

# Twice is Nice Fund 2025

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*Charlottesville Area Community Foundation*

## *Criteria*

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The Twice is Nice Fund awards to local nonprofit agencies who provide services to local seniors in need.

### **Guidelines\***

Does the primary aim of your proposed program benefit local seniors in need?

#### **Choices**

Yes

No

## *Application Overview*

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### **Project Name\***

Name of Project.

*Character Limit: 100*

### **Request Amount - Lower Limit\***

The Community Foundation understands that each organization has unique funding needs. To ensure we can best support your work with the foundation's limited resources, please provide a funding range that aligns with the work of your organization. Please consider factors such as project scope, duration, anticipated outcomes, and funds from other sources when determining this range.

*Character Limit: 20*

### **Request Amount - Upper Limit\***

Maximum award amount is \$15,000.

*Character Limit: 20*

### **Geography Served\***

Which locale(s) will be served by this work? Select all that apply

#### **Choices**

Albemarle County

City of Charlottesville

Fluvanna County

Greene County

Louisa County

Nelson County

### Fiscal sponsorship\*

Is your organization fiscally sponsored? Fiscally sponsored organizations do not have an EIN/Tax ID.

#### Choices

- Yes
- No

### Type of Funding\*

Please select the type of funding you are requesting

#### Choices

- General Operations
- Programmatic

### First Time Applicant?\*

Is this your group/organization/project's first time applying for funding from the Twice is Nice Fund?

#### Choices

- Yes
- No
- Uncertain

### Site Visit Contact Information

Some organizations will be contacted for a virtual or telephone site visit as part of the application process. Please include below the contact information for the person who is best suited to speak to the specifics of the application.

### Site Visit Contact Name\*

*Character Limit: 250*

### Site Visit Contact Email\*

*Character Limit: 250*

### Site Visit Contact Telephone\*

*Character Limit: 250*

## Fiscal Sponsorship

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Please use the space below to include information about your fiscal sponsor.

**Fiscal Sponsor Organization Name\***

*Character Limit: 250*

**Fiscal Sponsor Tax ID/EIN\***

**Fiscal Sponsor Mailing Address\***

Street

*Character Limit: 250*

**Fiscal Sponsor Mailing Address\***

City

*Character Limit: 250*

**Fiscal Sponsor Mailing Address\***

Zip Code

*Character Limit: 250*

**Fiscal Sponsor Mailing Address\***

State

*Character Limit: 250*

**Fiscal Sponsorship Verification\***

Please download this file, have your fiscal sponsor fill it out, and upload it to your application.

Please communicate early and often to [grants@cacfonline.org](mailto:grants@cacfonline.org) if this impacts your ability to submit your application on time or if you have any questions.

Our fiscal sponsor policy can be found here.

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*Address Verification*

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**Mailing Address\***

Has your mailing address changed recently? If you wish to confirm your mailing address, select 'organization history' above. Please note: this will take you out of this application. You will have to return to the application by selecting 'apply' and then 'continue application'.

**Choices**

Yes

No

## *New Address*

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Please enter your new mailing address.

### **Street Address\***

*Character Limit: 250*

### **City\***

*Character Limit: 250*

### **State\***

*Character Limit: 250*

### **Zip Code\***

*Character Limit: 250*

## *Funding Support*

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### **Is this a new or existing program?\***

#### **Choices**

New

Existing

### **Program/Project Budget\***

What is the total budget for this program?

*Character Limit: 20*

### **Program/Project Start Date\***

Please note: We are not able to fund projects that have already been completed or cover expenses that have already been incurred. Award notifications are expected to be announced by December 10, 2024.

*Character Limit: 10*

### **Program/Project End Date\***

*Character Limit: 10*

## *Funding Request Narrative*

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### **Project or Program Narrative\***

Please describe the project or program in 2-3 sentences. There is a 500 character limit.

*Character Limit: 500*

### **Project or Program Impact\***

Please quantify the impact of the funding request. How many seniors in need would this program serve? This could be an estimated number of seniors, or reflected as a percentage of your total programming.

*Character Limit: 1000*

### **Definition\***

How do you define a "senior in need"?

*Character Limit: 1000*

### **Community Trends\***

What current community trends/needs will your work address and how have you identified these trends/needs?

*Character Limit: 1000*

### **Organizational Capacity\***

Please describe your organization's experience implementing the proposed program (personnel, programmatic approach and resources to conduct funded activities). Please include strengths and perspectives that your organization is bringing to this work.

*Character Limit: 1500*

### **Outcomes and Evaluation\***

Please identify anticipated outcomes and describe how your results be evaluated.

*Character Limit: 1500*

## *Additional Information*

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### **Partnerships**

Please list any project-specific partnerships and the role that each partner may play.

*Character Limit: 750*

### **Additional Support**

Please identify any gift-in-kind or volunteer hours that will go into this work but may not be captured in a budget or balance sheet:

*Character Limit: 250*

### **Would a Twice is Nice Grant award be counted towards a match?**

#### **Choices**

Yes

No

I'm not sure

### Total organizational annual budget from current fiscal year\*

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### Total organizational annual budget from previous fiscal year\*

*File Size Limit: 5 MB*

### Program Budget

If your application is requesting support for a specific program, please include a project budget.

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### Letters of Support

Feel free to share any letters of support from community members, partner organizations or others involved with your organization as relates to this grant application.

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## ACH Option

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### ACH Option\*

ACH payment is a faster and more secure payment option than paper checks. Would your organization like to receive a secure link to sign up ACH payments at the foundation?

This email to sign up for ACH payment would come in the following weeks.

### Choices

Yes

No

I think we are already signed up. If not, please send us the form.