 ***2018 Grant Application***

INSTRUCTIONS: All applications (original and two copies) must be submitted to the **Peninsula Community Foundation**, 48 Queens Way, Hampton, VA 23669. An electronic PDF version must be submitted to julia.w.bowditch@gmail.com. Please put “Impact 100 grant application” in subject line.

All proposals (3 hard copies and electronic copy) are due no later than **Friday, June 1, 2018 by 5:00 p.m**. No proposals will be accepted after 5:00 PM.

**COVEr SHeet**

**Focus area designation for your application (select one):**

☐Arts/Culture ☐Education ☐Environment/Conservation/Recreation ☐Family

☐Health & Wellness

**Organization Data**

Applicant Organization (Legal Name):

Doing Business As:

Street Address: City: State: Zip:

E-mail:      Web site:

Phone: Fax:

IRS Name, as listed on 501(c)(3) letter:

IRS letter date: Tax Exempt ID number (EIN):

Executive Director: Direct Phone:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Organization’s Budgeted Expenses for Current Year:

Endowment Size:

Organization’s Major Funding Sources:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization’s Affiliation and/or accreditation body (check all that apply)**

\_\_  United Way Fine Arts Fund Better Business Bureau

\_\_  Chapter of national or regional organization (Specify)

\_\_  Other (Specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Request Data**

Program/Project Title:

Total Budget for this Program/Project: Amount of this request:

Proposal contact person information:

Name: Title:

Direct Phone: E-mail:

Community served by this Program/Project:

Brief demographic description of population served by this Program/Project:

Type of request (check all that apply)

☐*Capital Investment –* The grant supports modest-scale capital projects when presented in the context of a plan for meeting community needs.

☐*Program/Project –* The grant supports specific work that directly benefits the organization’s (or a coalition of organizations) constituents over a period of time to achieve measurable results. Grants may be used to pay for all costs directly related to the operation of the project.

☐*Capacity Building Support/Technical Assistance*: The grant supports activities that strengthen an organization, or a coalition of organizations, ability to better achieves its mission. Grants may support expansion of services, infrastructure improvement, organizational assessment, strategic planning, and board/staff development. The grant is restricted to a particular activity, and the outcomes of the capacity building project must be conducted over a set period of time to achieve measurable results.

**Authorizing Signatures**

*(Both signatures required unless otherwise specified by funder)*

Signature of Executive Director: (*date*)

Signature of Board President: (*date*)

**Attachments:**

☐ Signed Cover Sheet (2 pages)

☐Attachment 1: Narrative (No more than five (5) pages to address Sections One through Five)

☐Attachment 2: Statement of Revenue/Support and Expenses for most recently completed fiscal year and the current fiscal year to date. (see attached example Budget Form 1)\*

☐Attachment 3: Balance Sheet for most recently completed fiscal year.

☐Attachment 4: Most recent, completed audit with auditor’s notes, independently reviewed or compiled financial statements, or Form 990

☐Attachment 5: Budget for the current fiscal/calendar year including a column showing the organization’s year-to-date status (see attached example Budget Form 2)\*

☐Attachment 6: Project Budget for your entire project (see attached sample Budget Form 3)\*

☐Attachment 7:Provide pro forma project budget for next year (see attached sample Budget Form 3)\*

☐Attachment 8: IRS letter of determination 501(c)(3), or if such a letter does not exist see specific funder requirements

☐Attachment 9: Names, affiliations and demographics of board members

☐Attachment 10: List of key staff members and an organizational chart

☐Terms of Agreement

☐Attachment 11: Letters of commitment from collaborating organizations, if appropriate**Page 3**

The narratives for Sections One through Five must not exceed five pages. Responses must be typed, single-spaced, single-sided and use a minimum of 12-point type.

**Section ONe – Profile of Organization**

1. Brief summary of organization’s history
2. Brief statement of organization’s vision/mission
3. Brief description of current programs/projects and activities
4. Description of organization’s constituency and geographic region (if different than the projects as described above)

 **SECTION TWO – Statement of Need**

In this section the applicant is describing why the proposed project or activity is important to the community and the targeted population.

1. Statement of need must describe the need to be addressed and offer evidence of that need. Please highlight how you are meeting an unmet community need.

**Section THREE –- Program/Project Description & Methodology**

1. Description of program/project, including:
	1. Activities to accomplish program/project (Is this new or ongoing activity?)
	2. How does this project contribute to your overall mission?
	3. Goals/objectives
	4. Timetable for implementation specify if 12 or 24 month grant period
	5. Project location
	6. Evidence of use of best practices (Is this program/project based on a program that has been shown to be effective in other settings?)
2. Is the organization collaborating with other agencies on this application (with whom and how?) **Letters of support documenting commitment and level of support are required from collaborating partners.**
3. Why is your organization qualified and appropriate to address this need or benefit?

**Section FOUR –- Evaluation**

In this section the applicant is answering the “*so what”* questions. The information provided should clearly describe how the proposed project or activity will impact the community and the population being served and what indicators will be measured that demonstrate the project or activity made a difference, changed outcomes.

1. How will the short term, intermediate and/or long term outcomes be defined and measured? How will success be defined and measured?
2. How will the evaluation be conducted?
3. How will the people served be involved in the program/project evaluation?
4. How will the results be used and disseminated?
5. If this is an existing ongoing program/project, please summarize past quantitative and qualitative outcomes.

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**Section FIVE –- Program/Project Funding Plans**

1. List of other funders to which **this current** proposal has been and/or will be submitted. For each funder, indicate amount requested and status of request, i.e., request will be submitted, is pending, was funded and level or of commitment and for how long, or was declined.
2. Other anticipated funding for this current proposal including:
	1. Earned revenue
	2. In-kind support
	3. Special events
	4. Fundraisers, etc.
3. If this will be an ongoing program/project, describe plans and specific sources for future/long-term funding.

**Section SIX -– Required Financial Attachments**

1. Most recent, complete audit including auditor’s notes for the past two years.
If the organization does not have an audit performed, provide the following for the **two** most recent years
	1. Form 990
2. Budget for the current fiscal/calendar year including a column showing the organization’s year-to-date status (see attached example form).\*
3. Project Budget for your entire project (see attached sample form).\*
4. Provide pro forma project budget for next year, if there are ongoing expenses associated with your project which increase the organization’s operating budget by 20% or more, the purpose of the pro forma is to show how the organization plans to sustain the project.

**\* If your existing financials are in a similar form as the attached example forms, they may be submitted.**

**Section SEVEN –- Required Non-Financial Attachments**

1. IRS letter of determination 501(c)(3), or if such a letter does not exist see specific funder requirements
2. Names, affiliations and demographics of board members
3. List of key staff members and an organizational chart
4. Letters of commitment from collaborating organizations, if appropriate.

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**BUDGET FORM 1: TOTAL AGENCY BUDGET FOR CURRENT FISCAL YEAR**

**Name of Agency:**

**Time Period:**

|  |  |  |
| --- | --- | --- |
| **REVENUE/ SUPPORT** | **Budget for Year** | **Year-to-Date (specify date)** |
|  |  |  |
| Corporate grants  |  |  |
| Foundation grants  |  |  |
| Govt. grants/contracts/per diem (identify)  |  |  |
| Contributions  |  |  |
| United Way  |  |  |
| Other federated campaigns (identify)  |  |  |
| Fine Arts Fund  |  |  |
| Membership dues  |  |  |
| Special events, fundraisers  |  |  |
| Sponsorships  |  |  |
| Admissions  |  |  |
| Sales, rent  |  |  |
| Revenue, tuition  |  |  |
| Investment income  |  |  |
| Interest, dividends  |  |  |
| Other  |  |  |
|  **Total Revenue/Support**  |  |  |
|  |  |  |
| **EXPENSES**  |  |  |
| Salaries  |  |  |
| Employee benefits, taxes  |  |  |
| Professional fees  |  |  |
| Equipment, supplies, materials  |  |  |
| Telephone, utilities  |  |  |
| Postage, mailing  |  |  |
| Occupancy  |  |  |
| Insurance  |  |  |
| Training, staff development  |  |  |
| Travel  |  |  |
| Conferences  |  |  |
| Evaluations  |  |  |
| Other  |  |  |
|  **Total Expenses**  |  |  |
| **Revenue less Expenses**  |  |  |

**If expenses exceed revenues/support, please explain how difference will be offset.**

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**BUDGET FORM 2: PROJECT REQUEST BUDGET**

**Name of Agency:**

**Time Period:**

(*Items typical for operating a program)*

|  |  |
| --- | --- |
| **REVENUE/SUPPORT BUDGET**  |  |
| Corporate grants  |  |
| Foundation grants  |  |
| Govt. grants/contracts/per diem (identify)  |  |
| Contributions  |  |
| United Way  |  |
| Other federated campaigns (identify)  |  |
| Fine Arts Fund  |  |
| Membership dues  |  |
| Special events, fundraisers  |  |
| Sponsorships  |  |
| Admissions  |  |
| Sales, rent  |  |
| Revenue, tuition  |  |
| Investment income  |  |
| Interest, dividends  |  |
| Other  |  |
|  |  |
| **Total Revenue/Support**  |  |
| **EXPENSES**  |  |
| Salaries  |  |
| Employee benefits, taxes  |  |
| Professional fees  |  |
| Equipment, supplies, materials  |  |
| Telephone, utilities  |  |
| Postage, mailing  |  |
| Occupancy  |  |
| Insurance  |  |
| Training, staff development  |  |
| Travel  |  |
| Conferences  |  |
| Evaluations  |  |
| Other  |  |
| **Total Expenses**  |  |
| **Revenue less Expenses**  |  |

**If expenses exceed revenues/support, please explain how difference will be offset.**

**Accompanying narrative welcome if additional explanation is warranted, for example an explanation of in-kind gifts.**

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**BUDGET FORM 3: CAPITAL REQUEST BUDGET**

**Name of Agency:**

**Time Period:**

|  |  |
| --- | --- |
| (*Items typical for capital project)* |  |
| **REVENUE/SUPPORT BUDGET** | **BUDGET** |
| Corporate grants |  |
| Foundation grants |  |
| Govt. grants/contracts/per diem (identify) |  |
| Contributions |  |
| United Way |  |
| Other federated campaigns (identify) |  |
| Fine Arts Fund |  |
| Membership dues |  |
| Special events, fundraisers |  |
| Sponsorships |  |
| Admissions |  |
| Sales, rent |  |
| Revenue, tuition |  |
| Investment income |  |
| Interest, dividends |  |
| Loans |  |
| Tax credits |  |
| Other |  |
| **Total Revenue/Support** |  |
|  |  |
| **EXPENSES** |  |
| Purchases |  |
| Installations |  |
| Site preparations |  |
| Furnishings |  |
| Professional fees |  |
| Contingency |  |
| Other |  |
|  |  |
|  |  |
| **Total Expenses** |  |
| **Revenue less Expenses** |  |

**If expenses exceed revenues/support, please explain how difference will be offset. An accompanying narrative is welcome if additional explanation is warranted, for example, an explanation of in-kind gifts.**

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**Section NINE**

**TERMS OF GRANT AGREEMENT FOR IMPACT 100**

1. Applicant agrees if chosen as a Site Visit Candidate – from that time forward until the applicant is informed by ***Impact 100*** that they are no longer under consideration for a grant in that year, or, until the applicant completes the project utilizing ***Impact 100*** funds – to keep ***Impact 100*** abreast of any substantial donation - in-kind or monetary - that directly impacts the applicant's proposed budget or program implementation timeline submitted to Impact 100.
 *Moving forward within the* ***Impact 100*** *grant review process should, in no ways, prohibit you from obtaining external support for your proposed program and project. In efforts to be strong fiscal agents, sharing this information will ensure that* ***Impact 100*** *authentically represents the applicant to membership and focus area committees.*
2. Applicant agrees that any grant received from ***Impact 100*** will be expended for the explicit purposes described in the grant proposal. A formal grant agreement will be constructed following the Annual Awards Ceremony, outlining appropriate uses of grant funds, disbursement of funds, and project goals and expected outcomes as initially proposed in this request. In the event grant monies are to be allocated for any other purpose, agreement must be obtained from ***Impact 100***.
3. If a grant is received, applicant agrees to credit ***Impact 100*** in the manner identified by ***Impact 100*** in any publications (including annual reports, newsletters), press releases, brochures, multimedia, and other publicity or public relations materials and presentations.
4. Applicant agrees, following any grant received, to complete all required interim (quarterly) financial and program reports and attend a meeting with the ***Impact 100’s*** at least annually for the life of the grant. An itemized budget is part of this reporting process.
5. Applicant agrees if chosen as a Finalist, to attend the ***Impact 100’s*** Finalist Announcement and the Annual Awards Celebration. In addition, if chosen as a recipient, to attend up to 2 member events a year to discuss your project/program and its progress.

I, the undersigned, have read and understand the Terms of Grant Agreement, and, should a grant be received, agree to follow its terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Agency Name

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Executive Director [Signed] Date

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 Board President [Signed] Date