

General Information

Please review the grant guidelines and information on WCF's focus areas on our **website**. All prospective applicants are strongly encouraged to meet with the Director of Community Investment before submitting their application; all new applicants are required to do so. Please email saweckerly@williamsburgcommunityfoundation.org to schedule a virtual or in-person meeting.

Organizations in WCF's service area of **James City County, York County, or the City of Williamsburg** are eligible to apply. Organizations outside of WCF's service area may apply for grants *only if the proposal clearly benefits residents of the City of Williamsburg, James City County, and/or York County*. This benefit may be through direct service, systems coordination, or policy advocacy.

This consolidated application awards competitive grants from the following funds:

- The Community Endowment and Field of Interest funds
- Benjamin R. Altshuler Memorial Fund - Transportation
- Genevieve McGiffert Fund for the Musical Performing Arts
- An Occasion for the Arts Fund
- Mary Turnbull Bike & Walk Fund

Executive Director/CEO Name*

Executive Director/CEO Email*

Organization Information

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

Website

Organization Mission & Vision*

Grant Primary Contact Information*

First Name*

Last Name*

Title*

Email Address*

Direct Phone*

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

- ☐ Yes
- ☐ No

If this is your first time applying, please contact WCF before you apply: 757-259-1660 or email office@williamsburgcommunityfoundation.org.

Request Type (select one). Any applicant may request support for a particular program or project. Organizations that have received competitive grants from WCF in the past are eligible to apply for general operating support, which may be used at the organization's discretion to support their overall mission and activities in our service area. If you are unsure of whether or not your organization has received a competitive grant from WCF, please call us at 757-259-1660.*

- ☐ Program or Project
- ☐ General Operating Support

Page 2 Request Summary

Request Summary

Title: please provide a short grant title for this request.*

Please provide a short summary of your request for publicity purposes (3-5 sentences max.)*

Geography: Please select all the areas your organization serves.*

- ☐ City of Williamsburg
- ☐ James City County
- ☐ York County
- ☐ Statewide
- ☐ Other (describe)

Which WCF focus area best fits your grant request?

- ☐ Arts & Culture
- ☐ Children & Young Adults
- ☐ Economic Mobility
- ☐ Environment & Conservation
- ☐ Health & Community Wellness
- ☐ Senior Services

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.*

- ☐ Yes
- ☐ No

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. (Please note that an organization may not receive an Altshuler grant for more than three consecutive years.)*

- ☐ Yes
☐ No

Request Amount (max. \$5,000). Please enter numbers only - no dollar signs.*

Total Program/Project Expenses. Please enter numbers only - no dollar signs.*

Total annual Operating Budget for organization. Please enter numbers only - no dollar signs.*

Is the applicant organization audited annually by an independent certified public accountant? Note: an audit is not a requirement for grant consideration.

- ☐ Yes
☐ No

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

- ☐ Yes
☐ No

Page 3 Organization Overview & Impact

Organization Overview & Impact

Organization Overview. Please briefly describe the strategic goals of your organization. What specific community needs does your organization address in our service area and how does your organization address them?*

How does your organization measure its effectiveness and impact? Describe your key accomplishments in the past year. If relevant, please share data on the people you served (e.g., demographics such as locality, age, or income) or, for systems or policy work, describe the broader reach or influence of your efforts. Where possible, please highlight your organization's impact in WCF's service area.*

Please provide the number of full-time, part-time, and volunteer staff members at your organization.*

If another organization is serving as your fiscal agent for this grant request, please attach a letter of agreement or other evidence of your partnership (PDF files only).

No file selected

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Please describe the population your request seeks to serve or benefit. This may include direct participants (for service programs) or broader groups affected through systems change or policy efforts (e.g., low-income renters, caregivers). Where possible, provide an estimate of the number of people served or potentially affected by the request in WCF's service area.*

Goals and objectives for this request: What will the organization accomplish if this request is funded? What metrics or indicators will you use to measure and evaluate your success? Please include your estimated timeline.*

Collaboration: Please describe your partnerships and collaborations with other stakeholders in the service area (other nonprofits, governments, schools, businesses, faith-based, etc.). If there are no partners, please explain why.*

How does your organization address barriers that limit participation in, or equitable outcomes of, your work? Examples may include accessibility, affordability, language, health-related barriers, cultural differences, or educational level.*

Page 5 Financial & Board Information

Financial & Board Information

Please upload your attachments below. Make sure all of your PDF files are formatted correctly so that all of the required information is visible.

Please review carefully the sample program/project budget and budget narrative forms on the WCF website. In particular, please note that 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.

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

No file selected

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

No file selected

Please attach your organization's annual budget vs. actual report for the most recently completed fiscal year. This should include income and expenses.*

No file selected

Please upload your organization's budget for the current fiscal year.*

No file selected

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

No file selected

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.

No file selected

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

Please describe your organization's major sources of funding. *

Please describe any other sources of funding for this specific program/project (committed, pending, or in-kind donations.) *

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

If resources are not available to support the full grant request, please explain the potential consequences to your work (e.g., program delivery, organizational capacity, or systems/policy impact).*

We are aware that many organizations and people they serve may be impacted by changes in government funding. If your organization or those you serve may be negatively impacted, please explain.*

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.

WCF will not fund organizations that discriminate on the basis of race, religion, age, sex, gender identity, 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 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.

Questions? Contact Us.

Contact: Scott Andrews-Weckerly

Phone: 757-259-1660

Email: saweckerly@williamsburgcommunityfoundation.org