

## GENERAL

- \* Project Title
- \* Please select the staff person you spoke with.

## COVER PAGE

- Logo
- Info Box (pulls name, contact name, email, grant number, project title, address, tax ID #)
- Organization Type (*taken from organizational profile*)
- Mission Statement (*taken from organizational profile*)
- \* I certify that I am authorized to submit this grant application on behalf of the organization and that all of the information contained therein is, to the best of my knowledge and belief, true, correct and complete. (*Yes*)
- \* Does your Guidestar profile have the most up-to-date information on your organization, especially in regards to your IRS status? (*Yes; No*)
- \* Requested Amount

## Project Summary

- \* Project Description: Please specify intended change and how funds provided by Robins Foundation will be used. (*300 words*)
- \* Describe the unmet need project/program addresses including the local population served or community of focus. What disparities or barriers exist (economic, education, health, etc.) for this population/community in our region? Identify your data sources, emphasizing recent local data when available. (*400 words*)

## Demographics

- \* Geographic Area(s) Served (*Richmond City (all); Chesterfield County; Henrico County; Other; Northside Richmond; East End Richmond; Southside Richmond; West End Richmond*)
  - If you serve Chesterfield and/or Henrico County and want to specify a neighborhood, please do so here:
  - If you selected "Other," please specify:
- \* Age Group (*Birth – 5 Years; Elementary School; Middle School, High School; Post-Secondary; Adults (25+); Senior Adults (65+)*)

## GOVERNANCE & MANAGEMENT

### Governance

- What percent of your board contributes to the organization annually?
- \* Describe the Board's involvement in supporting the project, including its role in securing additional funding or resources. *(150 words)*
- \* Does your organization have a strategic plan? *(Yes; No)*
- \* Please expand on the proposed project's level of alignment with your organization, its mission, and strategic plan (if applicable). *(150 words)*
  - If you answered "Yes" to the above question: Please explain how your proposed project does or does not support your organization's strategic plan.
  - If you answered "No" to the above question: Please explain how this proposed project supports your organizational direction and goals.

### Management

- \* Staff Size (<5; 6-11; 12-20; 21-49; 50+)
- \* Total # Full Time Employees:
- \* Total # Part Time Employees:
- \* Describe the relevant experience of key personnel responsible for this project. *(150 words)*

## RELATIONSHIP BUILDING

- \* Describe the partnerships and/or collaborations most important for the success of this project, including how each partner uniquely contributes to the project and your expected outcomes/impact (as specified in your response to "Please list at least three specific project outcomes."). *(400 words)*
- \* Describe how you plan to utilize existing community assets in this project. *(150 words)*
- Who are your top five supporters for this project? *(fillable supporters matrix)*
- \* What marketing/development tools are needed to make this project successful? *(150 words)*
- \* Do you have a budget for those tools? Please answer yes or no. If yes, please make sure those funds are included in the project budget. *(Yes; No)*
- \* Enter the amount budgeted for the tool:

## FINANCE

## Organization Finance

- \* Organization Budget (*\$250,000 and under; \$251,000-500,000; \$501,000-1,000,000; \$1,000,001-2,500,000; \$2,500,001-5,000,000; \$5,000,000+*)
- \* Fiscal Year End (*Mar 31; June 30; Sept 30; Dec 31; Other*)

## Finance Documents

*Please note that we request two completed years of financial data, plus the current year. Our preference is to receive audited financial statements; if audit is not available, then Form 990; and, if Form 990 is not available, then internal financial statements (includes budget to actual revenue & expense statement and balance sheet).*

- \* Year covered by last audit (*2015; 2016; 2017; 2018; 2019; 2020*)
- If no audit in most recent fiscal year, please explain (*150 words*)
- \* Please upload your document for the most recently completed fiscal year.
- \* Please upload your document for the second most recently completed fiscal year.
- \* Please upload internal financial statements for the current (partial) fiscal year, which includes a budget to actual revenue & expense statement and balance sheet.
  - If currently unavailable, please email it to [grants@robinsfdn.org](mailto:grants@robinsfdn.org) when available.
- \* Please upload your organizational budget for the current fiscal year.
- \* Please upload a draft organizational budget for the upcoming fiscal year.
  - If currently unavailable, please email it to [grants@robinsfdn.org](mailto:grants@robinsfdn.org) when available.

## Project Budget Information

- \* Project Budget (*pre-formatted, pop-out project budget*)
- \* Describe your financial management structure (tell us about the people and processes you have in place that help you be a good steward of resources: ex. Personnel, policies, accounting, financial reporting, compliance). (*150 words*)
- \* Describe your financial health (Tell us how you rate the condition of your finances, including strengths and challenges: ex., trends in revenue and expenses, budget comparisons, financial ratios, cash flow, debt management, reserves, endowment). (*150 words*)

- \* Describe how you integrate finance into your decision-making and planning: (Tell us the methods your team uses to maintain or strengthen your organization's financial stability). *(150 words)*

## PROGRAM DETAILS

### Project Information

- \* Project Start date:
- \* Project End date:
- \* Categorize the work described in your proposal by selecting one or more of the following: *(Policy/Advocacy; Training/Technical Assistance; Quality Improvement; Systems Change; Direct Services; Capacity Building)*
- \* Please explain your selections above. *(150 words)*
- \* Please provide a list of key milestones relevant to the time period specified for the project/program. *(milestones pop-out table)*
- \* Describe the approach that will be implemented and why this approach best meets the needs of the population served. If the approach is based on a best practice model, describe it. Or, if you developed your own unique approach to this work, describe how that occurred. *(600 words)*
- \* How has the population being served been involved in either the design or implementation of this project? *(200 words)*
- \* Please list at least three measurable project outcomes that you expect align with the needs described in your proposal. Please describe your program outcomes to date. *(300 words)*
- \* Describe your evaluation plan including the measurement tools and methods you will use. *(200 words)*
- Additional Information Program/Project
  - Please use this field to provide additional materials that support your application.
    - For example, these materials can include but are not limited to letters of support, program/project marketing and evidence/research.
    - DO NOT upload documents that expand upon the questions within the application. You may not exceed the word limit for the questions in the application by any means.

\* required