



# CITY OF BROWNSVILLE

## ECIVIS APPLICATION FORM

### FY 2016

Applications must be completed in full, using this form, and received electronically by [Sarah.Dierlam@cob.us](mailto:Sarah.Dierlam@cob.us) or in person at the Office of Grant Management and Community Development by the date of April 15, 2016 at 5:00 PM, CST.

### ECIVIS

The purpose of this application is to grant local nonprofits access to the eCivis pre and post award grant database for a period of 1 year with a review of usage at 6 months following date of award.

### Eligibility Criteria

- Must be Non-profit organization
- Must submit an IRS Letter
- Must have a Vision and Mission Statement

### Organization Information

<b>Organization Name</b>	
<b>Point of Contact</b>	
<b>Address</b>	
<b>Email</b>	
<b>Contact Number/Fax</b>	
<b>Year Established</b>	
<b>Nonprofit EIN Number</b>	
<b>Number of Employees</b>	
<b>Total Operating Budget</b>	

## Project Proposal

What is your organization's Mission Statement?
List all grants for which you have applied in the past 12 months (if none, enter N/A; attach extra pages if necessary)
Approximately how many hours per week (FTE) does your organization spend researching funding opportunities?
Do you have a staff member dedicated to researching grant opportunities? (YES/NO; if yes, explain)
What is your organization's typical method of searching for grants?
Have you utilized eCivis in the past? (YES/NO)
What value would having access to eCivis add to your organization?
List ongoing partnerships with BCIC and/or City of Brownsville (if none, enter N/A)
Describe current and/or past efforts to coordinate with BCIC and/or City of Brownsville

**The undersigned certifies that all information and representations made in this application, including attachments, are true and correct to the best of their knowledge. Additionally, the undersigned agrees to undergo a review six (6) months after**

