

2017 Community Leadership Partners

Hampton Roads Community Foundation

Project Name*

Name of Project

Character Limit: 100

Basic Project Information

Amount*

What is the total amount of your grant request?

Character Limit: 20

Program Budget*

What is your total program budget?

Character Limit: 20

Funding Period*

During which period of time will funds be used? (*Funding period may not begin prior to September 2017*)

Character Limit: 200

Narrative

Organizational Information*

Provide your organization's mission statement and a brief history of your organization including the year your organization received 501(c)(3) designation.

Character Limit: 1000

Statement of Need*

Describe the need your program will serve.

Character Limit: 500

Project Description*

Describe the project for which you are seeking funding and discuss the outcome(s) you plan to achieve. Provide information on the research that supports the prevention or intervention program for youth that your organization serves.

Character Limit: 1500

Program Logic Model*

Please complete a Program Logic Model using the [form](#) provided and upload it to this application. A [sample](#) model is also available.

File Size Limit: 2 MB

Collaboration*

Describe any collaboration or partnership with other nonprofits, private or public schools, city agencies or others. Identify the roles and responsibilities of each partner and details of the resources brought by each. Please describe how the partnership improves your prevention or intervention program for 9-18 year old youth.

Character Limit: 1500

Participants*

Please describe how you select your participants.

Character Limit: 750

Number Served*

State the total number of children to be served in the program for which you are seeking funding.

Character Limit: 50

Area Served*

Please include the number to be served in each city where the program will operate.

Character Limit: 750

Previous Outcomes*

If the program for which you seek funding is an existing program, provide the outcome data over the life of the program and describe the impact of the program on 9-18 year old youth.

Character Limit: 1000

Fund Use*

Describe how the requested funds will be used.

Character Limit: 750

Program Sustainability*

Explain how the program will remain sustainable after Community Leadership Partners' funding concludes.

Character Limit: 500

Please upload the following documents to this application:**Project Budget***

A detailed, itemized program budget that includes revenues and expenses.

File Size Limit: 2 MB

Operating Budget*

Your organization's current and previous (if available) year's operating budget including revenues and expenses.

File Size Limit: 2 MB

Financial Statements*

The organization's most recent audited financial statements. If you do not have audited statements, provide other documentation of to support your financial status (e.g. IRS Form 990).

File Size Limit: 3 MB

Contributors*

A list of contributors to this project by category (i.e. individual, government, corporate and foundation) or by giving level. Type in the space provided or upload an existing document.

Character Limit: 1000 | File Size Limit: 1 MB

Pending Requests*

List other pending grant requests for this project, the amount requested and an estimated decision date.

Character Limit: 1000 | File Size Limit: 1 MB

Board of Directors*

A current list of the organization's Board of Directors and their corresponding affiliations.

File Size Limit: 1 MB

I am authorized by my organization to submit a grant to the Hampton Roads Community Foundation.*

Yes

No

Submit this application no later than 5:00 p.m. on Thursday, May 18, 2017. Direct any questions regarding application content to Debbi Steiger at dsteiger@hamptonroadscf.org or (757) 622-7951.

Thank you for completing this application. You should receive an automatic email confirming successful submission within 10 minutes.

Add grantinterface.com to your safe senders list to prevent messages from going to your spam/junk folder.