Community Grant Application: List of Questions

General Information –

Executive Director/CEO Name, 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. *(limit 1000 characters)*

Grant Primary Contact Information –

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

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

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

When was your most recent competitive grant from WCF? (2024; 2023; 2022 or earlier; We have applied, but never received a grant; This is our first time applying for a grant from WCF; unsure.)

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

Page 2 Request Summary & Need Statement

Is this a new program or project? Y/N

Title of Program or Project for this grant application. Enter a short title 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, Economic Mobility, Environment & Conservation, Health & Community Wellness, Senior Services (choose the area that best fits your grant request specifically.)

Does this grant request include costs related to vocal music performances for primarily adult audiences? Please select "yes" in order to be considered for funding from the Genevieve McGiffert Fund for Musical Performing Arts.

y/n

Does this grant request include costs related to visual arts programs such as arts education, arts enrichment, arts competitions, public art, arts exhibits and cultural events? Please select "yes" in order to be considered for funding from An Occasion for the Arts Fund.

y/n

Does this grant request include costs related to transportation, especially for low-income people, or those without access to a car? This could be any program that makes transportation accessible and affordable enabling all residents of the area to participate in community life. Please select "yes" in order to be considered for funding from the Benjamin R. Altshuler Memorial Fund. (Limit 3 years funding).

y/n

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? For example, if you request $5,000, and your total program budget is $25,000, then your request is 20% of the total program budget.

Needs Statement: Why is this project important to the community at this time? What personal observations, community anecdotes, research data, etc. indicate a demand for action? Who is the target audience for this project? *(limit 1500 characters)*

If it is NOT a new program/project, explain the enhancements being added and/or the need for additional funding at this time. *(limit 1500 characters)*

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

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? *(limit 1500 characters)*

Evaluation: If the program/project is funded, what metrics or indicators will you use to measure and evaluate your success? *(limit 500 characters)*

Project Timeline: (Example: January-schedule artist, March - Marketing, May - Programming). Please include project start/end date and program/project milestones.). *WCF grants cannot be used retroactively to reimburse expenses incurred before the grant award date. Please see the WCF website for grant award dates.*

Please describe the intended population to be served by this program. Please include any demographics relevant to your program. *Note: If funded, you will be asked to report on the demographics of those served, including county/city of residence, race/ethnicity, and other relevant demographics.

Approximately how many people will your program/project serve in greater Williamsburg (City of Williamsburg, James City County, and York County)? 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. *(limit 500 characters)*

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. *(limit 1000 characters)*

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. *(limit 1000 characters)*

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

Please describe the people you served in your organization as a whole last year (either your fiscal year or whatever year makes sense for your organization). Please use all the demographics you track, such as age, city/county of residence, gender, race/ethnicity, income level, etc.* *(limit 4000 characters)*

How does your organization address barriers to inclusion for people who could benefit from your program? This could be accessibility, affordability, language, health-related barriers, cultural differences, educational level, etc. *(limit 4000 characters)*

Page 5 Project Financials, Agency Budget & Other Attachments

Please review the sample program/project budget and budget narrative forms on the WCF website. The program/project budget should show ALL expenses related to the specific program or project for which you are applying, even expenses that will not be paid for by a WCF grant.

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.](#) Fill it out, save it as a PDF file on your computer, then upload it below.

*Note: For all attachments below, please make sure all of your PDF files are formatted correctly so that all of the required information is visible.

Please attach your completed Project Budget Form (PDF). Only the WCF form (above) will be accepted.

Please attach your Budget Narrative (PDF). This should be an explanation of each line item in your program/project budget. Explain other sources of funding including in-kind.

Please attach your organization's most recent annual budget vs. actual report. This should include income and expenses for the year to date. This should show your organization's full budget for that year.*Please attach your Board Member List (PDF). 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 (limit one file). This may be a photo, brochure, or supporting letter, etc. Please refrain from submitting lengthy documents. Must be in PDF format.

What is your fiscal year? (Example: July 1 – June 30)

Please provide details from other funding sources -- for this specific program/project ONLY (committed, pending, or 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).

If resources are not available to support the full grant request, explain 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. *(limit 750 characters)*

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 (overdue) 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.