2020 Community Grant - Seed & Program Funding

Hampton Roads Community Foundation

Overview
If you have not spoken to a program officer, please attend a Drop in Day or talk with a program officer before proceeding with an application.

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, choose the same program area you selected above. Then, from the options presented, 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*

**Population Served - Organization**
How many individuals does the organization typically serve annually? Describe the population served by your organization as specifically 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: 500*

**Organizational Goals**
Identify your organization's strategic priorities and list 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. Focus your response on the data that demonstrates this program is needed by the community and/or target population it will serve.
Character Limit: 500

Number Served - Project*
How many individuals or families do you anticipate the program will serve over the course of the proposed project? Please provide the total number that you plan to serve. Then select if that number represents individuals or families based on how your agency collects data.
Character Limit: 15

* Choices
Families
Individuals

Number Served - Description*
Describe how these participants’ quality of life will be improved as a result of the project. If your request is for multi-year support, indicate the number served by year.
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 strategic priorities 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 formal or informal 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 formal collaborations.

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. Refer to anticipated outcomes on your program logic model. You will be asked to provide outcomes based on what you submit here in future grant reports if awarded funding.

Character Limit: 750

Diversity, Equity & Inclusion
Hampton Roads Community Foundation believes that racial equity is essential to the success of our region and its people. We further believe that advancing a more equitable and inclusive community is core to the mission of the Foundation. To that end, the Foundation strives to reflect and promote the diversity of the community in its grantmaking activity.

Organization Leadership*
Provide the race of your organization’s lead executive (CEO or Executive Director). You may select multiple options if applicable.

Choices
American Indian or Alaskan Native
Asian
Black or African American
Pacific Islander
White
Other
Unknown

Provide the ethnicity of your organization's lead executive (CEO or Executive Director).*

Choices
Hispanic/Latinx
Board of Directors*
Provide the number and percentage of your organization's Board of Directors by racial and ethnic category.

*Racial Categories: American Indian or Alaskan Native, Asian, Black or African American, Pacific Islander, White, Other, Unknown

*Ethnic Categories: Hispanic/Latinx; Non-Hispanic/Latinx; Unknown

Character Limit: 500

Anticipated Population Served*
Of the clients that you plan to serve in "Number Served - Project" above, what percentage of the clients do you project will be persons of color? What percentage do you anticipate will be Hispanic/Latinx?

Character Limit: 500

Equity Statement
If your organization has a statement, policy or plan relating to diversity, equity and inclusion, attach a copy of that document.

File Size Limit: 5 MB

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

Upload the following documents:

Program Logic Model*
Complete a Program Logic Model using the form provided and upload it to this application. A sample model is also available. 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, provide 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, 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, including employer if relevant.

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. 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.