

Solidarity Grant

Charlottesville Area Community Foundation

Grant Request Information

Project Name*

Name of Project.

Character Limit: 100

Requested Amount*

Character Limit: 20

Primary use of funds*

Please categorize your request based on the primary use of funds.

Choices

General Operations
Capacity Building
Pilot/New Program
Existing/Ongoing Program
Facility Improvements

Project Sector*

If you are seeking funding for a specific project/program, please select the description that most closely aligns with that project/program. This might be the same as your organization as a whole or it might be different.

Choices

Aging & Seniors
Animal Welfare/Wildlife
Arts & Culture
Child/Youth Development
Civic Engagement
Education
Environment & Sustainability
Essential Needs (food, shelter, clothing)
History, Historic Preservation, or Genealogy
Mental Health and Substance Abuse
Physical Health and Wellness
Transportation
Workforce and Economic Development

Geographic Location*

Please select the locale you are primarily serving with the work described in this application. You can select multiple items.

Choices

Albemarle County
 Buckingham County
 City of Charlottesville
 Fluvanna County
 Greene County
 Louisa County
 Nelson County
 Orange County

Project-specific demographics served*

Please briefly describe the demographics of the population that you are primarily engaging in the work described in this application.

Character Limit: 300

Group/Organization Demographics*

How is your group, organization, or project Black- and/or ALAANA-led? (ALAANA stands for African, Latine/o/a, Asian, Arab, and/or Native American.) Please select all that apply.

Choices

Executive Director(s) or equivalent
 Majority Staff
 Majority Volunteer (if volunteer-led organization)
 Majority Board members
 Majority of project team

Rural Serving*

Is your group/organization/project located in and/or primarily serving a rural community?

Rural areas are considered any area in our region outside the City of Charlottesville and the urban ring of Albemarle County.

Choices

Yes
 No

Group/organization History*

How long has your group/organization/project been in operation?

Choices

0-5 years
 6-10 years
 11+ years

Staff Size*

How many paid staff do you have?

Choices

All volunteer
 0.5 - 6 staff

7 - 20 staff

21+ staff

Annual Operating Budget Size*

Roughly what will your annual expenses be this year?

Choices

less than \$50k

\$50k - \$249k

\$250 - \$499k

\$500 - \$999k

\$1-2M

First Time Applicant?*

Is this your group/organization/project's first time applying for funding from the Charlottesville Area Community Foundation?

Choices

Yes

No

Uncertain

Contact person for this grant - first name*

Character Limit: 250

Contact person for this grant - last name*

Character Limit: 250

Contact person for this grant - telephone number*

###-###-####

Character Limit: 250

Contact person for this grant - email*

Character Limit: 254

Fiscal Sponsorship*

Is your group/organization fiscally sponsored? Fiscally sponsored organizations do not have EIN/tax IDs.

Choices

Yes

No

Fiscal Sponsor Information

Please list your fiscal sponsor's information below.

Fiscal Sponsor Organization Name**Character Limit: 250***Fiscal Sponsor EIN/Tax ID****Character Limit: 250***Fiscal Sponsor mailing address***

Street

*Character Limit: 250***Fiscal Sponsor mailing address***

City

*Character Limit: 250***Fiscal Sponsor mailing address***

State (please use two letter code)

*Character Limit: 2***Fiscal Sponsor mailing address***

Zip Code

Character Limit: 250

Application Preferences

Sharing Permissions

The Community Foundation shares application submissions with its fundholder community. This is optional and with the permission of the organization only. By checking below, you agree to the following:

"I give permission for the Community Foundation staff to share this application with donors who might be interested in supporting the work outlined in this proposal"

Choices

Yes, the Community Foundation staff may share this application with donors

Application Method*

The foundation will accept a previous grant application or video in lieu of the Solidarity Grant application listed below. As a reminder, any documentation must answer all of the same questions listed on the Solidarity Grant Guidelines (including the budget) and will be reviewed by the same rubric. Would you like to submit a previous grant application or alternative application material?

Choices

Yes

No

Alternative Application Materials

Brief Application Summary*

Please summarize your funding request in 2-3 clear and concise sentences.

Note: This summary will be used by the Foundation staff and the Review Committee to conduct the initial review of your proposal. This summary may also be used to share funding requests with our fundholders.

Example: "Funding request of \$10,000 to support the Paradigm Explosion program. The program will enhance the educational and extracurricular offerings for rural high school students. The aim of the program is to level the playing field for students in rural high schools."

Character Limit: 300

Please use this space to include a previous grant application or alternative application material.

We will accept another grant application or a video that answers the questions in the Solidarity Grant application. A video submission should be a link to Vimeo or YouTube. Select one of those links for tutorials on video submissions. If you need support to complete the application, please contact us at grants@cacfonline.org.

*

Character Limit: 5000 | File Size Limit: 3 MB

Budget*

Please upload a budget that accurately reflects the use of funds that you are requesting.

File Size Limit: 1 MB

Budget

Share an optional Budget Narrative.

Character Limit: 500

Solidarity Application Questions

Brief Application Summary*

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Character Limit: 300

Background*

Tell us about your group/organization/project's work and history and how it reflects the purpose of this grant program, OR share a document/website with this information.

Character Limit: 5000 | File Size Limit: 3 MB

Scope of Work*

What are the underlying causes of the issue/inequity being addressed, what is your vision of success, and how will you accomplish your goal(s)?

Character Limit: 5000

Leaders & Partners*

Describe your group/organization/project's leadership and staff. Explain the key role that your people have played in your team's success. Emphasize the skills, capacity, knowledge, lived experience, and/or partnerships your team possess that have made your organization, and your relationship with the community, successful and adaptable.

Character Limit: 5000

Leaders & Partners, continued*

Please describe how you are engaging those most impacted by your work as partners/co-creators. If possible, cite an example of a time you changed course based on this community engagement.

Character Limit: 5000

Budget*

Please upload a budget that accurately reflects the use of funds that you are requesting.

File Size Limit: 1 MB

Budget

Share an optional Budget Narrative.

Character Limit: 5000

Additional Information

Is there anything else you would like to share with us about your application or the application process?

Character Limit: 5000

Uploads

Optional Additional Supporting Documentation

Use this space to attach any supporting documents (letters of support, 1-pagers, brochure, photos, or anything else that tells the story).

File Size Limit: 3 MB

Optional Additional Supporting Documentation

Use this space to attach any supporting documents (letters of support, 1-pagers, brochure, photos, or anything else that tells the story).

File Size Limit: 2 MB

Optional Additional Supporting Documentation

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File Size Limit: 2 MB