The EyeSight Foundation of Alabama

Application for a New Project Grant: Deadline—April 28, 2025

ORGANIZATION INFORMATION

Organization name:
If UAB, school/department:
If not UAB, Federal Tax ID #:
Mailing address:
Physical address, if different from above:
Office phone:
Website:
Primary contact and title:
Primary contact email address:
Primary contact phone, if different from above:

Note: Any funds awarded by ESFA must be used solely for the purposes described in the proposal and budget submitted and approved by ESFA. ESFA must approve any substantial changes in the project and project budget. A progress update will be due on January 15, 2026.

ESFA allows up to 5% of the award amount to be moved from one project budget category to another without ESFA approval, as long as the new use is within ESFA's funding guidelines, within the scope of your approved project, and the change is itemized and explained in the reporting stage.

- **At the end of your project, if there are unused funds, up to 5% of the awarded amount may be redirected to another use, as long as the purpose remains within ESFA's funding guidelines. The new use should show up in the reporting stage.**
- **Any unused portion of the award beyond 5% of the awarded amount must be returned, whether from the project coming in under budget or from other factors.**
- **Grantees are responsible for keeping ESFA abreast of any delays or changes in project.**
- **If a project has not been completed within a specified time period, grantee should not apply for a new grant.**

AUTHORIZATION

Name and title of top executive—president/CEO, dean, dept. chair, etc. (please print):

Signature of top executive:

Signature of primary contact, if different from top executive:

PROJECT INFORMATION

Project title:
Amount requested from ESFA:
Total project budget:

PROJECT DESCRIPTION

Organization background: Mission (include mission statement), history (including year founded), major programs, accomplishments, collaborations with other organizations.

Proposed project or program: Specific eye care need or issue you will address; population you will serve; estimated number of people you will serve; goals and objectives; activities that will be carried out to accomplish the objectives; key personnel and their qualifications; other organizations involved in your project; other organizations providing similar services.

Project evaluation: Your criteria for effectiveness; the methods you will use to analyze your results (measure your progress/success); who will assess the results. For instance, criteria might include number of vision screens completed; number of eye glasses purchased; and so forth.

Project continuation: If the project is ongoing, list and describe your plans to continue beyond this funding period – donations from individuals, grants from foundations and other funding sources, earned income, insurance reimbursements, etc.

Additional funding: List other foundations or sources to which you have submitted a proposal for this project, with amount and status of each request – approved, declined or pending.

Factors that may influence funding: Are there internal or external issues that may affect your project and/or organization's funding or financial position, such as the economy, changes in healthcare reimbursements/coverage/laws, a shift in mission or focus, or challenges within

the organization? Help the EyeSight Foundation understand special circumstances or challenges that you face.

References: If your organization has never received funding from ESFA, list three professionals familiar with the work of your organization.

Budget: The budget form can be found on the last page of this document.

SUPPORTING DOCUMENTATION

Please provide:

- Current operating budget for entire organization (in addition to project budget; see below)
- Income and expense statement for last fiscal year
- Most recent Form 990
- Most recent audited financial statements
- List of current Board of Directors, including affiliation of each member
- Tax-exempt letter from IRS

PROJECT BUDGET FORM

If your project is funded, you will use this same worksheet to report actual expenses and to explain any significant variances at the end of the funding period. Cells can be added, if needed.

If you are part of UAB: use accepted Contracts and Grants Accounting classifications/terminology. If filling in this budget form or complying with any other application requirement shifts your project into UAB Contracts and Grants/Sponsored Research, and you would prefer your project be treated as a Gift instead of a Grant, please contact our office to discuss potential modifications to support that goal.

Time period this budget covers: (Specify Fiscal year ending? Calendar year ending? 6 months ending?)

EXPENSE ITEMS related to this project only (ex: salaries, benefits, supplies, equipment, mileage, assistive technology devices, etc.)	ANTICIPATED EXPENSE AMOUNT – to be filled in during application process	ACTUAL EXPENSE AMOUNT – to be filled in during reporting phase	VARIANCE = anticipated – actual expense	EXPLANATION/DE TAILS/ ADDITIONAL INFO Explain any significant variance. Reminder: any significant changes to approved budgets must be submitted for approval before modification is allowed.
	$	$	$	