

NEXUS BLUE SMALL GRANTS APPLICATION

1. ORGANIZATION NAME:			
2. PROJECT NAME:			
3. GRANT START DATE (MM/DD/YYYY):			
4. GRANT END DATE (MM/DD/YYYY):			
5. TOTAL GRANT AMOUNT REQUESTED:			
6. PROJECT DESCRIPTION (500 words or less)			
7A. OBJECTIVE 1			
Key Activities:			
Evaluation Criteria: Key Performance Indicator (KPI)			
7B. OBJECTIVE 2			
Key Activities:			
Evaluation Criteria: KPI			
7C. OBJECTIVE 3 (OPTIONAL)			
Key Activities:			
Evaluation Criteria: KPI			
8. BUDGET			
LINE ITEM	TOTAL BUDGET	NEXUS BLUE REQUEST	OTHER DONORS
Contract Services			
Equipment			
Field Training			
Outreach			
Supplies			
Fuel			
Airfare			
Hotel			
Per Diem			
TOTAL			
PROPOSAL PREPARED BY: Full name & title			
CONTACT PHONE NUMBER:			
CONTACT EMAIL:			
DATE: (MM/DD/YYYY)			