



**The Georgia Department
of Community Affairs**

2006 Grant Application Instructions

I. Cover Letter

Please provide a cover letter that includes:

- A. The name, title, organization, email address and phone number of the person that will serve as the principal point of contact for this proposal
- B. The amount of money that you are requesting (\$1,000 - \$10,000)

II. Description of Activities

- A. Statement of Purpose: Describe the way in which you intend to create or grow the Hands On model in your community.
- B. Overview of Activities: Describe and explain the activities that will be supported by the funds that you are requesting.
- C. Impact: Project the growth that these funds will allow you to achieve and the time frame within which you expect that achievement to take place.
- D. Sustainability: Discuss the anticipated sustainability of the development that you want to achieve, paying particular attention to the following questions:
 - 1. What resources will be necessary after the grant funds have been spent to sustain that growth?
 - 2. What is the likelihood that achieving the capacity growth that you seek will generate new demands on your organization?

III. Budget

Please complete the attached budget template.

IV. Attachments

Your proposal will not be considered complete without the following attachments:

- A. Letter from sponsoring government agency (who will receive the grant money) agreeing to the partnership

- B. Most recent or proposed organizational budget
- C. Full list of Board of Directors
- D. Strategic Plan document (if available)
- E. Verification of Matching Funds
Please include a letter of support indicating from where you expect matching funds to come. Receipt of matching funds **must** be confirmed on or before February 23, 2007 to retain eligibility for funding.

* Proposals should be no more than 10 pages, including attachments.

Hands On Georgia RFP Budget Template

Please complete the following budget template, including each item on which you anticipate spending grant funds. If matching funds have not yet been secured, indicate by "TBD."

Item	Total Funds Required	Funds Requested from Hands On Georgia	Matching Funds	Source of Matching Funds
Staffing				
Programming				
Other				
TOTALS				

For more information about this grant application or becoming a Hands On community, please contact:

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