



Please complete this Application as well as the Grant Program Submission Requirements and Summary Sheet if you are applying for a Major Grant (over \$5,000) or Year 1 of a Multi-year Funding Cycle.

1. APPLICANT AND PROPOSAL IDENTIFICATION

Contact Name and Position:	
Organization:	
Mailing Address:	
Phone:	E-mail:
Population Served: How many people are enrolled in or attend your programs? _____ How many Richmond residents are enrolled in or attend your programs? _____	
Membership: Do you charge society membership fees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per annum? _____ What is your society membership criteria? Please describe.	
Grant Program (apply to one only): <input type="checkbox"/> Health, Social & Safety <input type="checkbox"/> Parks, Recreation & Community Events The Arts & Culture Grant Program is under development and will be posted on the City Website as of October 21, 2011.	
Proposal Title:	
Amount of City Grant Request:	
Request is for (please check both A & B):	
A. <input type="checkbox"/> Group Operating Assistance, and/or <input type="checkbox"/> A Community Service (e.g., Program, Project, Event)	
B. <input type="checkbox"/> An Ongoing Activity, and/or <input type="checkbox"/> A One-time Activity Start Date: End:	
Funding Cycle: If your organization has received a City Grant for the five most recent consecutive years, you may apply for a multi-year funding cycle, whereby this full application is submitted for Year 1 of the cycle only (see Submission Requirements for annual documentation needs). This application is for a: <input type="checkbox"/> one-year grant <input type="checkbox"/> two-year cycle <input type="checkbox"/> three-year cycle	
Please describe your grant proposal, including target group(s) and community benefit.	

2. PREVIOUS CITY GRANT INFORMATION (if applicable)

(1) Has your organization ever received a Richmond City Grant before?
 Yes No

(2) If yes, when did you receive your most recent Richmond City Grant?
 Year: _____ Amount: _____

(3) Has your organization ever received a City Grant under another name in the last 5 years?
 Yes No
 If yes, Group Name: _____ Year: _____ Amount: _____

(4) If your Group received a City grant from Richmond last year, please specify how the grant monies were spent.

Item/Activity	Expenditure
TOTAL	

(5) What other funding was received to support this application?

Funder	Amount Received

(6) Please indicate if there was a surplus from your most recent City grant money.
 No
 Yes If Yes, how much? \$ _____ What year? _____

(7) If yes, why was there a surplus from the City grant money and how do you plan to spend it?

(8) Attach evaluation results that show the community benefits (outcome measurements) of your previous City grant to the back of the application.

3. GRANT PROPOSAL FINANCIAL PROFILE

(1) Proposed Grant Budget – Requested of the City

Proposed Grant Budget Summary		
Proposed Uses of City Grant Funding	Amount	% of Budget
Professional and administrative salaries and benefits (full time)		
Professional and administrative salaries and benefits (part time)		
Consultant services		
Volunteer support (e.g., expenses, recognition)		
Office rent		
Supplies		
Equipment		
Rentals [e.g., vehicles, equipment, and maintenance]		
Heat		
Light		
Telephone		
Photocopying		
Materials		
Other (please specify)		
TOTAL REQUESTED		100%

(2) Proposed Grant Budget – All Funders

Grant Proposal Funding	Amount	% of Total Budget
Total amount provided by your group		
Total amount of City Grant Requested (as in #4(1) above)		
Total amount to be provided from all other funders (Please complete #4(3) below)		
TOTAL BUDGET		100%

(3) Financial Assistance From Other Sources

If your Group is applying for funding from other sources (e.g., other grants, donations, financial assistance or sponsorships) regarding this grant proposal, please describe below.

Funder Name 1: _____

Amount: _____ **Confirmed:** Yes No

Details: How will the funding be used?

Funder Name 2: _____

Amount: _____ **Confirmed:** Yes No

Details: How will the funding be used?

Funder Name 3: _____

Amount: _____ **Confirmed:** Yes No

Details: How will the funding be used?

(4) Staff and/or Volunteers

This grant request will be used to fund the following staff and/or volunteer positions:

Staff	Number	Avg. Hrs/Week
Full-time employees		
Part-time employees		
Volunteers (excluding board members)		

(5) User Pay Principle

Will the people you intend to serve with the proposed program or service pay some fee to receive it?

Yes If Yes, how much? \$ _____, per person, group

No Why not?

4. DEMONSTRATING COMMUNITY NEED AND BENEFITS

(1) Community Need

Have you determined that there is a need in the community for this particular operating expense, program, etc.?

Yes No

If yes, describe the method used to establish need and the results.

(2) Target Populations: Using the format below, please identify whom your application will benefit.

Primary Population(s) Served	Specific Target Group (if appropriate)	Total Number Served	How many are Richmond residents?
General Population			
Seniors			
People with Disabilities			
Children			
Youth			
Families			
Low Income			
Women			
Men			
Immigrants/Refugees			
Visitors/Tourists			
Other (specify)			

Criteria A – Benefits to the Richmond Community	CRITERIA MET?		
<input type="checkbox"/> Types of Residents	YES	NO	How will your proposal benefit these residents?
General Population	<input type="checkbox"/>	<input type="checkbox"/>	
Seniors	<input type="checkbox"/>	<input type="checkbox"/>	
People with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
Children	<input type="checkbox"/>	<input type="checkbox"/>	
Youth	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Low Income	<input type="checkbox"/>	<input type="checkbox"/>	
Women	<input type="checkbox"/>	<input type="checkbox"/>	
Men	<input type="checkbox"/>	<input type="checkbox"/>	
Immigrants/Refugees	<input type="checkbox"/>	<input type="checkbox"/>	
Visitors/Tourists	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Priority Activities	YES	NO	How will your proposal enhance or increase these activities?
Prevention	<input type="checkbox"/>	<input type="checkbox"/>	
Intervention	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Wellness	<input type="checkbox"/>	<input type="checkbox"/>	
Build Individual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	
Build Organizational Capacity	<input type="checkbox"/>	<input type="checkbox"/>	
Build Community Capacity	<input type="checkbox"/>	<input type="checkbox"/>	
Improve the Quality of Life:	<input type="checkbox"/>	<input type="checkbox"/>	
• Social	<input type="checkbox"/>	<input type="checkbox"/>	
• Economic	<input type="checkbox"/>	<input type="checkbox"/>	
• Environmental	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Criteria B – Benefits to Applicant Organization	YES	NO	How will this proposal benefit your organization?
Improve Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	
Maximize Number Served	<input type="checkbox"/>	<input type="checkbox"/>	
Promote Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	
Leverage More Funds From Others	<input type="checkbox"/>	<input type="checkbox"/>	
Build Organizational Capacity	<input type="checkbox"/>	<input type="checkbox"/>	
Support Stable, Capable Groups	<input type="checkbox"/>	<input type="checkbox"/>	
Minimize Duplication of Services	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

5. PARTNERSHIPS

- (1) Please identify any organizations you will partner with to deliver and ensure the success of your proposed grant use (for a definition of Partnership, see the Richmond Grant Program, Section 1(vii)):

Partner Organizations (Partners may be contacted for clarification)	Partnership Roles and Activities (What will the Partner contribute?)
Partnership 1	
Organization Name:	
Contact Name:	
Position:	
Telephone Number:	
E-mail:	
Partnership 2	
Organization Name:	
Contact Name:	
Position:	
Telephone Number:	
E-mail:	
Partnership 3	
Organization Name:	
Contact Name:	
Position:	
Telephone Number:	
E-mail:	

- (2) Please provide documentation (e.g., letters, e-mail) from your partners indicating the role they will play if the funding is received and attach to the back of the application.

6. OTHER CITY SUPPORTS

Please itemize any services that your organization receives from the City of Richmond (e.g., use of City facility, subsidized rents, property tax relief, photocopying, staffing):

Type of City Support (e.g., use of City space)	Estimated Value \$ (e.g., \$95.00)	Please Provide Details (e.g., rental fee waived)
TOTAL		

7. VERIFY AND SUBMIT YOUR APPLICATION

- (1) Please verify the information provided in this application by signing below.

Application completed by:
Name:
Title:
Signature:

- (2) Please submit FOUR COMPLETE SETS OF DOCUMENTATION (ORIGINAL PLUS THREE COPIES) of your application including cover letter and attachments.