



2024-2025 CSD MINI-GRANT PROGRAM APPLICATION



APPLICATION DEADLINE: Friday, February 9, 2024, NO LATER THAN 11:59 p.m.

SECTION I – ORGANIZATION INFORMATION

Community-Based Organization Information (Applicant Information):

Name of Organization: Click here to enter text.	Executive Director Name: Click here to enter text.
Organization Address Click here to enter text.	Project Manager Name (primary contact for the grant): Click here to enter text.
	Project Manager Title: Click here to enter text.
Email Address: Click here to enter text.	Phone Number: Click here to enter text.

Fiscal Sponsor (Organization with 501(c)(3) tax status):

Name of Organization: Click here to enter text.	Executive Director Name: Click here to enter text.
Organization Address: Click here to enter text.	Project Manager Name (primary contact for the grant): Click here to enter text.
	Project Manager Title: Click here to enter text.
Phone Number: Click here to enter text.	Email Address: Click here to enter text.

Program/Project Budget:

Program/Project Budget: \$ Click here to enter text.	Amount of Grant Funds requested (in either \$5,000 or \$10,000 amount): \$ Click here to enter text.
Organizational Budget: \$ Click here to enter text.	Fiscal-Sponsor Budget (If applicable): \$ Click here to enter text.

Program/Project:

Program/Project Title: Click here to enter text.
Program Project Summary (50-word limit): Click here to enter text.
% of Richmond Residents Served by Your Proposed Program/Project?: Click here to enter text.
Will Your Program or Project Serve Youth (through age 21)? Click here to select “Yes” or “No”
Please select one (1) category that <u>BEST</u> describes the type of project or program that your organization plans to provide with the requested grant funds from the drop-down list:



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CLICK HERE and Select the program category from the drop-down.

SECTION 2 – PROGRAM/PROJECT DESCRIPTION

- a. Provide information about your organization (e.g. number of years in operation, description of services provided and the population served).

Click here to enter text.

- b. Describe the program and proposed services in detail. Provide information on the 1) program design and purpose, 2) types of services, 3) location, delivery, and 4) outcomes to be achieved.

Click here to enter text.

- c. Provide a timeline for project implementation using the template below. Include specific tasks/activities that will be accomplished within each quarter.

<u>Task/Activities</u>	<u>Month</u>
1st Term (July 1, 2024 – December 31, 2024)	
Click here to list, bullet, or number entries.	Click here to list corresponding dates.
2nd Term (January 1, 2025 – June 30, 2025)	
Click here to list, bullet, or number entries.	Click here to list corresponding dates.

- d. List the staff members responsible for the implementation of the program or project. Briefly describe the staff’s experience working on the proposed program/project and/or similar projects. Include résumés or provide descriptions of work experience with each copy of the application.

Click here to enter text.

- e. If you plan to collaborate with other entities (i.e. non-profits, governmental entities, private entities) to implement your program or project, please complete the table below.

Note: A letter of collaboration must be included as a part of your application **ONLY IF** your organization plans to partner with a government entity(ies) (e.g. city, state, county, school district, etc.).

<u>Partner</u>	<u>Specific Role:</u>
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.



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SECTION 3 – PROJECT IMPACT AND GOALS

- a. Describe the target population and geographic area that your organization plans to serve with the grant funds and what impact the proposed program or project will have on the target population.
[Click here to enter text.](#)

- b. List the number of individuals that will be served as a result of your program or project.

<u>Total Number of Individuals Served by Proposed ECIA Funded Program or Project</u>	<u>Total Number of Richmond Residents Served by Proposed ECIA Funded Program or Project</u>
Click here to enter text.	Click here to enter text.

- c. List the major program or project goal(s) and how your organization will measure if you reach your desired goal. The goal should be measurable and data-driven. There should be at least one (1) expected outcome per major program or project component.

<u>Major Program Component(s)</u>	<u>Major Program Outcome(s)</u>	<u>Indicator/ Measurement</u>	<u>Goal</u>	<u>Evaluation Method</u>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here.	Click here to enter text.

- d. How will your organization assess or gauge the success of your program/project at its completion?
[Click here to enter text.](#)
- e. How do you plan to sustain the program or project after the grant funds are expended?
[Click here to enter text.](#)

SECTION 4 – FINANCIAL VIABILITY

- a. Attach your **organizational budget** to each copy of the application. The organizational budget can be submitted in any format as long as it shows revenue and expenditures for your organization’s current operating year.
- b. Complete the **program budget table** using the provided MS Word or MS Excel template to complete the table.



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FY 2024-25 ECIA GRANT APPLICATION SUBMISSION ACKNOWLEDGMENT

This page should be included in your application packet. It will not count toward your page limit.

By submitting this application and the supporting application materials, you agree that:

- You are an Officer on the Board of Directors of the organization submitting the grant application
- You have thoroughly read and understand the grant program guidelines and application questions and City of Richmond requirements (business license, insurance, and grant agreement)
- All questions contained in the application have been answered and the following required documents are included as part of our application packet:
 - Completed application (all sections completed and questions answered, including resumes)
 - Organizational budget
 - Proof of 501(c)(3) status (Non-Profit Status Determination letter from the Internal Revenue Service)
 - Financial statements – most recent (current) audited financials or Internal Revenue Service Form 990 or 990-N. Reviewed or compiled annual financial statements are allowable for faith-based organizations.
 - List of Board of Directors and their affiliations
 - Letter describing and authorizing collaboration with a governmental entity(ies), if applicable
 - Signed agreement between the organization and the fiscal sponsor, if applicable
- Your organization will obtain comprehensive background checks and/or fingerprinting of all employees and/or volunteers.
- Volunteers that work directly with youth or such other vulnerable populations. *(For applicable organizations requesting funds to support an existing or new youth program and/or program that works with other vulnerable populations.)*
- To the best of your knowledge, the information included as part of this application is true and accurate

Click here to enter Organization Name.	Click here to enter a date from drop-down.
Click here to enter Name of Board Officer.	Click here to enter Title of Board Officer.

Signature – Officer of Board



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SECTION 4 – FINANCIAL VIABILITY

- a. Total organization budget (based on prior year’s 990 or audited financials): [Click here to enter Organizational Budget.](#)
- b. Include your organizational budget to each copy of the application
- c. Complete the budget template below. If needed, add rows and provide as much detail as possible in the revenue and expenditure sections.
 - Revenue section: List all of the revenue sources that will fund your proposed program (e.g. grants, program fees, in-kind donations) and state those sources are pending and/or approved. Include your organization’s ECIA request.
 - Expenditures: List, with as much detail as possible, the expenditure categories (e.g. salaries, benefits, program supplies)
 - The revenue total and the expenditure total in the “ECIA Request” column should match. The same is true for the “Project Budget” column.
For example, if your organization is requesting a total of \$10,000 from the ECIA grant program, that amount should be listed in the “Revenue” section of the budget table. You would then need to complete the “Expenditure” section of the budget table, making sure that the total amount of the expenditures is also equal to \$10,000 (the total amount of the revenue requested).
 - Use the “Budget Narrative” section to justify and explain the expenditures outlined in your program budget table.

Program Budget Table

REVENUE			
Category (List Funding Sources)	CSD Mini Grant Request	Project Budget	Revenue Status (Approved/Pending)
Revenue Total	\$	\$	
EXPENDITURES			
Category	CSD Mini Grant Request	Project Budget	Budget Narrative (if applicable)
Expenditure Total	\$	\$	