



## American Funding Innovators 2010 Technology Assistance Grant (TAG) Program

We look forward to reviewing your application and potentially working with you as part of the TAG program. AFI is dedicated to helping grant organizations through innovative tools and services and TAG participants will benefit from direct access to the tools we provide and direct input into our product development strategies.

**To Apply:** Complete the application below in its entirety. Incomplete applications will not be considered. Please be sure to obtain a signature from the Authorized Representative.

**Questions:** If you have any questions, please check [http://afisystems.com/TAG\\_FAQ.html](http://afisystems.com/TAG_FAQ.html). If you do not find the answer, then please submit your question via email to [TAG\\_FAQ@afisystems.com](mailto:TAG_FAQ@afisystems.com). Questions will be answered and posted on the TAG FAQ page listed above. Our goal is to make this application process as simple and straightforward as possible, please do not hesitate to contact with any questions.

**Submission:** Submit your completed application to be in AFI offices **no later than 5:00 PM Pacific Time on Friday, October 29 2010**. You may submit your application by email (preferred), fax, or postal mail. Applications must be in AFI's possession by the closing deadline, postmarked or other timestamp does NOT constitute receipt by AFI. Confirmation will be sent via email to all applicants making the closing deadline.

Email: [TAG\\_Submission@afisystems.com](mailto:TAG_Submission@afisystems.com)

Fax: 1-800-580-7146

Postal: AFI TAG Submission  
174 W. Foothill Blvd, #133  
Monrovia, CA 91016

<b>American Funding Innovators Technology Assistance Grant (TAG) General Application</b>	Type of Submission: <input type="checkbox"/> First Time Applicant <input type="checkbox"/> Request for Renewal of Award
<b>APPLICANT INFORMATION:</b>	
Full Organization Name:	
Employer/Taxpayer Identification Number (EIN/TIN):	
<b>Applicant Address:</b>	
Street 1: Street 2: City: County: State: Zip / Postal Code	

<b>American Funding Innovators Technology Assistance Grant (TAG) General Application</b>	
<b>Name and contact information of person to be contacted on matters involving this application:</b>	
First Name:	
Middle Name:	
Last Name:	
Title:	
Telephone Number:	Fax Number:
Email:	
<b>Applicant Profile</b>	
Select Your Organization Type: Select Entity Type	
<b>Average Annual Grant Activity</b>	
	# of Grants      Award \$
Federal	
State	
County	
City	
Foundation	
Other	
Number of Community Based Organizations with whom you collaborate on an annual basis: To how many of the above do you provide funding?	
Population *:	
* Provide Source if other than <a href="#">US Census Bureau 2007 estimate</a> - Source:	
<b>Proposed Term of System Deployment:</b> (After awarded, when would your organization would be ready to implement. We will set the term date of the award contract to match this time frame.)	
Start Date:	End Date:
By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements will result in the immediate rejection of my application and exclusion from consideration for all future AFI grant programs.	
<input type="checkbox"/> I AGREE	
<b>Authorized Representative:</b>	
First Name:	
Middle Name:	
Last Name:	
Suffix:	
Title:	
Telephone Number:	Fax Number:
Email:	

**American Funding Innovators Technology Assistance Grant (TAG) General Application**

**Narrative 1: Describe the top three to five areas where you feel your organization needs to improve with respect to its grant research and grant management processes.**

**Narrative 2: Description of current grant research and grant management process, including reference to any resources or tools currently used within that process.**

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**Narrative 3: Describe the expected benefits you expect to achieve through the implementation of the AFI TAG program.**

**Applicant Obligations**

If awarded, the applicant agrees to the following:

- I certify that my organization will be fully prepared to deploy AFI grant systems as of the proposed deployment start date listed in the application above. Deployment includes availability for remote online training and full adoption of the AFI grant systems.
- I certify that all participants in the TAG program will participate in quarterly surveys regarding usage and usability.
- I certify that my organization will be fully prepared to deploy AFI grant systems as of the proposed deployment start date listed in the application above. Deployment includes availability for remote online training and full adoption of the AFI grant systems.
- I certify that my organization will designate a primary point of contact to act as a participant in the AFI Innovation Forum – a bimonthly teleconference of awardees and select advisors who provide feedback on the existing product and proposed features for our upcoming grant management products.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date