasks will be accomplished. **Projects must begin on or after February 1, 2021 and be completed prior to January 31, 2022, 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** |
| **February 2021** |       |
| **March 2021** |       |
| **April 2021** |       |
| **May 2021** |       |
| **June 2021** |       |
| **July 2021** |       |
| **August 2021** |       |
| **September 2021** |       |
| **October 2021** |       |
| **November 2021** |       |
| **December 2021** |       |
| **January 2022** |       |

**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 **January 11, 2021**. All materials must be included in a single packet. **Applications that do not include all required materials will not be eligible for evaluation.**

**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

[ ]  if a private non-profit, proof of being incorporated and headquartered in Texas

[ ]  verification of required matching funds

**Optional attachments:**

[ ]  résumés of individuals responsible for project oversight

[ ]  three copies of supplemental materials representing programs similar to the one for which a grant is being requested

**Please submit all application materials electronically, by e-mailing 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.