**Local Initiatives Support Corporation Pay for Success Competition**

***Executive Summary***

The Executive Summary must be completed for your application to be eligible for review.

1. **Service Recipient Information**

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| --- | --- | --- | --- |
| **Organization Name**: | | | |
| **Contact Information**: *Please provide the following contact information for the applicant lead for the Service Recipient as defined in Key SIF and LISC PFS Terminology* | | | |
| **Name**: | | **Job Title**: | |
| **Division / Organization**: | | **Email**: | |
| **Telephone**: | | **Address**: | |
| **State / City**: | | **Zip Code**: | |
| Selection which of the following types of entity(s) best describes the Service Recipient:  State, local or tribal government  Organizations described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a)  Any entity or organization described in sections 170(c)(1) or (2) of the Internal Revenue Code  Other nonprofit or charitable organization. If Other, please describe: | | | |
| **Partner Organization(s)**: *To the extent identified, please fill out the name(s) of partner organizations and briefly describe their anticipated role(s) in deal (e.g., service provider, back-end payor, evaluator, independent assessor, investor). Please indicate if a partner organization plans on serving as the service recipient in lieu of applicant* | | | |
| **Partner Organization** | **Contact Name, Title and Email** | | **Project Role** |
| *e.g. ABC* | *e.g. XYZ, Director, XYZ@ABC.org* | | *ABC has committed…* |
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1. **Proposed Project Information**

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| **Narrative Overview of Proposal:** *Please provide a brief overview of your proposal in 300 words or less* |
| **Target Geography**: *See Application Guide Section V – Supplemental Considerations for guidance* |
| **Target Population**: *See Key SIF and LISC PFS Terminology* |
| **Focus Areas and Priorities**: *LISC will prioritize projects that align with focus areas and priorities of the Social Innovation Fund. Please identify if your program:*  Targets low-income communities, as defined in *Key SIF and LISC PFS Terminology*  Aligns with one or more of SIF’s Priority Focus Areas:  Youth Development – Preparing America’s youth for success in school, active citizenship, productive work, and healthy and safe lives, including crime reduction initiatives focused on juvenile delinquency and victimization prevention and response  Economic Opportunity – Increasing economic opportunities for economically disadvantaged individuals  Healthy Futures – Promoting healthy lifestyles and reducing the risk factors that can lead to illness  Targets other traditionally underserved and underrepresented geographic areas and populations including, but not limited to:  Rural and economically depressed communities  Tribal communities  Disabled populations  Veterans  Other (please specify): |

1. **Financial Management**

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| --- | --- |
| Date of last Audit: |  |
| Fiscal period audited: |  |
| Audit Agency / Firm: |  |
| Cash |  |
| Unrestricted Cash |  |
| Total Assets |  |
| Total Liabilities |  |
| Net Assets |  |
| Date of last OMB A-133 Audit (if Applicable): |  |
| If findings reported, please explain: |  |

**IV. Assurances & Conflicts of Interest**

Is your organization and/or one of its principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency? Yes  No

Applicants are obliged to observe normal and prudent conflict of interest standards. If requested, do you assert that you will declare any actual or perceived conflicts of interest in relation to the Review Panel or other parties as they arise?  Yes  No