



Community Endowment Grant Application: List of Questions

Page 1 - General Information

Review the grant guidelines and the information on the specific focus areas on our [website](#) before filling out the application. If you have never applied for a WCF grant, please contact our office before you apply: 757-259-1660 or vgasink@williamsburgcommunityfoundation.org.

Organizations in James City County, York County, or the City of Williamsburg are eligible to apply for grants from WCF. Organizations outside of the service area may apply for grants only if the programs funded serve Williamsburg, James City County, or York County residents.

Applicants will be notified of the outcome of this application via email and/or letter.

Executive Director/CEO Name, Executive Director/CEO Email:

AKA: Does your organization have another name or acronym by which it is commonly known?

Website:

Briefly describe your organization's primary goals and activities.

Grant Primary Contact Information –

First Name, Last Name, Title, Email Address, Direct Phone

Is this your organization's first time applying to the Foundation?

Type of request: Please select one option. Program OR Capital (purchase of equipment, or investment in building)

If you have applied before, please enter the year of your most recent competitive grant award from WCF. If the organization has not received funding previously, please write in "N/A". (Competitive means you filled out an application form.)

Is the applicant organization audited annually by an independent certified public accountant?

Page 2 Request Summary & Need Statement

Is this a new program or project?

Title of Program or Project for this grant application. Enter a unique name for the program or capital project for which you are applying. If it is a capital request, please use the name of the item to be purchased. (i.e., marketing materials or heart monitor).

Location of program/project. Where will the activities occur? If it is a capital project, where will the items purchased be installed or used?

Program Area (select one) – Arts & Culture, Children & Young Adults, Environment & Conservation, Health & Community Wellness, Senior Services (choose the area that best fits your grant request specifically.)

Amount Requested from WCF (maximum \$5,000). Please make sure this amount is the same value as cell D30 on your Project Budget.

Total Program/Project Expenses. This should be the same value as cell G30 on your Project Budget.

Amount requested from WCF represents what percentage of the total program/project budget? (This answer is calculated automatically.)

Needs Statement: Why is this project important to the community? What personal observations, community anecdotes, research data, etc. indicate a demand for action? Who is the target audience for this project? If it is not a new program/project, explain the enhancements being added and/or the need for additional funding at this time.

Would you like WCF to share the proposal summary with donors who have an interest in learning more about local nonprofit needs?

Page 3 Goals and Objectives

Goals and objectives: What will the organization accomplish if the program/project is funded. Please address how the goals of the program/project relate to the mission of your organization and/or your strategic plan. What specific measurable results or benefits will be reached if the program/project is funded?

Evaluation: If the program/project is funded, what metrics or indicators will you use to measure and evaluate your success?

Project Timeline: (Example: January-schedule artist, March - Marketing, May - Programming). Please include project start/end date and program/project milestones. *Programs/projects MAY NOT begin

before funding has been awarded. If your timetable begins before the grant award date it will be automatically disqualified.*

How many people will your program/project serve? Approximately how many people will benefit? This means the number of specific program participants or the number who will be affected by a capital purchase. **DO NOT include other family members not actively participating in the program.**

Explain how you determined the number of people served.

Please provide the number of full-time, part-time, and volunteer staff at your organization. Tell us who the key personnel will be for this specific grant project, and briefly describe their qualifications.

List your partners in the project and their roles (if applicable). If you have an agreement in place, please upload it as an attachment. If there are no partners, please explain why.

Please attach any MOUs, Letters of Intent, and/or Agreements with partners (if applicable). This is REQUIRED if you are collaborating with a public entity (school, government agency) OR if another organization is serving as your fiscal sponsor for this grant.

Page 4 Diversity Equity and Inclusion in Program

WCF is interested in learning more about the constituents that will be served by the program for which you are applying. The questions below are aimed at getting a general sense of who you are serving in our community. We understand that these are answers are estimates based on previous experiences.

Do you track demographic data on the participants for this program? If this is a new program, then please answer if you PLAN to track demographics or not.

Describe your TARGET population to be served by your program/project. This should include demographics of the population being served in terms of age, race, gender, jurisdiction, income level, ethnicity, and/or disability.

Describe your organization's commitment to Diversity, Equity, and Inclusion. How does your organization and its programs seek to advance Diversity, Equity, and Inclusion?

Page 5 Project Financials, Agency Budget & Other Attachments

Please review the sample program/project budget and budget narrative forms on the WCF website. There are three columns on the program/project budget form. The first is to be used for amounts requested from WCF. The second is for other cash expenses. The third is for in-kind income such as volunteer labor or donated items. DO NOT use the in-kind column for overhead expenses. If overhead costs are included in your grant budget, they should be listed either in the "WCF Request" column or the "Other Support/Cash" column.

Please download the [Project Budget Form](#).

Please attach your completed Project Budget Form. You MUST USE the WCF Form above. Please DO NOT change the formulas embedded in the spreadsheet.

Please attach your Budget Narrative. This should be a line item budget narrative to explain your program/project budget. Explain other sources of funding including in-kind.

Please attach your agency's full annual budget report, including income and expenses, for the fiscal year associated with your grant request. For example, if your request is for funding for Fiscal Year 2023, please submit your agency's FY 2023 budget. This should include the full budget, not a summary.

Please attach your Board Member List. If the organization is part of a government entity, please include the list of an appropriate advisory board.

Please attach any additional information that is needed for this application. Please note that you can submit multiple files here.

Other funding sources for this program/project: Please provide details from other funding sources -- for this specific program/project ONLY -- that have been committed or are pending, including in-kind donations. Indicate the source, description, matching requirements or other contingencies, with the dates funds were committed or the day a response is expected if a commitment has not yet been received (if applicable).

Priorities for partial funding: If resources are not available to support the full grant request, indicate which project expenses are highest priority and potential consequences of receiving partial funding.

What are your long-term strategies for funding this project at the end of the grant period?

Please provide a short summary (3-5 sentences) of the project for which you are requesting funds and how you will spend the funds, if granted. This summary is for use in publicity should you receive a grant award.

Page 6 WCF Grant Conditions

A staff member or volunteer committee member may contact you following the submission of this application form to request clarification on the request and budget. The Foundation may also request a site visit and/or a ticket to an event that it funds so that Foundation volunteers may review the activities supported. Organizations may not discriminate on the basis of race, religion, age, sex, sexual orientation or national origin. If funding is received, the Williamsburg Community Foundation's support will be publicized by the recipient. WCF will be included on donor lists and recognition. **The organization must submit a Final Report within one year of receiving the grant.** Organizations with outstanding Final Reports will not be eligible for future funding until the report is received. By checking the box below you agree to abide by the conditions listed above.

Yes, I agree.

Questions?

If you have any questions, please call before you submit the application. If you have not applied for a grant from WCF before, please call before you submit the application.

Phone: 757-259-1660

Email: office@williamsburgcommunityfoundation.org