Makersmiths Cisco Grant App as of 02212023

* Legal Name	Enter the legal name of the organization.	
	Makersmiths, Inc.	
AKA Name	Enter any AKA name(s), abbreviation(s), or acronym(s).	
* Address	Enter the organization's address.	
	106 ROYAL ST SW	
* City	Enter the organization's city.	
	LEESBURG	
State	Enter the organization's state.	
	Virginia	
Province	Enter the organization's province.	
Zip	Enter the organization's zip.	
	20175-2914	
* Country	Enter the organization's country.	
	United States v	
* Organization Phone	Enter the organization's phone.	
	7034748217	
Organization Fax	Enter the organization's fax, if available.	
Organization E-mail	Enter an organizational e-mail address, if available (i.e. oinfo@your_npo.org).	one not tied to a particular person, e.g.
Organization URL		
	https://makersmiths.org/	

* Organization's Primary Focus

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

Public, Society Benefit - Multipurpose and Other

* Geographic Scope/Reach

Enter the scope of your organization's service operations.

Local (adjacent cities/counties)

* Nature of Operations

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

Primarily Offline (Face-to-Face/Paper-Based)

* Mission Statement

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

To build opportunities for other people to learn, make and inspire

(1934 character(s) remaining)

* Board List List your organization's board members by full name (first, middle, last). 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.

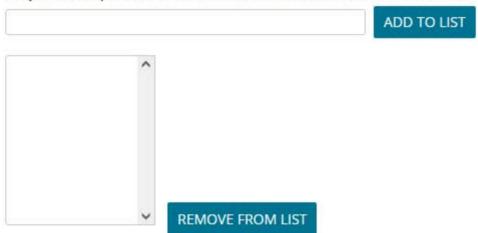
Jonathan White	Board Member - Chairperson	2020-2023	jonathan.white@makersmiths.org
John Dubelko	Board Member - Treasurer	2022-2023	john.dubelko@makersmiths.org
Bev Murdock	Board Member - Secretary	2021-2024	beverly.murdock@makersmiths.org
Brad Hess	Board Member	2022-2025	brad@makersmtihs.org
Mike DeWan	Board Member	2021-2024	mike.dewan@makersmiths.org
Jessee Maloney	Board Member	2022-2025	jessee.maloney@makersmiths.org
Scott Newman	Board Member	2021-2024	scott.newman@makersmiths.org
Dave Painter	Board Member	2020-2023	dave.painter@makersmiths.org
(1304	character(s) remaining)		

* Staff List List your organization's key staff members by full name (first, middle, last). 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.

C. Adam McClintock	President	president@makersmiths.org	703-304-6500
Jessee Maloney	Leesburg Site Manager	jessee.maloney@makersmiths.org	443-928-4792
Tom Hill	Purcellville Site Manager	tom.hill@makersmiths.org	540-751-9819
Scott Silvers	IT Committee Chair	scott.silvers@makersmiths.org	703-474-8217

* Staff and Board List Please enter the full name (first name, middle name, last name) of each key staff member and Board member. You will need to enter each name individually and then click the button "Add to List" after each name has been entered. Names must be entered manually so that we can perform due diligence to comply with U.S Office of Foreign Asset Control (OFAC) requirements. Only enter the person's full name - NOT the title or contact information.



* Non-discrimination Policy: Employment and Provision of Services

Provide the full text of your official, board-approved non-discrimination policy, outlining your organization's policy with respect to hiring/employment practices as well as provision of service.

Cisco, the Cisco Foundation and SVCF do not promote or discriminate against any person, population group, or Organization with regard to categories protected by applicable U.S. law, as well as other categories identified by Cisco in alignment with our own Human Resources policies. These include, but are not limited to race, color, ethnicity, religion, sex, gender expression, physical appearance, language, education background, national origin, age, disability, and veteran status. This relates to both provision of services and hiring practices. No person/s may be denied service and/or employment based on the categories noted above.

Clarification on non-discrimination related to religion: as part of Cisco's non-discrimination policy, Cisco will not support any organization which requires adherence or conversion to any religious doctrine in order to either be a beneficiary of the program or to be an employee of the organization. To clarify, a direct service program run by a faith-based Organization may be eligible, provided that the program's beneficiaries are not required to adhere to or convert to that Organization's religious doctrine as a condition of receiving service from the program. Likewise, Cisco will not support any organization that requires adherence or conversion to any religious doctrine in order to be an employee of the program.

Cisco Systems, the Cisco Foundation and SVCF seek to support public benefit organizations that are substantially in alignment with our non-discrimination policy. Organizations that are found to discriminate in their provision of services and/or their hiring practices based on any of these or other criteria may be deemed ineligible for funding support and/or required to return any grant awards and may be rendered ineligible for future support.

Makersmiths does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members volunteers, subcontractors, vendors, and clients.

(1489 character(s) remaining)

(1403 Character(s) Terrialing)

Organization Founding Date

Provide the date of your organization's founding.

09/26/2014

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

Overview

Makersmiths is a state of the art makerspace with two locations, Leesburg, VA and Purcellville, VA. Both are in the Washington Metro Area. With over 200 members and close to 400,000 in equipment, our makers have access to many different classes of equipment over two locations.

Our Members

Work in government contracting positions, IT Services, Fine Arts, marketing, media, and many other areas.

Are employed with design, development, and manufacturing organizations that purchase equipment in the greater Washington D. C. area.

Community Service

Makersmiths is a proud supporter of our community. During the early days of the COVID pandemic, our makers produced over 1500 face shields for our first responders, medical professionals, and teachers. We also made hundreds of cloth masks.

We also sponsor a Kid Wind Team that competes to try and build the most efficient wind turbine. Our 2019 team won the state title.

Our members come together to help Boy Scouts and Girl Scouts on their pinewood derby cars by providing a space to work, members to make cuts on our band saws, and assist the scouts with sanding tables.

The Town of Leesburg has a First Friday event each month. Makersmiths creates a craft project for kids for each of these events that is offered free to families.

Makersmiths has started a First Fixit Thursday in Purcellville. We encourage community members to bring in something they need fixed and a group of members will do whatever they can to fix it at no cost.

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 (

Organization Name in Native Language	If applicable, provide your orga	anization's name in the language of the country of origin.
	Makersmiths, Inc.	
* AKA Names/Acronyms	Provide a complete list of all a	cronyms or other names by which your organization is identified
	Makersmiths	
	(1989 character(s) remaining)
* Governing Country		h laws your organization is governed.
Governing Country	United States of America	v V v v v v v v v v v v v v v v v v v v
* Primary Country Served by Project	Please list the primary country	y served by the proposed grant.
	United States of America	•
* Complete List of Locations		ddress and phone number of all places of business for your address you provided in the Organization Summary section).
	106 Royal Street, Leesburg, 785 S. 20th St, Purcellvill	
	(1922 character(s) remaining)
* Organization Management: Diversity	Please indicate whether your ethnic groups. Select all that a	organization's management identifies with any of the following apply
	African-American	^
	Hispanic American	
	Native American	
	Other minority ethnic group	
	None of the above groups	~

Extracurricular Programs	Children's Theoton Browns	Education	Child Care Programs	Homeopathic Medicine	Special Education Programs	Т
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2012 10 10 10 10 10 10 10 10 10 10 10 10 10		N N N N N N N N N N N N N N N N N N N	Children & Youth Services	Household Goods Provision Programs	Specialized Therapy Programs	
A SOLD WEST CONTROL OF THE PROPERTY OF THE PRO	N 10 A 10 B	The state of the s	Children's Protective Services	Human Services	Spouse Abuse Prevention Programs	
TO SECURE A CONTRACTOR AND A CONTRACTOR	- 1		Children's Rights Programs	Hunger Action Programs	Substance Abuse Programs	
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The state of the s			Crisis Shelter Programs	Inpatient/Hospital Care	Water Safety Programs	
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Service of The Control of the Contro	Design File Conference State (Conference State (Server and the Market Server 19	Disabled Student Services	Learning Disabilities Programs	Electronic Media Programs	
201 11 12 12 12 12 12 12 12 12 12 12 12 12			Disaster Preparedness Programs	Maternal & Infant Care	Infrastructure Programs	
Published Colored Spring Control (Addition Contr		S S	Disaster Relief/Recovery Programs	Meal Distribution Programs	International Agricultural Assistance Programs	
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WHAT DO NOT THE PROPERTY AND CONTINUES OF THE CONTINUES OF THE PROPERTY OF THE	The mark $\overline{A}^{(k)}$ is a section of	tivered the factories of the control	Diseases, Disorders & Medical Disciplines	Mental Health, Substance Abuse	Media & Communications Programs	
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20 4340 (14 524-14), A 12 (14 57 4) A 10 14 5 10 10 10 10 10 10 10 10 10 10 10 10 10			Early Intervention Programs	Nursing Home Care	Organizational Development & Training Programs	1
	100-and but the above the street resources that the many regulations in the street and the	son secretary and secretary	Emergency Assistance Programs	Nutrition Programs	Pension & Retirement Benefits Programs	1
an analis and the control of the con	Addit basic Education Programs	The second secon	Emergency Communications Programs	Occupational Therapy	Personal Enrichment Programs	
	Adult Education Programs		Emergency Medical & Ambulance Services	Parenting Education Programs	Philanthropy, Volunteerism & Grantmaking	
The analysis for a second to be 1800 and 1800 an	Adult Literacy Programs	The state of the s	Emergency Personnel Programs	Patient Care	The state of the s	
	Continuing Education Programs		Emergency Services, Hospital-Based	Peer Counseling Programs		
Carage administration and administration	Distance Education Programs		Emergency Shelter Programs	Personal Social Services	Technology Services Organizations	
ALL FARMER CONTRIBUTE OF THE C	English as a Second Language Instruction		Family Services	Physical Therapy	Voluntarism Promotion Program	
	High School Equivalency Programs		Family Violence Counseling Programs	Prenatal Care	Volunteer Training & Placement Programs	
	Higher Education	AGREE 64 1770 proc	Family Violence Prevention Programs	Preventive Health Services	Waste Management	v
ACTION OF THE PROPERTY OF THE	Postsecondary Education		Family-Based Services	Public Assistance Programs	111111	0.00
	Professional Education		First Aid Training Programs	Public Health Programs		
The second of th	Retraining Programs	and an experience of the control of	Food Programs	Public Safety, Disaster Services		
1.05 (0.00 page 2 page	Service Learning Programs		Grief Counseling Programs	Residential Care Programs		
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	Education Programs: K-12		Health Care Economics	Residential Substance Abuse Treatment Programs		
and the same of the control of the c	Computer Literacy Programs		Health Care Equipment & Supplies Provision	Respite Care Programs		
2 000 CO 2000	Curriculum Development Programs		Health Care Programs	Safety Education Programs		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Early Childhood Education		Health Care Referrals	Senior Services		
Artist-in-Residence Programs	500	SSERVING TO THE RESERVE OF THE PARTY OF THE	Health Diagnostic, Intervention & Treatment Services	Services for the Homeless		
Arts & Culture Programs		10 15 17 15 15 15 15 15 15 15 15 15 15 15 15 15	Homeless Shelter Programs	Sexual Assault Crisis Intervention Programs		
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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	Please enter the name (or a descriptive title) of the specific program seeking support.
* Program Type	Please select the option that most closely describes your program.
* Cisco Investment Area (select 1)	Which of Cisco's general investment areas climate impact and regeneration, crisis response,
Olsco investment Area (select 1)	economic empowerment, or education does your proposal primarily address? Education
* Single-Phrase Summary of Grant Impact	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"
* Summary of Technical Grant Details	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".
	(32500 character maximum)
* Other Organizations Benefiting from Technology	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?)+
Additional Program-Related Comments	Use this space to add additional grant request comments.

Additional Program-Related Document	technical information/details, news articles, success stories, etc.).		
	Click the 'Upload File' link at right for instructions. We accept all standard file formats (.doc, .pdf, .xls, .jpg, etc.). UPLOAD FILE		
* Do you plan to purchase Cisco equipment or pay to establish a Webex account in the	If you plan to purchase Cisco equipment or paid to establish a Webex account in the next six months, please answer "Yes" and then give details in the field provided below.		
next six months?	~		
* Have you purchased Cisco equipment or paid to establish a Webex account in the last	If you have purchased Cisco equipment or paid to establish a Webex account in the last six months, please answer "Yes" and then give details in the field provided below.		
six months?	•		
Description of Cisco equipment and/or the webex account purchased 6 months ago/in the next 6 months.	If you answered "Yes" to one of the questions above, please provide details here. Please list equipment and/or webex account, and how you obtained/plan to obtain the equipment and/or webex account. (Cisco direct sale, Cisco Partner sale).		
	(2000 character maximum)		
* Cisco Sales Involvement	Have you worked with any Cisco Employee, Cisco Sales person, System Engineer or Cisco Reseller on this product list and/or technical solution.		
	•		
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Need Support?

* Request Amount (\$USD)	Please enter the total LIST PRICE for this Product Grant request.
* Request Amount as Percentage of Total Program Budget	What percentage of your total program budget does this grant request represent? Here is a sample equation: Donation Request Amount = \$10 Total Program Budget Amount = \$100 Percentage = \$10/\$100 = 10% So the request amount as a percentage of the total program budget = 10%
* Requested Product List	Using this example@ EXCEL spreadsheet, list the part number, quantity and list price of the Cisco products you are requesting. Upload the EXCEL spreadsheet product list when completed.
	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. UPLOAD FILE
* Proposed Network Diagram	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
* Current Network Diagram	Upload (in MS PowerPoint, MS Word, MS Visio, MS Excel, gif or jpeg) the existing network topology, listing brand and model names/numbers where appropriate. UPLOAD FILE
	Provide the full name, e-mail address and phone number of the person who created your requested product list. Please give their relationship to your organization (i.e. employee, vendor, volunteer, etc.).
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.

* Certifications Held by Organization's IT Staff	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	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 your organization for technical support and installation? 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	A CONTRACT C
	Click the 'Upload File' link at left for instructions. We accept all standard file formats (.doc, .pdf, .xls, .jpg, etc.) UPLOAD FILE
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
	Click the 'Upload File' link at left for instructions. We accept all standard file formats (.doc, .pdf, .xls, .jpg, etc.) UPLOAD FILE

* Detailed Organizational Budget

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

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.

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* Overhead (Operating Expenses) Percentage

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 their most recent Form 990 and the formula below to calculate:

 - Using your Form 990: Add together "Management & General Expenses" (Part IX, Line 25, Column C) and "Fundraising Expenses" (Part IX, Line 25, Column D), then divide by "Total Revenue" (Part I, Line 12).

* Lobbying & Political Activity Percentage

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

US-based applicants may use figures from their most recent IRS Form 990 and the formula below to calculate:

Using your IRS Form 990: If either "Direct or Indirect Political Activities" (Part IV, Line 3) or "Lobbying Activities" (Part IV, Line 4) are checked YES, add amount on (Schedule C, Part I-A, Line 2) and (Schedule C, Part II-A, Line 1c or Part II-B, Line 1j), then divide by "Total Expenses" (Part IX, Column A, Line 25)

Additional Financial Documents

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

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Need Support?

* Ages Served	Which age groups will benefit most from this program?
	Youth: preschool Youth: grades K - 5 Youth: grades 6 - 8 Youth: grades 9 - 12
	Young adult (18 - 30)
* Gender Focus	What percentage of the program's focus is on serving/engaging women and girls? Please select a number that represents the correct percentage.
Populations Reached by Program	Are any of the following groups direct beneficiaries of the program for which you are seeking funding? Please select all that apply:
	African Americans Hispanic Other ethnic minority LGBTQ Disabled
* Tell us a story	Tell us a compelling story. Tell us about how your services have affected the lives of those you
Tell us a story	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.
	(32500 character maximum)
Additional Population Information	If needed, please supply any additional information about the population your program serves (backgrounds, income levels, etc.).
	(2000 character maximum)

* Organization's Reach to Clients	How many clients does your organization reach annually, across all your organization's various programs and locations, across all funding sources? This is *not* a target, but rather the historical reach of your organization.
* Program's Reach to Clients	For this program only, what is your target for the total number of clients you anticipate being reached, across all sites and funders?
* Additional Clients Served by Cisco Technology	If the product grant is approved, how many more people will be served as a direct result of Cisco Technology?
* Underserved Population (?)	Of the total number of people you expect to reach what percent are from chronically underserved populations?

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* Impact Data Collection Methodology	Please describe your plans for how you will gather data to measure results. Include comments on how you will be measuring your performance, how often data will be collected, and longer-term measurement initiatives for this work (e.g. beyond the scope of this grant).
*B : 01: 10 -1-	(2000 character maximum)
* Business Objectives and Goals	Please describe the business objective and goals of this product grant request. Be sure to describe how the grant will help you better meet your mission and achieve operational goals. (2000 character maximum)
* Will a Cisco product donation help your organization achieve its mission?	If approved, do you expect a donation of Cisco technology will enable your organization to better
* Will a Cisco product donation help your organization improve operational performance?	If approved, do you expect a donation of Cisco technology to enable your organization to better meet its operational goals (Yes/No)
* Will a Cisco product donation help your organization achieve its technology goals?	If approved, do you expect a donation of Cisco technology will enable your organization to better meet its mission? (Yes/No)
New Products and/or Services	Do you anticipate being able to offer new products and/or services as a result of a Cisco product grant? Please answer Yes or No.
Client Satisfaction (%)	What is your target for the satisfaction rating given by clients (in % terms)?

Please provide a description of the metrics
you will collect

(2000 character maximum)

Custom Outcomes

Using the Create Metric link, please list each Custom Outcome that relates to your work. You may enter up to ten Custom Outcomes. In the Metric description, please include the level of impact (program, organization, beneficiary.) If your request is funded, you will be required to report on a quarterly basis against these targets.

Description

Target Value

Create Metric

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Need Support?

TERMS OF DONATION:

- 1. All Product Donation Program Grant equipment will be used in the manner specified in this application.
- 2. The organization is committed to having adequate staff to maintain and support the granted equipment.
- 3. The organization agrees to return the gift acknowledgement forms sent by Cisco Systems for the purpose of tax reporting.
- 4. 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
- 5. Depending on the grant type, grantee is required to submit a mid-year and a post install Impact Report, which will be delivered via an online reporting system. The report will identify: progress that Grantee has made toward achieving overall grant goals, installation of the equipment, as well as specific deliverables and impact metrics described in approved grant request. Note: By later mutual agreement, additional deliverables and/or metrics may be added or existing deliverables and/or metrics may be altered during the grant period, and such changes would reflect the intent to develop, enhance, and refine ways to measure what can best reflect achievement of goals and impact.

* Terms of Donation Confirmation

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

☐ I Confirm

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EXPORT CONTROLS: The organization requesting this product grant (as well as any partners or subsidiary/affiliated organizations) acknowledges that:

Cisco Products, Technology and Services are subject to U.S. and local export control laws and regulations. The Parties shall comply with such laws and regulations governing use, export, re-export, and transfer of Products and Technology and will obtain all required U.S. and local authorizations, permits or licenses.

The export obligations under this clause shall survive the expiration or termination of this Agreement.

* Export Controls Confirmation

Check 'I Confirm' to acknowledge your review and acceptance of the Export Controls.

□ I Confirm

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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

Cisco Systems, Inc. (Cisco) and the Cisco Foundation prohibit discrimination against any person or population group with regard to categories protected by applicable U.S. law, as well as other categories identified by Cisco in alignment with our own Human Resources policies. These include, but are not limited to age, ancestry, color, citizenship, gender, gender expression, gender identity, genetic information, marital status, medical conditions, national origin, physical or mental disability, pregnancy, race, religion, sexual orientation, and veteran status.

This policy applies to any organization requesting and/or receiving any type of support from Cisco/Cisco Foundation, and pertains to both: (1) provision of services, and (2) hiring practices. No person(s) may be denied service by the organization, and/or employment at the organization, based on any of the categories stated above.

Clarification on non-discrimination related to religion: Cisco and the Cisco Foundation will not support any organization which requires adherence or conversion to any religious doctrine in order to either be a beneficiary of the program, or to be an employee of the organization. To clarify, a direct service program run by a faith-based organization may be eligible, provided that the program's beneficiaries are not required to adhere or to convert to that organization's religious doctrine as a condition of receiving service from the program. Likewise, Cisco will not support any organization that requires adherence or conversion to any religious doctrine in order to be an employee of the program.

☐ I Confirm that the organization I represent complies with the above-stated policy in its entirety

* Lobbying Restriction

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

☐ I Confirm

* Religious Proselytizing Restriction

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 Please choose one OR the other of the two wording options below for this certification. Either option is acceptable but one or the other must be certified in order for the proposal to be allowed to proceed. This choice is provided at the request of organizations which are already part of the U.S. Combined Federal Campaign, the certification wording for which is included as Option B. Option A - Check 'I Confirm Option A' 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 listed terrorist persons or organizations.

Option B - Check 'I Confirm Option B' to certify the following: The organization named in this application is in compliance with all statutes, Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the

Non-Support of Violence/Terrorism Please choose one OR the other of the two wording options below for this certification. Either Confirmation option is acceptable but one or the other must be certified in order for the proposal to be allowed to proceed. This choice is provided at the request of organizations which are already part of the U.S. Combined Federal Campaign, the certification wording for which is included as Option B. Option A - Check 'I Confirm Option A' 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 listed terrorist persons or organizations. Option B - Check I Confirm Option B to certify the following: The organization named in this application is in compliance with all statutes. Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at http://www.treas.gov/ofac. Should any changes in circumstances pertaining to this certification occur at any time, the organization will notify the grantmaker immediately." □ I confirm (Option A) □ I confirm (Option B) * Board Review/Approval Check I Confirm to certify the following: "Our executive management team and/or Board is supportive of this application." ☐ I Confirm * Accuracy Certification 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 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 * Tax Acknowledgment Form Confirmation Check I Confirm to certify the following: "I understand I will receive a tax acknowledgement form and will sign and return in timely manner." □ I Confirm Check I Confirm to certify the following: "I understand I will receive multiple surveys regarding * Grant Follow-up Surveys Confirmation

grant implementation and impact."