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Microgrant for Technology or Equipment (for Nonprofits) - 2024

Welcome to the Miami Open for Business application for the Microgrant for Technology or Equipment! This application is for nonprofit organizations.

Organization Name *

Limit: 300 characters

Organization Legal Name or Fiscal Sponsor, if applicable

Organization EIN (Tax ID Number) *

Organization Address *

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Is your organization physically located in one of the following communities?

While we will make efforts to prioritize funding requests from these areas, organizations from **outside** these neighborhoods are **still eligible** to apply.

Organization Mission *

Organization Primary Issue Area *

- Animals
- Arts, Culture, & Humanities
- Civic Engagement, Advocacy, & Equity
- Economic & Community Development
- Education & Youth
- Environment & Urban Resilience
- Faith-Based Programs & Services
- Health & Wellness
- Social & Community Support Services

Primary Contact Name *

First Name

Last Name

Primary Contact Email *

Is the primary contact above the same person as the organization's lead (e.g., CEO or Executive Director)? *

- Yes
- No

If the primary contact is a development staff person or grant writer, please check "no".

In this section, we'd like to better understand the demographic background of the organization's lead (e.g., CEO or Executive Director) to ensure funding is targeted to the most disadvantaged organizations, consistent with funder guidelines and disparities in Miami-Dade County.

What is the race and ethnicity of the lead of your organization? Select all that apply. *

- Arab American/Middle Eastern/North African
- American Indian/Alaska Native
- Asian

- Black or African American
- Hispanic/Latino – Afro-Latino
- Hispanic/Latino
- Hispanic/Latino – White
- Native Hawaiian/Pacific Islander
- Non-Hispanic White
- Other

Which best describes the cultural identity of the lead of your organization? Select all that apply.

- African
- Caribbean (other than Cuba or Haiti)
- Central American
- Cuban
- East Asian
- European
- Haitian
- South Asian (i.e., Indian)
- South American
- US Black / African American
- Other

What is the gender identity of the lead of your organization? *

- Female
- Male
- Transgender
- Non binary / non-conforming

In which age group does the lead of your organization belong? *

- Under 18
- 18-24 years old
- 25-64 years old
- 65 and older

Which of the following historically underserved backgrounds does the lead of your organization identify with? Select all that apply. *

- Black-led
- Disability-led
- Hispanic/Latino-led
- LGBTQ-led
- Middle Eastern/North African-led
- Military- or veteran-led
- Native/Indigenous-led
- Refugee-led

Was the lead of your organization born in the United States or elsewhere?

- U.S. born
- Foreign-born

Below we request some additional information about your organization.

What is your organization's most recent annual operating budget? *

\$ USD

If your annual operating budget exceeds \$1 million, you are not eligible for this funding opportunity.

How many clients does your organization serve annually?

How many full-time equivalent (FTE) employees does your organization employ? *

Please use full-time equivalents. A full-time equivalent is a worker who contributes approximately 35-40 hours a week. For example, if you have two part-time employees, please indicate 1 FTE.

Describe your staff, team, consultants, and/or volunteers and how they work to deliver your mission. *

Employee Roster *



	A	B	C	D	E
1	Employee	Full-Time / Part-Time	Benefits? (Yes/Some/None)	Race/Ethnicity	Hourly Rate

	A	B	C	D	E
2	1				
3	2				
4	3				
5	4				
6	5				
7	6				
8	7				
9	8				

In this section, please provide more detail about your funding request.

Please select which category you are applying for funding.

- Technology hardware, like laptops, tablets, computers, printers, cameras, etc.
- Technology software, like computer programs, subscriptions, online software, etc.
- Equipment & Machinery like appliances, furniture, tools, etc.

Summary of Funding Request: In one sentence, briefly summarize your Technology or Equipment funding request. *

If selected, this sentence may be published on our website and to be used in grant agreements.

How much funding are you requesting? The request should be between \$100 and \$20,000. *

\$ USD

Note: Not all requests are fulfilled at the requested amount. We may choose to award your organization less in an effort to maximize reaching more organizations.

Background: Briefly describe your organization. Include a description of your core programs, activities, and services and a description of your clients / beneficiaries. *

Limit: 750 words

Purpose: Describe in more detail the proposed use of funds. Please include specifics about the technology and equipment item(s) you plan to purchase, how you will acquire them, and deploy them in your organization. *

Limit: 750 words

Impact: What impact do you anticipate having as a result of buying this technology or equipment? Please identify specific indicators or metrics you foresee being able to obtain as a result of the grant (e.g., # of clients served, #/% time saved, increased donations, etc.) *

Limit: 750 words

Vision: Where is your organization now and what is your future vision for growth? How would this funding help your organization reach your future goals? *

Limit: 750 words

Social Impact/Social Benefit: Does your organization provide any exceptional social, environmental, health or other benefits to the community in which you work? Please describe. *

Limit: 750 words

In this section, please attach the additional documentation required to apply for funding.

Please upload a copy of your organization's latest operating budget. *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .ppt, .pptx, .xls, .xlsx

The operating budget should include both revenue / income and expenses.

Please upload a copy of your organization's latest Form 990.

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Optional: Feel free to upload any other materials that you feel will help us to better understand your organization and/or your request. i.e.– images, videos, design plans, program plans

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .aac, .aiff, .flac, .m4a, .mp3, .ogg, .wav, .wma, .3gp, .avi, .flv, .m4v, .mkv, .mov, .mp4, .mpg, .webm, .wmv, .ppt, .pptx, .xls, .xlsx

How did you find out about this funding opportunity?

- Newsletter
- Social media
- TA Provider
- Other media: TV, radio, magazine
- Online search
- Word of mouth

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