2024 Community Grant - Seed & Program Funding

Eligibility Determination

Please confirm your eligibility to apply for a grant. If all of the below statements are not true, your organization may not be eligible for funding. Read the grant guidelines <u>here</u> and the Foundation's eligibility requirements <u>here.</u> If you have questions about eligibility status, reach out to grants@hamptonroadscf.org. Note that "seed" funding is for piloting new programs and is not for start-up funding for an organization.

If you have not spoken to a program officer, please participate in a <u>Call in Day</u> or talk with a program officer before proceeding with an application.

The applicant is a 501(c)(3) nonprofit *<u>public charity</u>*. (Private foundations are not eligible.)*

Choices

Yes

No - Not eligible

The nonprofit serves residents of South Hampton Roads.*

Choices

Yes

No - Not eligible

Project aligns with the grant guidelines.*

Choices

Yes

No - Not eligible

The applicant and project meet the Foundation's eligibility requirements.*

Choices

Yes

No - Not eligible

The nonprofit has recent audited financials or a 990 or 990EZ with the IRS. (990Ns not accepted.)*

Choices

Yes

No - Not eligible

The organization is registered with the State Corporation Commission (SCC) to operate in Virginia.*

Choices

Yes
No - Reach out to a program officer

The organization is registered with the Virginia Department of Agriculture and Consumer Services (VDACS) to solicit contributions in Virginia.*

Choices
Yes
No - Reach out to a program officer

Request Overview

Program/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 with your project's primary outcome. You will have an opportunity to identify additional outcomes in the questions that follow.

Amount Requested
Provide the amount requested for each year (three-year limit).

Year 1 Request	
Year 2 Request (if applicable)	
Year 3 Request (if applicable)	
Total Amount Requested	

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*

Organizational Background

Organization Description*

State the organization's mission. Briefly describe the history and activities of your organization.

Character Limit: 1250

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

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

Strategic Plan*

Does your organization have a current strategic plan?

Choices

Yes
No

Organizational Goals*

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

Character Limit: 700

Project Description

Description of Project*

Describe the program/project for which you seek funding.

Character Limit: 2500

Statement of Need*

Describe the need your project will address. Focus your response on the data that demonstrate this program is needed by the Hampton Roads community and/or target population it will serve.

Character Limit: 500

Number Served - Total Project*

How many individuals or families do you anticipate the program will serve *over the course of the proposed project*? Also indicate if that number represents individuals or families based on how your agency collects data. If you are requesting multi-year support, provide the *total number* that you plan to serve here and the number served by year in the next question.

Character Limit: 15

*

Choices

Families
Individuals

Number Served - Annual Count

If you are requesting multi-year support, provide the number of individuals or families that you anticipate the program will serve *each year* of the program. (i.e. 20 families in year one, 30 families in year two, 40 families in year three)

Character Limit: 200

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. If the project provides services on a virtual platform, describe how your organization will ensure the safety and security of the people served.

Character Limit: 3500

Measurement*

Describe the program/project outcome(s) you hope to achieve and your plan for measuring those 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: 1000

Program Effectiveness*

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

Character Limit: 750

Program Support

If relevant, do you have the support of groups whose help is required for your project to be successful (i.e., schools, recreation centers, or churches where the program will take place)? If so, briefly explain.

Character Limit: 750

Collaboration*

Describe any formal or informal collaborative relationships between your organization and other organizations in the implementation of the proposed program. Attach letters of support or MOUs to verify formal collaborations, including supporting organizations from the question above.

Character Limit: 750 | File Size Limit: 2 MB

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.

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*

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: 50

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

Character Limit: 3

Staff Leadership*

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: 50

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

Character Limit: 3

Anticipated Population Served*

Of the clients that you plan to serve in this project (see "Number Served - Total Project" 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. (Standard Equal Opportunity or Anti-Discrimination policies are not necessary to share.)

Character Limit: 1000 | File Size Limit: 3 MB

Financial Information

Use of Funds*

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

Character Limit: 1500

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 <u>revenues and expenses</u>. 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 <u>revenues and expenses</u>.

File Size Limit: 3 MB

Financial Statements*

Provide the organization's most recent audited financial statements. Although preferred, if you do not have audited statements, provide the organization's most recent tax form on file with the IRS. Note that only full 990s or 990-EZs will be considered for this grant opportunity. Due to the nature of this funding, organizations submitting 990-Ns will not be considered.

File Size Limit: 8 MB

Board of Directors*

Upload a current list of the organization's Board of Directors and their corresponding affiliations. At minimum, include employer, job title or area of expertise, and city 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 <u>this project</u> 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

ELECTRONIC SIGNATURE*

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

Character Limit: 250

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.