

2019 Community Grant - Seed & Program Funding

Hampton Roads Community Foundation

Overview

Project Name*

Name of Project

Character Limit: 100

Program Area*

Choices

Cultural Vitality

Economic Stability

Educational Success

Environmental Stewardship

Health and Wellness

Program Area Desired Outcome*

First, please choose the same program area you selected above. Then, from the options presented, please select the HRCF-desired outcome that best aligns to your project's primary outcome. You will have an opportunity to identify additional outcomes in the questions that follow.

Organization Description*

Briefly describe the history and activities of your organization.

Character Limit: 750

Description of Project*

Describe the program for which you seek funding and discuss the outcome(s) you hope to achieve.

Character Limit: 2000

Total Amount Requested*

Character Limit: 20

Multi-Year Request

If you are requesting multi-year funding, provide the amount requested for each year (three-year limit).

Character Limit: 100

Geographic Area Served*

Select the location that will benefit from your proposal. Please note the regional options for projects that will affect more than one city/county marked with an asterisk (*).

Choices

Chesapeake

Norfolk

Portsmouth

Suffolk

Virginia Beach

South Hampton Roads*

Western Tidewater*

Peninsula* (Only specified Special Interest grants, not Community Grants, fund Peninsula activities)

Organizational Background

Mission*

State the organization's mission.

Character Limit: 500

Target Population*

Describe the population served by your organization. Please be as specific as possible, including age, race/ethnicity, socio-economic status, and geography if tracked (e.g., low- and moderate-income Hispanic mothers between the ages of 16 and 24 residing in Norfolk).

Character Limit: 200

Number Served - Organization*

How many individuals does the organization typically serve annually?

Character Limit: 100

Organizational Goals*

Identify your organization's strategic priorities and indicate the top three to be accomplished in the next 12 months.

Character Limit: 700

Previous Programs*

Describe the organization's success in previous program delivery with the target population. Include descriptions of previous program objectives, number of individuals served, outcomes observed, and any lessons learned.

Character Limit: 1000

Project Description

Statement of Need*

Describe the need your project will address. Please focus your response on the evidence that this program is needed by the community and/or demographic population it will serve.

Character Limit: 500

Number Served - Project*

How many people do you anticipate your program will impact? Describe these participants and how their quality of life will be improved as a result. If your request is for multi-year support, please indicate yearly totals.

Character Limit: 750

Program Recruitment*

Describe your project's plan for participant recruitment. Include where participants will come from, how they will be identified, and any selection criteria you will use.

Character Limit: 750

Impact on Organizational Goals*

How will the proposed project improve your organization's ability to meet one or more of the goals you previously identified to be accomplished in the next 12 months?

Character Limit: 750

Program Goals & Objectives*

Describe the overall goals and objectives of the project. Describe how and where the program will be delivered.

Character Limit: 3000

Program Effectiveness*

Describe the **research evidence** that the type of program you propose is **effective** with the target population.

Character Limit: 750

Program Support*

Do you have the support of groups (i.e., schools, recreation centers, etc.) that may be affected by this project? If so, briefly explain.

Character Limit: 800

Collaboration*

Describe any collaborative or cooperative agreements between your organization and other organizations in the implementation of the proposed program. Attach any letters of support or MOUs you may have to verify this collaboration.

Character Limit: 750 | File Size Limit: 3 MB

Measurement*

Describe your plan for measuring your outcome(s), including the methodology and data collection strategies to be employed.

Character Limit: 750

Financial Information

Use of Funds*

Describe how Foundation funds will be used and over what period of time.

Character Limit: 1500

Impact on Organizational Budget*

Describe how this project will impact your organization's ongoing operating budget after the requested funding ends (for example, increases in utilities, maintenance costs, mortgage payments, and/or additional staff).

Character Limit: 750

Total Contributions*

What is the total amount of contributions and pledges for this project raised to date?

Character Limit: 20

Pending Requests*

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

Character Limit: 750

Uploads

Please upload the following documents:

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. Please include the primary HRCF-desired outcome you selected in the first section of this application as well as any additional outcomes your project will seek to achieve.

File Size Limit: 3 MB

Project Budget*

Upload a detailed, itemized project budget that includes revenues and expenses. If you are requesting multi-year funding, please include budgets for each year that funding is requested.

File Size Limit: 3 MB

Operating Budget*

Provide the organization's current operating budget including revenues and expenses.

File Size Limit: 3 MB

Financial Statements*

Provide the organization's most recent audited financial statements. If you do not have audited statements, please provide the organization's most recently filed IRS Form 990.

File Size Limit: 5 MB

Board of Directors*

Upload a current list of the organization's Board of Directors and their corresponding affiliations (i.e., employer, occupation/expertise, and locality of residence).

File Size Limit: 1 MB

Timeline*

Provide a complete program implementation timeline/schedule. *Type in the space provided or upload an existing document.*

Character Limit: 750 | File Size Limit: 1 MB

Contributors*

Provide a list of contributors to this project by category (i.e., individual, government, corporate, and foundation) or by giving level. These contributors should be reflected in the revenue of the project budget uploaded above. *Please type in the space provided or upload an existing document.*

Character Limit: 1000 | File Size Limit: 1 MB

Authorization to Submit

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

Choices

Yes

No

ELECTRONIC SIGNATURE*

Enter your full name, business title, and the date of submission.

Character Limit: 250

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

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

Sample