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PROJECT  
**INNOVATION**

# Eligibility Quiz

## \* Is your organization categorized as one of the following:

- Labor Organizations, Causes or Programs;
- Political Organizations, Causes or Programs;
- Religious Organizations, Causes or Programs;
- Schools and Educational Institutions;
- 501c4 Organizations.

Yes

No

## \* Operating Budget

Please provide your organization's current operating budget as reflected on your most recent 990, line 12. By submitting this number you are certifying that this information is accurate and matches the IRS database.

## \* Previous Funding

Has your organization received any cash or grant funding from Comcast NBCUniversal or an NBC or Telemundo owned television station in an amount **equal to or exceeding \$10,000 per year during any of the past three (3) years?** This includes previous Project Innovation winners, Comcast NBCUnites partners, local NBC or Telemundo station partners, Comcast regional partners, and Comcast Community Impact partners (including, but not limited to local chapters and affiliates from the following organizations: Boys and Girls Clubs, Big Brothers Big Sisters, City Year, Easter Seals and The Arc).

Yes

No

## \* Program Age

Has the program for which you are submitting this grant request been in existence and in operation **for at least one year?**

Yes

No

# Organization Info

GENERAL **ORGANIZATION INFO** REQUEST DEMOGRAPHICS GRANT REQUEST INFORMATION ADDITIONAL UPLOADS CERTIFICATION



Before starting your application, please scroll to the bottom of the page and click the 'Save Draft' button. This will ensure the application is saved to your account.

**The Organization Information displayed below is READ-ONLY and can only be edited by going to the Organization Profile. You can complete the rest of the application before updating the information below. Please review the information and confirm that it is correct.**

To make edits and/or to validate the Organization profile (AFTER completing the rest of your application), first click SAVE DRAFT before navigating away from this screen. Then, select "Organization Profile" at the top of this screen.

## Organization Details

Tax ID/EIN:

Organization Legal Name  
with the IRS:

General Organization  
Name:

Organization Address:

Organization City:

Organization State:

Organization Zip Code:

Organization Email  
Address:

Organization Phone  
Number:

Organization Web Site:

# Organization Info

GENERAL **ORGANIZATION INFO** REQUEST DEMOGRAPHICS GRANT REQUEST INFORMATION ADDITIONAL UPLOADS CERTIFICATION

## [-] Contact Person Information



In this section, please select your organization's Top Executive (Executive Director, President, CEO, etc.) and the contact person responsible for this funding request. If the Top Executive is the same person as the Request Contact, you will only need to provide the information once. This information is based on the contact information that has been provided by your organization.

If you cannot find the Executive contact in the dropdown, click the **Add Contact** button to add a new contact to your Organization. Then click the **Save Draft** button to include the newly added contact in the dropdown.

\* Executive Contact:

--Please Select--



If the contact person for this request is different than the Top Executive listed above, please select them from the drop-down menu. If the contact person on this request is the same as the above top executive, you can skip this entire section.

If you cannot find the contact in the dropdown, click the **Add Contact** button to add a new contact to your Organization. Then click the **Save Draft** button to include the newly added contact in the dropdown.

Request Contact:

--Please Select--



Add Contact



# Organization Info

GENERAL **ORGANIZATION INFO** REQUEST DEMOGRAPHICS GRANT REQUEST INFORMATION ADDITIONAL UPLOADS CERTIFICATION

## Financial Information



Below is the information that was most recently provided regarding your organization's 990 and other financial information. To make edits to this, and/or to validate the Organization profile, *click "Organization Profile" at the top of this screen.* Click **SAVE DRAFT** before navigating away from this screen. You must provide the most recent financial information for your organization.

**Form 990 Year:**

**Total Revenue Amount:**

# Organization Info

GENERAL **ORGANIZATION INFO** REQUEST DEMOGRAPHICS GRANT REQUEST INFORMATION ADDITIONAL UPLOADS CERTIFICATION

## Organization Demographics

Comcast is committed to diversity in our hiring, programming, management training, procurement and community impact. In order to track accurate information about our foundation grants, we ask all applicants to provide demographic information about the communities they serve.

The information below reflects the population served by your organization, NOT by this specific grant program. On your organization profile, you will provide the demographics of your constituency/audience, board, and staff. *To edit this data, open your Organization Profile at the top of this screen. Click **SAVE DRAFT** before leaving this screen.*

**This information will not affect funding decisions.**

**African Americans:**

**Arab Americans:**

**Asian or Pacific Islanders:**

**Biracials:**

**Caucasians:**

**Hispanics, Latinos and  
Latinas Served:**

**Native Americans:**

**Total Population Served %:**

# Organization Info

GENERAL ORGANIZATION INFO REQUEST DEMOGRAPHICS GRANT REQUEST INFORMATION ADDITIONAL UPLOADS CERTIFICATION

## Federal Lobbying Disclosure - Organization



Under the Federal Lobbying Disclosure Act of 1995 (FLDA) Comcast may be required to report its contributions to some organizations. The following questions will allow Comcast to meet its disclosure obligations under the FLDA. The FLDA requires Comcast to report to the U.S. Congress certain contributions made to entities such as yours. Comcast may have to report the contribution if (1) your entity is named for, established, maintained, financed, or controlled by (i.e. Board Member) any member of the U.S. Congress, Executive Branch official or federal agency employee (collectively, "Federal Officials"); or (2) the contribution is used to pay for an event recognizing or honoring a Federal Official or an event held by, or in the name of, a Federal Official. The information below is read-only. To edit this information, access your Organization Profile at the top of this screen. Click **SAVE DRAFT** before leaving this screen.



**Organization as it relates to FLDA:**

**Name and Title of Federal Official:**

**Nature of the Relationship:**

# Request Demographics

- GENERAL
- ORGANIZATION INFO
- REQUEST DEMOGRAPHICS**
- GRANT REQUEST INFORMATION
- ADDITIONAL UPLOADS
- CERTIFICATION



Please provide a breakdown of the populations below as they will be served by your program. **This information will not affect funding decisions.**

If you do not capture this data for your organization, please provide your best estimate. (Total population served must equal 100%.) *This information is used for internal coding purposes and enables us to show the impact of our giving in our communities. We appreciate any data you can provide.*

\* Black / African American:

\* Arab American:

\* Asian / Pacific Islander:

\* Biracial / Two or more races:

\* White / Caucasian:

\* Hispanic / Latino:

\* Native American:

Population Served Total: 0.00%



# Grant Request Information

GENERAL ORGANIZATION INFO REQUEST DEMOGRAPHICS **GRANT REQUEST INFORMATION** ADDITIONAL UPLOADS CERTIFICATION

## \* Fiscal Sponsor Information

Are you operating under a fiscal sponsor (do not have your own EIN/Tax ID)?

## \* Applicant Request Amount

Please provide the dollar amount of support you are requesting for this program from the Comcast NBCUniversal Foundation. Grants will range from \$5,000 to \$150,000, at the discretion of the Comcast NBCUniversal Foundation. *In most cases, grants will not exceed 30% of the organization's total reported operating budget. The Comcast NBCUniversal Foundation may contact you for additional information.*

## \* Program Title

Please provide a BRIEF title for this program.

Please provide a BRIEF title for this program. Note:  
Your response is limited to 230 characters or less

230 characters left

## \* Previous Funding

Has your organization received any cash or grant funding from Comcast NBCUniversal or an NBC or Telemundo owned television station in an amount equal to or exceeding **\$10,000 per year** during any of the **past three (3) years**? This includes previous Project Innovation winners, Comcast NBCUnites partners, local NBC or Telemundo station partners, Comcast regional partners, and Comcast Community Impact partners (including, but not limited to local chapters and affiliates from the following organizations: Boys and Girls Clubs, Big Brothers Big Sisters, City Year, Easter Seals and The Arc).

**\* Program Age**

Has the program/project for which you are submitting this grant request been in existence and in operation for at least one year?

Yes

**\* Organization Summary**

Provide your organization's mission statement and a brief summary of its purpose.

650 characters left

**\* Which of the NBC and Telemundo owned station markets is your organization applying for?**

30 characters left

**\* How many employees does your organization employ?**

**\* Share a challenge your organization encountered in the past year and how it was addressed by leadership.**

650 characters left

\* Select the category that best describes your program's focus.

- **Culture of Inclusion** – Programs that encourage equitable access, opportunities, and resources for traditionally underrepresented communities.
  - Examples include: job training programs or mentoring for traditionally underrepresented populations, programs that remove barriers to employment and participation in civic life, or supportive services for local communities (e.g. case management, career readiness, community resources, etc)
  
- **Youth Education** – K-12 in-school and out-of-school programs that equip youth with the tools they need to succeed, including STEM/ STEAM education.
  - Examples include: academic enrichment programs, youth development programs, Science, Tech, Engineering, Art or Math programs/camps.
  - *\*Unable to fund schools and their affiliated fundraising entities, including elementary, secondary and universities.*
  
- **Next Generation Storytellers** – Programs that promote access and develop pathways for emerging talent, diverse voices, and underrepresented youth to explore careers in arts, news, sports and entertainment.
  - Examples include: arts education, filmmaking training, or storytelling programs.
  
- **Community Engagement** – Programs that enable individuals to engage and volunteer in their communities.
  - Examples include: citizen engagement programs, volunteering events, campaigns responding to citizen needs (e.g. food insecurity, health services), etc.

--Please Select-- 

**\* How did you hear about the grant program?**

**\* The Need**

Please explain the specific emerging or ongoing issue your organization is working to resolve through this program.

650 characters left

**Program**

**\* How long has your program been in existence?**

10 characters left

**\* Describe your program and explain how it will directly impact the community. Please also specify if your organization is introducing a new element to the program or seeking to expand the existing program.**

2500 characters left

**\* What research, data or circumstance(s) informed your idea for this innovative program?**

650 characters left

**Please list any formal partners your organization works with to achieve your targeted outcomes for this program. Please detail involvement.**

650 characters left

## Innovation Statement

### \* Innovation Statement

Innovative programs apply new ideas to solve long-standing or emerging issues in our communities. Innovative programs are also forward thinking and present pre-emptive solutions to future problems.

**Please provide a succinct summary that highlights the most innovative and compelling aspect of your program.**

650 characters left

**\* The Comcast NBCUniversal Foundation supports high impact innovative programs. Why do you consider your approach innovative? How is the program different from those already in the marketplace?**

1500 characters left

## Impact

**\* Please tell us about your program's intended impact and measurable results thus far. Please also comment on any challenges you have encountered.**

650 characters left

**\* How will you measure and quantify your program's impact over the next year?**

650 characters left

**\* How many people do you currently serve through the program?**

10 characters left

**\* How many additional people do you anticipate serving if awarded the requested funding?**

10 characters left

**\* Age Group Served**

--Please Select--

- All Ages
- Children (0-12)
- Teens (13-18)
- Young Adults (19-21)
- Adults (21-64)
- Seniors (65+)

**Program Budget**

**\* Provide the total program budget.**

**\* Budget**

Please list your other funding sources for the program you are applying for (note if any are multi-year).

650 characters left

## Organization Budget

**\* Provide your organization's total revenue amount from your most recent 990 form. Please note that the total revenue amount must be greater than \$100,000 to be eligible for a grant.**

**\* Provide your organization's total administrative costs.**

Administrative costs can include payroll, office space, and general overhead costs.

**\* Provide your organization's total programmatic costs.**

Programmatic costs include any costs associated with running your programs such as supplies and dedicated staffing.

**\* If the organization reported a deficit, please enter the amount from the Form 990 you uploaded as an attachment, Line 19. If the organization reported a surplus, please enter \$0.**

**\* If the organization ended the fiscal year with a deficit, an explanation of circumstances leading to the deficit is required. If the organization ended the year with a surplus, please enter N/A.**

250 characters left

# Additional Uploads

GENERAL ORGANIZATION INFO REQUEST DEMOGRAPHICS GRANT REQUEST INFORMATION **ADDITIONAL UPLOADS** CERTIFICATION

## \* IRS Determination Letter

Please upload your organization's IRS Determination Letter. This must be in .PDF format.



## \* Most Recent 990 Form

Please upload your most recent 990 form. This must be in .PDF format.



## Most recent Audited Statement

Please upload your most recent audited statement. This must be in .PDF format.





# Certification

< GENERAL ORGANIZATION INFO REQUEST DEMOGRAPHICS GRANT REQUEST INFORMATION ADDITIONAL UPLOADS **CERTIFICATION**

## \* Certification

The individual submitting this request for funding certifies that he/she is an authorized representative of the organization applying for this grant, and that the information contained in this online application is accurate. The submitter agrees that if a grant is awarded:

1. The grant funds will be used for the sole purposes outlined in the grant proposal and may not be expended for any other purposes.
2. The organization does not practice discrimination based on race, gender, gender identity, religion, age, sexual orientation, national origin or any other category protected by law.
3. Information about the organization and the grant may be used by the Comcast NBCUniversal Foundation in any published materials.
4. The organization agrees to provide a one-year grant performance report in a timely manner.
5. The organization agrees to accommodate site visits as requested by Comcast NBCUniversal Foundation representatives.

The submitter authorizes Comcast NBCUniversal Foundation and its respective parent, subsidiary, and affiliated entities (including but not limited to NBCUniversal Media, LLC), and the sponsors of the Challenge (individually and collectively, "NBCUniversal"), to contact applicants via e-mail in order to provide status updates and updated information on Comcast NBCUniversal Foundation.

By submitting this application, the submitter certifies that he/she has read and agrees to the terms and conditions for Project Innovation.

Yes, I Certify

## \* Name of Person Certifying



**PLEASE READ:** Before you submit, please verify that all information on this form is accurate. If you have provided new banking information, please make sure you have clicked "Update Banking Information" in the bottom-right of this screen to securely store your banking information.

**If you have not already updated your Organization Profile, please do so using the following steps:** 1) Click SAVE DRAFT below; 2) Click "Organization Profile" from the options at the top of this screen. 4) Follow the instructions on the pages that appear to update your profile; 5) Save and Validate the profile; 6) Return to your home screen, re-open this application, and click Submit Application.

Thank you for your continued partnership to make change happen in our communities!