

**PEER GLOBAL HEALTH INITIATIVES INC.  
1501 Vista Ridge Way  
Roseville, CA 95661**

**Grant Application  
2014.2015**

**Please read carefully!** The Executive Board of Peer Global Health Initiatives Inc. will make its decision based on your written application. Your time and effort spent reviewing the grant funding guidelines and completing this application is appreciated.

**Thank you for improving the quality of life of the physically and intellectually disabled!**

**Submittal Requirements:**

An application is considered complete when the following have been provided in their entirety.

1. Grant Application Cover Sheet
2. Funding Eligibility
3. Project Description and Budget
4. Certification

**Mail or deliver one (1) original and four (4) copies of all information to:**

Peer Global Health Initiatives Inc.  
Attn: Rakesh Peer, Treasurer  
1501 Vista Ridge Way  
Roseville, CA 95661

**Completed Applications must be received no later than:**

June 30, 2014 4:00 pm.  
No Exceptions.  
Postmarks will NOT be accepted.

# 1. GRANT APPLICATION COVER SHEET

Requester Name (full corporate name, no abbreviations or dba's):

\_\_\_\_\_

Requester Full Address (no PO Box):

\_\_\_\_\_

501(c)(3) Tax Exempt Status: YES NO (circle one); EIN No: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Percentage of project cost requested by this application \_\_\_\_\_ %

Project Title: \_\_\_\_\_

Project Description: (in one sentence, describe the proposed project, including use of funds and who will benefit from this project)

\_\_\_\_\_

\_\_\_\_\_

Other support for this project:

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

## Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. FUNDING ELIGIBILITY

**Applicant attests to the following:**

Each statement must be initialed by the applicant indicating that it has been read and is agreed.

\_\_\_ 1. Grants are made for one year only. Approval of a grant this year in no way implies that funding will be awarded in subsequent years.

\_\_\_ 2. Grant funds must be used for the purpose specified in the grant application. Grant funds are intended to supplement, not supplant funding or programs that already exist.

\_\_\_ 3. All grant requests submitted to Peer Global Health Initiatives Inc. become public documents and are available to the public for review once included in the corporate meeting agenda.

\_\_\_ 4. Failure to submit a Final Report will disqualify the applicant from any subsequent funding cycles for which applicant would otherwise be eligible.

\_\_\_ 5. Applicants are strongly encouraged to limit requests to a maximum of \$1,000.

\_\_\_ 6. All requested funds will only be used “to improve the quality of life of the physically and intellectually disabled.” The application must clearly document how the grant will benefit a group of disabled people rather than one single disabled individual.

Describe how the funding requested for your project directly benefits a wide spectrum of the physically and intellectually disabled individuals.

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### 3. PROJECT DESCRIPTION AND BUDGET

Type or print in blue or black ink the answer to question A through D below, as concisely as possible, using the response *“Not Applicable”* to those questions that do not pertain to your proposal. Limit answers to one(1) typed or printed page per question.

A. Describe the need for this project, the problem to be addressed and the population to be served.

B. Describe the proposed project, including primary objectives.

C. What are the desired results or anticipated outcomes? At the end of the year, how will the Executive Board of Peer Global Health Initiatives Inc. be able to determine whether the results were achieved?

D. If your request cannot be fully funded, how would you modify the project if funded at:

- 75%?
- 50%?

E. Provide a breakdown of the proposed project budget outlining in detail the expense categories incurred for materials, labor or other miscellaneous services. (Response to this question shall be provided in Excel or other electronic spreadsheet format)

### 5. CERTIFICATION

I/We understand that copies of the required assurances and certifications must be provided prior to the award of funding, and must be maintained during the entire funding period.

I/WE certify that under penalty of perjury of the laws of the State of California that all statements in this application are true and correct.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Title: \_\_\_\_\_

Second signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and Title: \_\_\_\_\_