2024 Community Leadership Partners Grants

Eligibility Determination

The Community Leadership Partners, a giving circle of Hampton Roads Community Foundation, is pleased to offer this opportunity to apply for grant funding. Support in 2024 will be awarded to nonprofit organizations providing programs to facilitate early intervention, rapid response, and expedited access to mental health services in South Hampton Roads.

Eligibility Confirmation

Please review the grant program guidelines for additional details (<u>available here</u>), and confirm your eligibility to apply for this opportunity below. If your organization does not meet all of the eligibility requirements, you will not be considered for funding.

Choices

Organization meets all eligibility requirements described in the grant guidelines

501c3 nonprofit public charity in good standing with the IRS since at least April 1, 2022

Board of Directors consists of at least 3 people not including the CEO/ED/President

Program's services and budget fits within grant period of Oct. 1 2024-June 30 2025 (If no, explain)

Grant Period

If the programs and services for which you are seeking funding and the program budget will <u>*not*</u> fit within the expected grant period of October 1, 2024 - June 30, 2025, please explain.

Character Limit: 250

SCC & VDACS Registration

Organizations not registered with the State Corporation Commission (SCC) and Virginia Department of Agriculture and Consumer Services (VDACS) will not be eligible to receive funding, unless they have been granted an exception.

Choices

Organization acknowledges that SCC & VDACS registration is required prior to funding

Overview

Project Name*

Name of Project

Character Limit: 100

Total Amount Requested*

Character Limit: 20

Organization Description*

What is your organization's mission statement and goals? What programs and services does your organization provide and for whom?

Character Limit: 2000

Organization's Budgets

Provide the board-approved projected operating expenses and revenues for the organization's current year (fiscal year 2024). Also provide the actual operating expenses and revenues for last year (fiscal year 2023) and two years ago (fiscal year 2022).

	Current Year Projections (FY24)	Last Year Actuals (FY23)	Prior Year Actuals (FY22)
Revenues			
Expenses			

Full-Time Staff*

How many paid full-time staff members are employed by your organization?

Character Limit: 5

Part-Time Staff*

How many paid part-time staff members are employed by your organization?

Character Limit: 5

Volunteers*

How many volunteers assist your organization? Do not include board members in the volunteer count.

Character Limit: 5

People Served in Organization*

How many clients/participants does your organization serve annually?

Character Limit: 10

People Served in Program*

How many clients/participants does your organization plan to serve through the specific program for which you are requesting funding and within the 9 month grant period?

Character Limit: 10

Program Description

Program Area*

Which of the following areas does your program PRIMARILY address? Please note that clinical treatment services will not be considered for funding. See guidelines for details. (Select one.)

Choices

Community awareness/decreasing stigmas
Early intervention services
Expedited access, information, navigation, and referral services
Peer support
Professional development and capacity-building for mental health services (staff)
Rapid response
Suicide prevention and other harm reduction

Program Location*

What city or cities will benefit from your organization's program for which you are seeking funding? (Select all that apply.)

Choices

Chesapeake
Norfolk
Portsmouth
Suffolk
Virginia Beach
Other

Other Program Location

If you answered "Other" for Program Location, please briefly describe here.

Character Limit: 250

Ages Served*

Which populations will this program serve? If you are applying for professional development, please select the population that will ultimately be served once the capacity building has been completed. (Select all that apply.)

Choices

All ages
Youth (0-17)
Young adults (18-25)
Adults (26-49)
Older Adults (50-64)
Seniors (65+)

Program Description*

Describe the program for which you are seeking funding, including how you will use this funding. Include specific strategies your organization will use that directly relate to the Program Area you selected. If your program includes intervention services, please include

what intervention(s) and why that is effective. If your program includes referral services, please list your referral partner(s) and programs.
Character Limit: 5000

Statement of Need*

Describe the need(s) in the community your program will address. Why is it important for your organization to receive this funding? How will this funding make a difference for your organization?
Character Limit: 3000

Program Budget

Provide the projected program expenses and revenues related to this grant application.

	Projected Program Budget
Revenues	
Expenses	

Existing Program*

Are you requesting funding for an existing program at your organization?

Choices
Yes
No

Program Success*

If this is an existing program, please explain if and how you measure program outcomes. If this is not an existing program, how will you determine success of the program?
Character Limit: 2000

Diversity, Equity & Inclusion Efforts

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.

In the below questions, by "People of Color" the Foundation is referring to a social identity among and across groups of people who identify as non-White. The term embraces individuals

from historically marginalized racial or ethnic groups such as, but not limited to, Native American/Indigenous, Black/African American, Hispanic/Latinx, Middle Eastern, Asian, and Pacific Islander.

Governing Board - Numbers*

What *number* of people on your governing board identify as People of Color? What is the total number of people on your governing board? (Example: 4 of 10 board members identify as People of Color.)

Character Limit: 55

Governing Board - Percentage*

What *percentage* of the organization's governing board identifies as People of Color? (example: 40%)

Character Limit: 3

Staff Leadership - Numbers*

What *number* of people in your staff leadership identify as People of Color? What is the total number of people included in your staff leadership? (Example: 4 of 10 staff leaders identify as People of Color.) Staff leadership includes staff with the decision-making power regardless of rank or title. If the organization's Lead Executive is both a staff member and on the governing board, only include them in one category. If your organization does not have staff, respond with "no staff".

Character Limit: 55

Staff Leadership - Percentage

What *percentage* of the organization's staff leadership identifies as People of Color? (example: 40%) If you answered "no staff" above, leave this question blank.

Character Limit: 3

Anticipated Population Served*

Of the people that you plan to serve in this project (see "people served in program" above), what *percentage* of the anticipated population served do you project will identify as People of Color? (example: 40%)

Character Limit: 3

Demographic Data Collection*

How does your organization collect the racial and ethnic data for organizational leadership and population served? Select all that apply. Note: The Foundation strongly encourages using self-identified demographic data.

Choices

Self-Identification: People select their own race/ethnicity. (Guardians may identify for children.)
Extrapolation: Percentages are assumed based on public information (i.e. school or city-wide data).
Observation: Racial and ethnic categories are assumed based on observing the person.

Other

Additional DEI Information

The Foundation acknowledges that an organization's commitment to diversity, equity, and inclusion may extend beyond the racial and ethnic information collected above. If you would like to share any additional DEI information with us, please do so here (e.g. other diverse populations served/represented; how the thoughts and needs of participants are included in the development and delivery of your programs; how community voices impact the values and decisions of the organization).

If your organization has a statement, policy or plan relating to DEI, attach a copy of that document. (Please do NOT upload standard Equal Opportunity or Anti-Discrimination policies.)

Character Limit: 1000 | File Size Limit: 3 MB

Uploads

Upload the following documents:

The below uploads are *required documents* and must be provided as described for your proposal to be considered. If you have any questions about these requirements, please reach out to Gina Kelly at gkelly@hamptonroadscf.org.

Program Budget*

Please provide a detailed, itemized program budget that includes revenues and expenses.

File Size Limit: 2 MB

Operating Budget*

Provide the organization's current operating budget including revenues and expenses. (fiscal year 2024)

File Size Limit: 3 MB

Financial Statements*

Provide the organization's most recent financial statements in one of the following formats. Audited financial statements are preferred, if available.

- Most recent independently audited financial statements (entire audit document must be provided)
- Most recently filed IRS form 990 (entire 990 form must be provided)
- Most recently filed IRS form 990-EZ or 990-N postcard and a profit and loss statement that includes the organization's annual revenues and expenses for fiscal year 2023 (save both documents into 1 file prior to uploading)

File Size Limit: 6 MB

Board of Directors*

Upload a current list of the organization's Board of Directors and their corresponding affiliations, including employer.

File Size Limit: 2 MB

Authorization to Submit

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

Choices

Yes

ELECTRONIC SIGNATURE*

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

Character Limit: 250

Submit this application no later than Monday, April 22, 2024 at 11:59 p.m.

Please direct any questions regarding application content to Kate Wilson at kwilson@hamptonroadscf.org or (757)-383-6054. For technical questions regarding the application form or portal, please contact Gina Kelly at gkelly@hamptonroadscf.org or (757)-383-6044.

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

After submission, you should receive an automatic email confirming successful submission within 10 minutes. Critical future correspondence such as requests for additional information, grant agreements, and report reminders will be sent via email from administrator@grantinterface.com.