# global Leaders Outreach Network grant application 2021-2022

Please answer all questions completely and return as soon as possible. (Deadline June 15th, 2021) Grants are approved on a **first come first served** basis. GLO Grants are recognized as one of the Global Leaders Outreach Network Ministries Financial Literacy Programs. **Note:** Application fee is a **non-refundable** $500 donation to GLO Network. Additional donations are always welcome to help service our global mission. Please mail completed application with application fee $500 check or money order to: GLO Network c/o BEYOND TAX SOLUTIONS INC. 1400 12th AVE S.E. Suite 100 BELLEVUE, WA 98004

(PRINT) **NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SIGNED INITIALS) \_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **STATEMENT OF PURPOSE; PLANNED ACTIVITIES for your GLO GRANT**

**In a few short sentences, tell us your objectives for this global grant.**

**Who will benefit from this global grant? Provide the estimated number of direct beneficiaries.**

**Which of the following activities will this global grant fund?**

## HUMANITARIAN PROJECT

**Where will your project take place?**

**When do you anticipate your project will take place?**

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | Until: |  |

**Outline your project implementation schedule. (Add additional lines as needed)**

|  |  |  |
| --- | --- | --- |
| No. | Activity | Duration |
| 1: |  |  |
| 2: |  |  |
| 3: |  |  |
| 4: |  |  |

**What community needs will your project address and how were these needs identified? Provide any relevant data or survey results.**

**Detail how your project will address these community needs.**

**How were members of the local community involved in planning the project? Does your project align with any current or ongoing local initiatives?**

**Describe any training, community outreach, or educational programs, if applicable, and who will conduct them. How will recipients be selected?**

**Note: If the project includes volunteers needed , please indicate where applicable.**

## VOCATIONAL TRAINING TEAM

**Identify the vocational training team(s): (Add additional lines as needed)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Team Name** | **Type** | **Location of training** | **Departure** | **Return** |
|  |  |  |  |  |  |

**What training needs will the team(s) address and how were these needs identified? Provide any relevant data or survey results.**

**Detail the specific objectives for the training, including expected positive changes in recipient knowledge, abilities, and/or skills.**

**How were members of the local community involved in planning the training? Does the training align with any current or ongoing local initiatives?**

**How will you support training recipients so that skills received through training stay up to date?**

**.**

### Vocational training team member applicants will answer the following questions:

**How does your educational and professional experience relate to the selected area of focus?**

**What is your role in this training? Describe how you will participate.**

## SCHOLARSHIP

**What is the scholarship candidate's estimated travel dates?**

**How did you select this candidate?**

**In what ways is this candidate qualified to receive a global grant scholarship?**

### Scholar applicants will answer the following questions:

**List the two educational institutions you have most recently attended:**

**Provide the following information about the academic program you plan to attend:**

**Matriculating educational institution (including city and country):**

**Language of instruction:**

**Website:**

**Academic program:**

**Academic program start date:**

**Academic program end date:**

**List the classes you plan to take and provide any relevant links to information about the program.**

**How does your educational, professional, or volunteer experience align with GLO Network’s outreach or community goals to help others in need in the selected area of focus?**

**What are your plans immediately after the scholarship period?**

**How do your long-term professional goals align with helping others as a kingdom representative and/or community outreach goals in the selected area of focus?**

## AREAS OF FOCUS

**Select the applicable area(s) of focus and goal(s) that your activity will support:**

**Which goals will your activity support?**

**How will you meet these goals?**

**How will you measure your impact? (More information about measures can be found on our website during Financial Literacy Training courses)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Measure | Measurement Method | Measurement Schedule | Target |
| 1: |  |  |  |  |
| 2: |  |  |  |  |
| 3: |  |  |  |  |

**Who will be responsible for collecting information for monitoring and evaluation?**

## COOPERATING ORGANIZATION

**Identify any cooperating organization participating in your project.**

**Describe your process for selecting this organization. What resources or expertise will this organization contribute?**

## VOLUNTEER TRAVELER(S)

**Identify any individual whose international travel will be funded by this global grant.**

**Identify the responsibilities of the volunteer traveler(s) and the specific tasks that each individual will complete. Why?**

## PARTNERS

**List any additional partners who will participate and identify their responsibilities.**

**Describe the role that members of the local community will play in implementing your project. What incentives (e.g., compensation, awards, certification, promotion) will you provide to encourage local participation?**

**Identify any individuals in the local community who will be responsible for monitoring outcomes and ensuring continuity of services. How will you support these individuals to help them take on this leadership role?**

## BUDGET

|  |  |  |  |
| --- | --- | --- | --- |
| **Local currency**: |  | **Exchange rate to 1 USD**: |  |

**(Add lines as necessary)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Description | Supplier | Category\* | Local cost (USD) | Cost in USD |
| 1: |  |  |  |  |  |
| 2: |  |  |  |  |  |
| 3: |  |  |  |  |  |
| 4: |  |  |  |  |  |
| 5: |  |  |  |  |  |
| 6: |  |  |  |  |  |
| 7: |  |  |  |  |  |
| 8: |  |  |  |  |  |
| 9: |  |  |  |  |  |
| 10: |  |  |  |  |  |
| 11: |  |  |  |  |  |
| 12: |  |  |  |  |  |
| Total budget: | | | |  |  |

\*The budget categories are selected according to your needs. The options are for Accommodations, Equipment, Monitoring/evaluation, Operations, Personnel, Project management, Publicity, Signage, Supplies, Training, Travel and Tuition

**Describe the process for selecting these budget items. Do you plan to purchase any items from local vendors? Have you performed a competitive bidding process to select vendors? Do these budget items align with the local culture and technology standards?**

**How will the beneficiaries maintain these items? If applicable, confirm that spare or replacement parts are readily available and that the beneficiaries possess the skills to operate equipment.**

**Who will own the items purchased with grant funds at the end of the project, including equipment, assets, and material?**

## FINANCING

**To determine the GLO Networks Grant Funding match for your GLO grant, list all sources of funding, specifying contributions from cash and/or other sources. Contributions are not required however some financiers may be willing to fund match future grants which could increase your amount received and can be included in the grant financing if they are being used to purchase grant budget items. These contributions should not be sent to GLO Network after receipt . The total financing must be equal to the total budget of your activity. Note: Project sponsors will be asked to consider contributing 5 percent for cash contributions made to GLO grant applications submitted on or after June 15th , 2021, to offset processing and administrative costs. The additional 5 percent is not required for contributions sent directly to a project’s bank account.**

**If you have a known Matching SPONSOR or ORGANIZATION, please list (Add rows if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Method | Organization | Amount (USD) | Extra support | Contribution plus Extra support |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| SPONSOR contributions: |  |
| Cash contributions: |  |
|  | |
| Donations from friend, family, church, crowdfunding, GoFundMe, fundraising etc. (maximum): |  |
| GLO Fund match (requested): |  |
| Financing subtotal (matched contributions + GLO Fund): |  |
|  | |
| Total Amount Requested |  |
| Total budget NEEDED: |  |

**Have you identified a local funding source to ensure long-term project outcomes? Will you introduce practices to help generate income for ongoing project funding?**

Check GRANT AMOUNT DESIRED:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $1,000 | $5,000 | $10,000 | $25,000 | Maximum $ Amt. |
|  |  |  |  |  |

Thank You for your Application

**GLO Financial Literacy Administrative Team**

**Global Leaders Outreach Network Ministries, Inc.**

**GLO Financial Literacy Program / GLO Grants Worldwide**