

APPLICATION OVERVIEW

Cisco's Product Grant application for US-based organizations consists of thirteen sections, each of which must be fully completed. They are:

1. Contact information for your organization.
2. Basic information about your organization.
3. Additional information about your organization.
4. Additional information required of applicants operating outside the US, where applicable.
5. Summary of the proposed product grant your organization is submitting for approval.
6. Questions about your organization's current networking environment.
7. Detailed questions regarding your proposed product grant.
8. The population to be served by this proposal.
9. Financial details for this proposal, and your organization.
10. Shipping information.
11. Required terms of donation.
12. Required export restrictions.
13. Required legal certifications.

Once submitted, your application cannot be modified, so you may wish to [familiarize yourself with the online application](#) before beginning.

READY TO BEGIN? Click the "Start a New Application" link at the end of these instructions. (Look for the link in a turquoise bar near the bottom of the page.)

HELPFUL HINTS

Before you begin, we recommend that you review the following:

1. **Want to save an in-progress application and return to work on it later?** You can take a break anytime by clicking the "Save and Proceed" button that appears at the bottom of every section, then closing your web browser. To resume work on an incomplete application, simply log back into the system, then click the "Continue" link to the left of the application's Project Title, below. Use this direct link to the login screen: <http://cisco.cybergrants.com/pgnpo/>.
2. **Want to delete an incomplete or erroneous application?** Click the trashcan icon next to its Project Title, below.
3. **Want a paper copy of your completed application?** Upon submission of your application, you will see a summary screen of your entire application. Select "Print" from your web browser's "File" menu.
4. **Want to review an application your organization has previously submitted?** Click the "View" link next to the appropriate Project Title below.

NEED HELP? If you have technical questions regarding this application, use the link located at the bottom of every page to contact our support team.

NAVIGATION

Each section of the application will have a timeline like the one below to help you monitor your progress. The red arrows (>>) indicate your current position. Although you can jump around the application by clicking the section names on the timeline, it is strongly recommended you complete the application sequentially. Here's why:

Your input is NOT saved until you have clicked the 'SAVE AND PROCEED' button at the bottom of each section of the application!

[» Start a New Application «](#)

SAMPLE APPLICATION

Contact Information

GETTING STARTED: Please provide contact information for this proposal. Click on a linked name below to verify that the existing contact information is current. (When you click a name, you can edit as necessary, then save.) Next, check the 'Match' box to associate the contact with this proposal.

If your contact name is not displayed, or you wish to associate another person with this proposal, click the 'Create New' button, input the info, then click the 'Match' box.

Create New

SAMPLE APPLICATION

Contact Information

GETTING STARTED: Please provide contact information for this proposal. Click on a linked name below to verify that the existing contact information is current. (When you click a name, you can edit as necessary, then save.) Next, check the 'Match' box to associate the contact with this proposal.

If your contact name is not displayed, or you wish to associate another person with this proposal, click the 'Create New' button, input the info, then click the 'Match' box.

Salutation (Ms., Mr., Mrs., Dr., etc.)
(required)

Salutation (Ms., Mr., Mrs., Dr., etc.)

First Name (required)

First Name

Last Name (required)

Last Name

Street Address (required)

Street Address (no PO Box, please)

City (required)

City

State

State

Zip (required)

Zip

Telephone (required)

Telephone

Telephone Extension

Your direct extension, if applicable.

Mobile Phone

Business-related mobile number, if available.

Fax

Fax

Your Email Address (required)

Your or the relevant Contact's Direct/Personal E-mail Address at Work

Contact Type (required)

Please select the affiliation that best describes your relationship with this proposal and/or the organization making the request.

Job Title (required)

Job Title

Save and Proceed

Reset Form

Organization Summary

Legal Name (required)

Enter your organization's legal name.

AKA Name

Enter any AKA name(s), abbreviation(s), or acronym(s).

Address (required)

Enter the organization's address.

City (required)

Enter the organization's city.

State (required)

Enter the organization's state.

Zip (required)

Enter the organization's zip.

Organization Phone (required)

Enter the organization's phone.

Organization Fax

Enter the organization's fax, if available.

Organization E-mail

Enter an organizational e-mail address, if available (i.e. one not tied to a particular person, e.g. info@your_npo.org).

Organization URL

Enter the organization's web site address, if available.

Save and Proceed

Reset

SAMPLE APPLICATION

Organization Details

Organization's Primary Focus (required)

Select your organization's primary focus in terms of this funding request.

Geographic Scope/Reach (required)

Enter the scope of your organization's service operations.

Nature of Operations (required)

Are your service operations primarily offline or primarily web-based?

Mission Statement (required)

Provide organization's official, board-approved mission statement.

2000 character maximum

Board List (required)

List your organization's board members by name. Include a phone number, organizational affiliation, mailing address, and e-mail address for each.

Note: If your board, by policy, restricts the amount or level of information you may disclose about them, please simply provide the approved level of information.

2000 character maximum

If you run out of room, please continue your response in the 'Overview of Organization' field below.

Staff List (required)

List your organization's key staff members by name. Include a phone number, title, and e-mail address for each.

If you run out of room, please continue your response in the 'Overview of Organization' field below.

2000 character maximum

Non-Discrimination Policy (required)

Provide the full text of your official, board-approved non-discrimination statement, keeping in mind that Cisco does not discriminate against race, color, religious affiliation, gender, sexual orientation, age, disability, physical appearance, national origin, language, educational background, or veteran status.

2000 character maximum

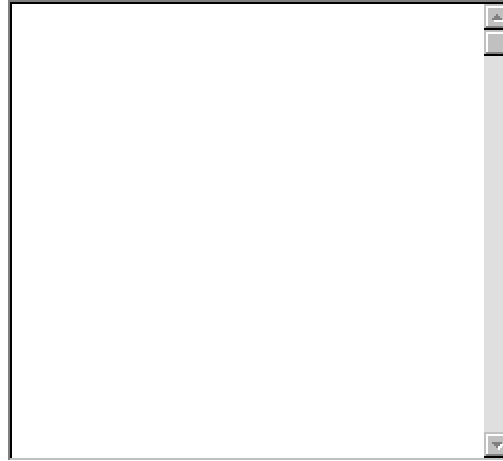
Organization Founding Date

Provide the date of your organization's founding.

(MM/DD/YY)

Overview of Organization (required)

Provide a brief overview of your organization (accomplishments, overall goals, etc).



approx. 10 page maximum

Save and Proceed

Reset

SAMPLE APPLICATION

Organization Details (cont.)

PLEASE NOTE: All potential grantees who run programs outside of the United States or who partner with organizations outside of the United States are required to complete the following fields. Applications that do not include this information when applicable will be returned for correction and resubmission.

NOT APPLICABLE? If you are certain that a field does not apply to your organization, please indicate so by entering 'Not Applicable,' followed by your initials, in the space provided.

NOT ENOUGH ROOM? If your response to a question is too long to fit in the space provided, please save your response in an MS Word (or similar) file, then upload it using the final field in this section.

Organization Name in Native Language (required)

If applicable, provide your organization's name in the language of the country of origin.

AKA Names/Acronyms (required)

Provide a complete list of all acronyms or other names by which your organization is identified.

2000 character maximum

Governing Country (required)

Select the country under which laws your organization is governed.

Countries of Operation (required)

Provide a list of all countries in which your organization maintains a physical presence.

2000 character maximum

Complete List of Locations (required)

Provide a list containing the address and phone number of all places of business for your organization (aside from the address you provided in the Organization Summary section).

2000 character maximum

Related Organizations (required)

Provide the name and address for every organization you propose to support in any way, as related to this application.

2000 character maximum

Subcontractors (required)

Provide the name and address for any subcontracting organizations relevant to this application.

2000 character maximum

Lengthy Responses, if applicable

If you do not have enough space in one or more of the above fields to provide a complete answer, make a note as such in the appropriate field(s), then upload complete responses as files here.

[Upload File](#) (Click for instructions)

Click the 'Upload File' link at left for instructions. We accept all standard file formats (.doc, .pdf, .xls, .jpg, etc.).

Save and Proceed

Reset

SAMPLE APPLICATION

Product Grant Summary

PLEASE NOTE: Do not send any organization- or program-related materials via postal mail unless specifically requested to do so by Cisco staff. This includes videotapes, bindered conference proceedings, etc. We provide a space in the Product Grant Details section in which you can upload relevant supporting materials in electronic format.

Program/Proposal Title (required)

Enter the name (or a descriptive title) of the specific program/project seeking support.

Program Type (required)

Please select the option that most closely describes your program.

Cisco Funding Area (required)

Which of Cisco's general funding areas does your proposal primarily address? [Learn more.](#)

Single-Phrase Summary of Grant Impact (required)

For our 990PF, annual report, and similar documents, please provide a single phrase encapsulating the anticipated impact of a Cisco product grant if awarded.

Please begin your response with a verb in '-ing' form like the following examples: "Enabling the first internal network to connect our 8 branches securely in compliance with HIPAA...", or "Providing sustainable technology access and measurable training to inner city residents across America..."

Business Objectives and Goals (required)

Please describe the business objectives and goals of this product grant request.

2000 character maximum

Operational/Mission Improvement (required)

Please describe how the grant will improve your business operations and/or mission outreach.

2000 character maximum

Measurement of Operational Success: (required)

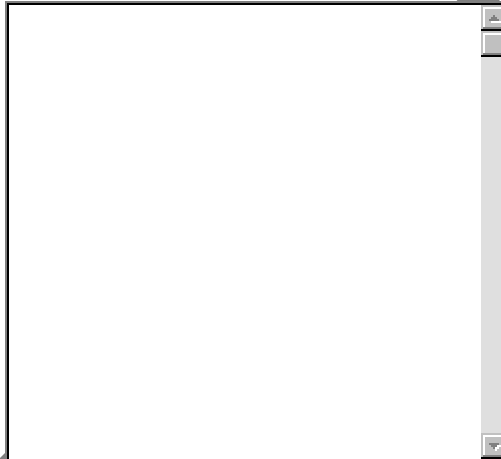
Please provide a quantifiable approach of how your organization will measure the impact of the product grant through operational savings, including time and /or cost reductions.

A large, empty rectangular text box with a thin black border and a vertical scrollbar on the right side, intended for the user to provide a quantifiable approach to measuring operational success.

approx. 10 page maximum

Measurement of Mission Success (required)

Please provide a qualitative and quantifiable approach of how your organization will measure the effect of the product grant towards enhancing your mission outreach. These measurements can include increasing the number of clients, and/or other ways the ability to perform your mission will be improved.

A large, empty rectangular text box with a thin black border and a vertical scrollbar on the right side, intended for the user to provide a qualitative and quantifiable approach to measuring mission success.

approx. 10 page maximum

Measurement of Technology Success (required)

Please discuss what measurements and metrics you will use to measure technology success; (eg: improved response time, faster file transfers, improved reliability, improved security, etc.)

A large, empty rectangular text box with a thin black border and a vertical scrollbar on the right side, intended for the user to discuss measurements and metrics for technology success.

approx. 10 page maximum

Other Measurements of Success (required)

If there are any other measurable benefits of success that you feel did not fall in the categories above, please list them here.

A rectangular text input field with a vertical scrollbar on the right side, currently empty.

2000 character maximum

Tell us a story (required)

Tell us a compelling story. Tell us about how your services have affected the lives of those you serve. Tell us your favorite story about how your programs helped one person. Tell us the story that gets you up in the morning to go to work, when you really don't feel like it.

A large rectangular text input field with a vertical scrollbar on the right side, currently empty.

approx. 10 page maximum

Save and Proceed

Reset Form

SAMPLE APPLICATION

Current Networking Environment

Current Network Environment (required)

Using the [example spreadsheet](#), describe the current network environment. List all sites that will be affected by this product grant. Use one line per site, and answer all questions about that site. Upload the existing Network Environment spreadsheet once completed.

[Upload File](#) (Click for instructions)

Click the 'Upload File' link at right for instructions.

Current Network Diagram (required)

Upload (in MS PowerPoint, MS Word, or MS Visio) the existing network topology, listing brand and model names/numbers where appropriate.

[Upload File](#) (Click for instructions)

Sales Restrictions for Product Grants (required)

Is this grant request being made in conjunction with any Sales effort to obtain additional product NOT listed in this grant request? [Learn more.](#)

Cisco SMARTnet Support Contract (required)

Product grants include one year of Cisco's [SMARTnet](#) support service. Do you already have a Cisco SMARTnet Support Contract **that was obtained through the Product Grant Program?**

Cisco Contract Number, if applicable

If you answered 'yes' above, please provide your current Cisco Contract Number

Save and Proceed

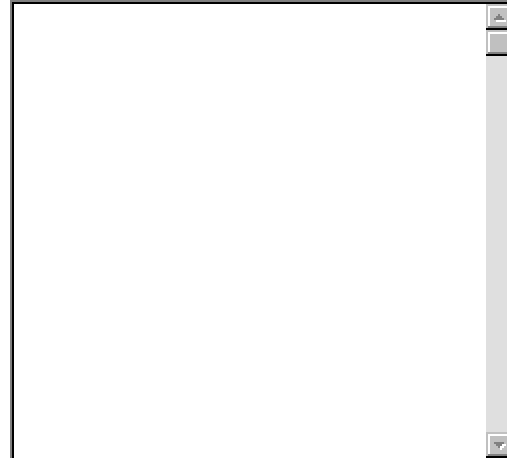
Reset

SAMPLE APPLICATION

Grant Request Details

Summary of Technical Grant Details **(required)**

Please summarize the technical details of this product grant request. For example: "To set up a secure Intranet to interconnect 8 branches in 7 locations through public Internet using VPN and IPSEC", or "The objective is to build an infrastructure of Cisco routers, switches and wireless technology to support a 240 node client\server".

A large, empty text area with a vertical scrollbar on the right side, intended for entering the summary of technical details.

approx. 10 page maximum

Requested Networking Capabilities **(required)**

Please select all the networking capabilities requested with this product grant. **Please select all that apply!**

Holding down the 'Ctrl' button (for Windows) or the 'Apple' button (for Mac) and left-clicking with the mouse will allow you to choose multiple selections.

A small, empty list box with a vertical scrollbar on the right side, intended for selecting networking capabilities.

Proposed Network Diagram **(required)**

Upload (in MS PowerPoint, MS Word, or MS Visio) the proposed network topology, utilizing products requested with this grant. Please list brand and model names/numbers where appropriate.

[Upload File](#) (Click for instructions)

Requested Product List **(required)**

Using the [example](#) spreadsheet, list the part number, quantity and list price of the Cisco products you are requesting. Upload the product list when completed.

[Upload File](#) (Click for instructions)

Be sure to use **list prices only** in your spreadsheet. Spreadsheets using discounted pricing will be returned!

Click the 'Upload File' link at right for instructions.

Request Amount **(required)**

Please enter the total **LIST PRICE** for this Product Grant request.

A small, empty text box intended for entering the total list price for the product grant request.

Other Organizations Benefiting from Technology **(required)**

List the names of other organizations or partners with whom you will share information using this technology. (Do you plan to use the Internet to share any information with other organizations or partners?)

A large, empty text area with a vertical scrollbar on the right side, intended for listing other organizations or partners.

2000 character maximum

Cisco Volunteer Involvement

List **by name** any Cisco employees who work with your organization (as volunteers, board members, etc.) or who work with this specific program.



2000 character maximum

Certifications Held by Organization's IT Staff (required)

What is the technical ability of the Information Technology staff from your organization who would assist in the deployment and ongoing administration of this equipment? For each staff member, list **name, e-mail address, and any certifications held** - particularly Cisco CCIE or Cisco CCNA certifications.



2000 character maximum

Cisco Technical Involvement (required)

List any **Cisco System employees** volunteering to assist in the technical design and implementation of this Product Grant request. List each employee's **name and e-mail address**, as well as any **certifications held** if applicable (CCIE, CCNA).



2000 character maximum

Technical Consulting Assistance

Will you contract outside of your organization for this technical support? If so, provide the name of the agency you plan to use, as well as the names, e-mail addresses, and certifications of the consultants they will assign to your organization. Please indicate if this organization is a Cisco partner.



2000 character maximum

Technology Plan

Upload your organization's latest technology plan. **This information is required if the requested grant amount is over \$100,000.00.**

[Upload File](#) (Click for instructions)

Click the 'Upload File' link at left for instructions. We accept all standard file formats (.doc, .pdf, .xls, .jpg, etc.)

Business Plan

Upload your organization's latest business plan. **This information is required if the requested grant amount is over \$200,000.00. It is highly recommended for a grant request over \$100,000.00**

[Upload File](#) (Click for instructions)

Click the 'Upload File' link at left for instructions. We accept all standard file formats (.doc, .pdf, .xls, .jpg, etc.)

Additional Program -Related Documents

If desired, use this space for any program-related documents you'd like us to see (brochures, technical information/details, news articles, success stories, etc.).

[Upload File](#) (Click for instructions)

Click the 'Upload File' link at right for instructions. We accept all standard file formats (.doc, .pdf, .xls, .jpg, etc.).

Additional Program -Related Comments

Use this space to add additional grant request comments.

2000 character maximum

Save and Proceed

Reset

SAMPLE APPLICATION

Population Served

Total Served by Organization (required)

Indicate the current number of people served by your organization on an annual basis.

Additional Clients Served by Cisco Technology (required)

If the product grant is approved, how many more people will be served as a direct result of Cisco Technology?

Ages Served (required)

Select the approximate age group that will benefit most from this specific program.

Genders Served (required)

Select the genders served by your program/project.

Nature of Population Served (required)

Select the population(s) that will be served by this proposal.
Please select all that apply!

Holding down the 'Ctrl' button (for Windows) or the 'Apple' button (for Mac) and left-clicking with the mouse will allow you to choose multiple selections.

Additional Population Information

If needed, please supply any additional information about the population your program serves (backgrounds, income levels, etc.)

2000 character maximum

Save and Proceed

Reset

Financial Information

Technology Budget (required)

Upload a detailed budget for the specific technology expansion at hand, spanning the period of the planned expansion. **Please include any other resources being requested from our organization, such as cash grants or volunteers.**

[Upload File](#)
(Click for instructions)

Percentage of Total Budget (required)

What percentage of your total program/project budget does this grant request represent?

Detailed Organizational Budget (required)

Upload a detailed organizational budget for the present Fiscal Year (and the proposed next FY budget if the proposed project would not be implemented until then).

[Upload File](#)
(Click for instructions)

In your budget, be sure to provide a complete and itemized list of your organization's funders (including corporations, foundations, individuals in aggregate, fee-based income, etc.) with dollar amounts for each.

Overhead (Operating Expenses) Percentage (required)

In your most recent fiscal year, what percentage of your total revenues was used for overhead costs (i.e. operating expenses)?

US-based applicants may use figures from the first page of their most recent Form 990 and the formula below to calculate: $(\text{Line 14} + \text{Line 15}) / \text{Line 12} = \text{Overhead \%}$

Lobbying & Political Activity Percentage (required)

Of your total annual expenditures, what percentage goes to lobbying or other political activity?

US-based organizations filing Form 990 may calculate this percentage as follows. Using the latest available Form 990 and Schedule A filed, add the amount (if any) on Form 990, Part VI, Line 81a (political expenditures) to the amount (if any) on Schedule A, Part III, Line 1 (lobbying expenditures), and divide that sum by the amount on Form 990, Part I, Line 17 (total expenses).

Additional Financial Documents

If available, upload any additional financial documents (current audited financials, public filings/releases, business plan, annual report, etc.).

[Upload File](#)
(Click for instructions)

Save and Proceed

Reset

Shipping Information

Ship to First Name: (required)

Ship To Last Name: (required)

First & last name of person receiving shipment

Ship To Address: (required)

Street address for shipment

Ship To Department:

Specific department, floor number, or mail code

Ship To City: (required)

City/Town of shipping address

Ship To State:

State of shipment address

Ship To Zip: (required)

Shipment zip or postal code

Ship To Telephone: (required)

Telephone number for shipping contact

Ship To Email Address:

Email address for person receiving shipment

Shipping Comments

Use this space for any shipping comments.

500 character maximum

Terms of Donation

TERMS OF DONATION:

1. All Product Donation Program Grant equipment will be used in the manner specified in this application.
2. The organization agrees to budget for, and renew, the SmartNet support contract **after the first donated five years**, for as long as they own the equipment or until that equipment is declared End Of Life (EOL) and no longer supported by Cisco.
3. The organization is committed to having adequate staff to maintain and support the granted equipment.
4. The organization agrees to allow a Cisco audit of equipment use 6 months after completed installation. Cisco Systems reserves the right to repossess equipment that is not adhering to the technology plan.
5. The organization agrees to return the gift acknowledgement forms sent by Cisco Systems for the purpose of tax reporting.
6. Organizations receiving product grants are not allowed to sell, exchange, or otherwise dispose of the donated property (or any portion thereof). Equipment that is no longer of use by the organization will be returned to Cisco Systems through the [Environmental Stewardship Programs](#)

Terms of Donation Confirmation (required)

Check 'I Confirm' to acknowledge your review and acceptance of the seven items listed above in the Terms of Donation.

I
Confirm

Save and Proceed

Reset

Export Restrictions

EXPORT RESTRICTIONS: The organization requesting this product grant (as well as any partners or subsidiary/affiliated organizations) agrees to the following USE, EXPORT, RE-EXPORT, & TRANSFER CONTROLS:

"The Products and Technology or direct products thereof (hereafter referred to as Products and Technology), supplied by Cisco under this Contract are subject to export controls under the laws and regulations of the United States (U.S.). Customer shall comply with such laws and regulations governing use, export, re-export, and transfer of Cisco Products and Technology and will obtain all required U.S. and local authorizations, permits, or licenses. Cisco and Customer each agree to provide the other information, support documents, and assistance as may reasonably be required by the other in connection with securing authorizations or licenses. Information regarding compliance with U.S. use, export, re-export, and transfer laws may be located at the following URL:

http://www.cisco.com/wwl/export/compliance_provision.html

Cisco warrants the accuracy of data pertaining to Military End-Use/Users Prohibitions; Prohibited Territories; Sanctioned & Embargoed Entities; and Nuclear, Missile, and Chemical/Biological Weapon Proliferation Control Initiative.

Customer's obligation under this clause shall survive the expiration or termination of this Contract."

Export Restriction Confirmation (required)

Check 'I Confirm' to acknowledge your review and acceptance of the items listed above in the USE, EXPORT, RE-EXPORT, & TRANSFER CONTROLS.

I Confirm

Save and Proceed

Reset

Certifications

PLEASE NOTE: All applicant organizations must complete the following certifications. If the certifications are found to have been completed inaccurately, the organization seeking support may be required to return any granted assets, and may be rendered ineligible for future support.

Non-Discrimination Confirmation (required)

Check 'I Confirm' to certify the following: "No program run by the organization requesting support discriminates in its provision of service based on any of the following: race, color, religious affiliation, sex, sexual orientation, age, disability, physical appearance, national origin, language, educational background, or veteran status."

I Confirm

Lobbying Restriction (required)

Check 'I Confirm' to certify the following: "The organization requesting support does not expend more than 20% of its total annual expenditures on lobbying or other political activities. Furthermore, the specific program for which support is requested does not engage in any lobbying or other political activity."

I Confirm

Religious Proselytizing Restriction (required)

Check 'I Confirm' to certify the following: "The program described in this proposal is solely engaged in direct service provision. Exposure, adherence, or conversion to any religious doctrine is not required of the program's beneficiaries. If a grant is awarded, the organization will not use it for purposes of religious proselytizing in any way."

I Confirm

Non-Support of Violence/Terrorism Confirmation (required)

Check 'I Confirm' to certify the following: "The organization requesting support (as well as any partners, re-grantees, or subsidiary/affiliated organizations) does not knowingly endorse, support, or promote violence, terrorist activity, or related training of any kind. In particular, the organization must not knowingly deal with nor employ [known terrorist persons or organizations](#)."

I Confirm

Board Review/Approval (required)

Check 'I Confirm' to certify the following: "The chairperson or at least one officer of our nonprofit organization's board has reviewed this application, and the entire board has knowledge of and supports its submission."

I Confirm

Accuracy Certification (required)

Check 'I Confirm' to acknowledge your review and acceptance of the following: "I certify that: (1) I completed this form, and the information I provided is true and accurate to the best of my knowledge; (2) The organization that I represent complies fully with the policies stated in the criteria & guidelines section on the introductory web page at the beginning of this application form, to the best of my knowledge; and (3) Any assets awarded will be utilized in the manner specified in this application."

I Confirm

Acceptance of Review (required)

Check 'I Confirm' to certify the following: "I understand that all applicants are subject to reviews of their representations in this application and (for grantees) their compliance with the grant contract. I understand that the organization I represent may be required to return any granted assets and forfeit future funding eligibility if: (1) the review reveals any significant inaccuracies or violations of the policies stated above; or (2) the organization does not cooperate with the review."

I Confirm

[Save and Proceed](#)

[Reset](#)