



# Fall 2021 Pervasive Needs Grants

Adira seeks applicants who can expand existing programs or implement a new program within a 12-month project period. Projects will receive an average award of \$60,000. Applicants will receive confirmation when the application has been received.

**Applicants should submit the completed cover sheet (below) and letter of intent in a combined PDF to [programs@adirafoundation.org](mailto:programs@adirafoundation.org).**

Questions regarding this opportunity should be directed to Lauren Ruiz, programs manager, at the same email.

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## Cover Sheet

Organization name:

Website:

Project director name:

Project director title:

Address:

City:

State:

Address line 2:

Zipcode:

Telephone:

Email:

Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Grant Agreement that may result:

Name:

Title:

By signing this page and applying, the Authorized Representative certifies that the following statements are true:

1. No attempt has been made or will be made by the Applicant to induce any other person or organization to submit or not submit an application.
2. The Applicant does not discriminate in its employment practices regarding race, creed, age, religious affiliation, sex, disability, sexual orientation, or national origin.
3. Information and costs included in this application shall remain valid for 10 days after the application due date or until a grant is approved, whichever comes first.

4. The statements contained in this application are true and complete to the best of the Applicant's knowledge and the Applicant accepts as a condition of the grant the obligation to comply with the applicable State and Federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.
5. If the Applicant is awarded a grant as a result of this RFP, the Applicant will be required to complete, and will be bound by, a Grant Agreement. At the time of signing the Grant Agreement, the Applicant will be required to provide the Federal Employer Identification Number (FEIN) or Social Security Number (SSN), as applicable, as proof of nonprofit status.

Authorized Representative Signature (*authorized to bind Applicant*):

Name:

I understand I am signing a digital form. By checking this box, I confirm I am the individual whose name is printed above.

Date:

