Enter the Following Information

1. Organization, group, coalition name

a.

2. Select Organization Type

Primary Contact Information

3. Who will be the primary contact for the EJII Capacity Building Grant application? (First name, Last name)

a.

4. Please enter the primary contact's email

a.

5. Please enter the primary contact's phone number

a.

Primary Group/Organization/Coalition Contact Information

6. Street address (Organization/group/coalition address)

a.

7. Address line 2 (optional)

a.

8. City

a.

9. State

a.

10. Zip/Postal code

a.

11. Website URL (if applicable)

a.

Grant Information

12. What is your organization/group/coalition's mission?

a

13. What is the ultimate goal of your project?

a.

14. Does your project have a name? If yes, what is it?

a.

15. Does your project have a name? If yes, what is it?

a.

16. What size award are you applying for? (How much money are you requesting for your project?)

a.

17. Please explain the project budget. How will funds be used?

a.

Project Information

18. Please explain the project timeline. [Please note: project owner/manager must attend kickoff event in Milwaukee in early 2025 (exact date TBD)]

a.

19. How did you hear about this funding opportunity?

a.

Grant Application Feedback

20. Please give us any feedback on the application structure.

a.

21. If you could change anything about the grant overview, requirements, or application process, what would you change?

a.

22. Did you experience any barriers in completing the application? What were they?

a.