

**U.S. EMBASSY TBILISI CULTURAL SMALL GRANTS PROGRAM APPLICATION**

**DEADLINE: March 1, 2023 and June 16, 2023 11:59 p.m. Georgia Standard Time**

**Completed application and required supporting documents must be submitted electronically to:** tbilisicultural@state.gov

**Please include the funding opportunity number in the subject line.**

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| Information About Organization |
| Organization name (in Georgian) |  |
| Organization name (in English): |  |
| Organization Representative: |  |
| Legal address of the organization: |  |
| Physical address of the organization: |  |
| Contact information: Tel/Mobile, E-mail, Web-page. |   |

**Mandatory application forms:**

1. SF-424 (Application for Federal Assistance – organizations)
2. SF-424A *(Budget Information for Non-Construction programs)*
3. SF-424B *(Assurances for Non-Construction programs)*
4. U.S. Embassy Tbilisi Cultural Small Grants Program Application Form (8 pages maximum)
5. 1- page CV of project team leader
6. Letters of support from program partners describing the roles and responsibilities of each partner (if applicable)
7. Official permission letter (if required for program activities)

**Please ensure:**

1. All documents are in English
2. All budgets are in U.S. dollars
3. All pages are numbered
4. All sections strictly adhere to the word limit
5. All documents are formatted to 8 ½ x 11 paper, and
6. All Microsoft Word documents are single-spaced, 12 point Times New Roman font, with a minimum of 1-inch margins

NOTE: The application package must be archived only into ZIP archive. RAR archived packages will not be accepted.  Emails exceeding 6MB and RAR/ZIP files will not be accepted.

**DETAILED INFORMATION**

**Name of project:**

**Amount requested:**

**Project period:**

**(A project should not exceed 12 months. Recommended start time for the project is at least three months after application deadline)**

**Proposal Summary (limit 300 words):** *Short narrative that outlines the proposed project, including project objectives and anticipated impact*.

**Primary goals and objectives (limit 300 words):** *The “goals” describe what the project is intended to achieve. The “objectives” refer to the intermediate accomplishments on the way to the goals. These should be achievable and measurable.*

**Project Justification/Problem Statement (limit 300 words):** *Clear, concise, and well-supported statement of the problem to be addressed and why the proposed program is needed.*

*(Please consider the value to strengthening U.S. and Georgia cultural ties and furthering U.S. Embassy priority program areas, as discussed at* <https://ge.usembassy.gov/embassy/grant-programs/public-diplomacy-small-grants-program/>).

**Detailed Description of the Project Activities (limit 500 words) and Timeline (you may create your own table if needed):** *Describe the program activities and how they will help achieve the objectives.*

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| **ACTIVITY TIMETABLE** |
|  | Activity | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII |
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**Project Beneficiaries (limit: 100 words):**

**Project Partners (if applicable)**

**Expected Results (limit: 300 words):**

**Future Funding or Sustainability of Project (limit: 300 words):**

**Logical Framework for Monitoring and Evaluation** (see example below): *Throughout the timeframe of the grant, how will the activities be monitored to ensure they are happening in a timely manner, and how will the program be evaluated to make sure it is meeting the goals of the grant?*

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| LOGFRAME: | Objectively verifiable indicators  | Sources and means for verification  | Assumptions and risks |
| Goal:  |  |  |  |
| Expected Results:   |  |  |  |
| Activities: |  |  |  |

**Project Budget**

**(In USD and excludes VAT)**

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| --- | --- |
| **BUDGET:** |  |
| **BUDGET CATEGORIES** | **NO of Units**X  | **Price Per Unit** | **Applicant’s Share of the Cost** | **U.S. Share of the Cost** | **TOTAL $** |
| **PERSONNEL** |  |  |  |  |  |
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| **TRAVEL** |  |  |  |  |  |
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| **CONTRACTUAL** |  |  |  |  |  |
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| **OTHER DIRECT COSTS** |  |  |  |  |  |
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| **TOTAL** |  |  |  |  |  |

 **IMPLEMENTATION TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position Title and Description****% of time spent of project-related activities** |  **Contacts:****Cell phone #****Email:** |
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**BACKGROUND:**

**Brief information about applicant organization**

* Organization mission and objectives
* List of implemented projects/received funds/donors

**OTHER USG FUNDING:**

List of all previous U.S. Government funding, including previous Embassy-funded grants as well as USAID or NED funded projects. Please list year, amount of project and name of the project.