Contact Information

Save your work as you go! Although each section has Auto Save, please be sure to click the "Save" button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 20 minutes, it will not save your work, and will require you to log back in.

*Indicates required field

* Legal Name of Organization:

* Contact Name for this request:

* Contact E-mail Address:

* Contact Phone:

Project Information

The Giving Partner

One of the requirements for this grant opportunity is a profile in The Giving Partner that reflects an Approved/Current status. Please visit The Giving Partner and type your organization's name into the search bar. Once you have found your organization's profile, please look for its status underneath the organization name.

If you are having difficulty finding the profile status, please click **here** for a more detailed explanation on how to locate it.

* Please select that status here.

Select ⌄

Please note that if your profile does not reflect an Approved status by the application deadline, your application will not be reviewed in this cycle.

Project Information

* Project Name:

* Is this an ongoing program or a pilot program?

◯ Ongoing program   ◯ Pilot Program

* What is your project's start date?

📅

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 06/28/2022 format).

* What is your project's projected end date?

📅

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 06/28/2022 format).

*Please describe your project. In your description of your project, please explain what problem your project addresses and how you propose to solve this problem through your project.
1-2 paragraphs, please

* Which of these animal welfare initiatives does your proposal best support?

Select ⌄

Please describe how your project's goals align with this initiative. If they do not align with one of the initiatives, please describe how the project is meeting an existing need in our area.
1-2 paragraphs, please

How many individuals will this project serve?

* Ages 0-5:

* Ages 5-18:

* Ages 18+

How many animals will this project serve?

Dogs

Cats

Other animals?

○ Yes   ○ No

Please identify the type(s) of animals

Number of other animals served

*Please describe the demographics associated with the individuals you will serve with this program.
(Include age, race, socioeconomic status, and any other pertinent demographic information that corresponds to the goals of your program.)
2-4 sentences, please

*How will you verify that this project is successful for these animals or people?
(Please include any and all methods you will be using to track and measure success.)
1-2 paragraphs, please

*Quantitative method for measuring results (examples: surveys, pre- and post-program testing, or statistics)
2-4 sentences, please

Additional methods for tracking results (ie satisfaction or participation surveys, surveys that gauge confidence, anecdotal stories that reveal participants' behavioral and/or attitude shifts):
2-4 sentences, please

Please upload a copy of the survey(s) you will use, if applicable:
(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)

Browse...

Please include any additional information as an attachment here:
(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)

Browse...

Budget Information

*Amount Requested:
Requests should be $10,000-$50,000

$

*Does the funding that you are requesting for this program reflect your TOTAL BUDGET for this program?
○ Yes   ○ No

*If no, please upload a budget that not only details the TOTAL AMOUNT projected for your program but also indicates how a grant from the Community Foundation would be included in that overall funding.

	Browse...

*If yes, please upload a budget worksheet that details how the funds will be spent.

	Browse...

Please upload a quote from any outside contractors or services included in your budget.

	Browse...

*If full funding is not available, would you like this request to be considered for partial funding?

○ Yes   ○ No

Optional Questions

Please note that the Community Foundation will use the following questions to determine whether your project qualifies for some of our various funds. This section is meant to consider your project for funds that might not otherwise be considered, NOT to eliminate applications that do not qualify for these funds. With this in mind, the following questions are optional.

*I understand that the questions below are intended to better understand my project and that these answers are not required

○ Yes   ○ No

Location Specific Questions: As a community foundation, our service area includes Sarasota, Manatee, Charlotte and DeSoto counties; however, we have some funds that are restricted for use in specific counties or areas. These questions help us determine if your project is eligible for support from one of those funds.

Approximately what percentage of your project will serve Sarasota County?

Some of our funds that support this grant cycle are restricted for use in Sarasota County. If awarded a grant through one of these funds, would you be able to ensure that funding was spent to specifically on projects in Sarasota County?

○ Yes   ○ No

Please describe how you would ensure that funds are spent on projects in Sarasota County and how this would impact your overall project and budget.

Is your organization located in Sarasota County?

○ Yes   ○ No

Population Specific Questions: We have several field of interest funds that support work with specific populations in our area. These questions help us determine if your project might qualify for one of these funds.

Will your project be specifically serving single mothers?

○ Yes   ○ No

If yes, please indicate approximately what percentage of those served will be single mothers.

[   ]

Will your project specifically serve adults or children with disabilities?

○ Yes   ○ No

If yes, please indicate approximately what percentage of those served will fall into these categories:

Adults with disabilities

[   ]

Children with disabilities

[   ]

Does your project serve people who are blind or have low vision?

○ Yes   ○ No

If yes, approximately what percentage of participants will be blind or have low vision?

[   ]

Is your proposal specifically focused on serving one or more of the following populations?

☐ Geographically underserved neighborhoods   ☐ Communities of color   ☐ Immigrants or refugees
☐ English Language Learners   ☐ LGBTQ+ communities

Other Funding Sources: Understanding more about the funding your organization has received during the pandemic helps us see what has areas have already been supported and where additional supports might be needed

Has your organization received any funding in response to COVID-19 (i.e. CARES Act funding, PPP loan, COVID response grant from another foundation, etc)

○ Yes   ○ No

If yes, please provide more information on the source of funding, projects supported, and impact on your organization here

[   ]

Grant Report

Complete this section as soon as all grant funds have been expended. Grant reports are due within 12 months of receiving funding.

Save your work as you go! Although this section has Auto Save, please be sure to click the "Save" button at the bottom of the section to save your work. There is a time-out feature for security purposes. If the page remains idle for 20 minutes, it will not save your work, and will require you to log back in.

*Indicates required field

* Contact Name
(First and Last)

[   ]

* Contact Email

[   ]

* Contact Phone

[   ]

In your proposal, you noted that the following amount of people would be served through this project:

* Ages 0-5:

[   ]

* Ages 5-18:

[   ]

* Ages 18+

[   ]

* Do these numbers accurately represent the number of people served?

○ Yes   ○ No

If not, how many individuals were served by this project?

* Ages 0-5:

[   ]

* Ages 5-18:

[   ]

* Ages 18+:

[   ]

Please explain any large differences between your projected and actual numbers of individuals served

[   ]

In your proposal, you described the demographics of the people served by the project in the following way:

* Please describe the demographics associated with the individuals you will serve with this program.
(Include age, race, socioeconomic status, and any other pertinent demographic information that corresponds to the goals of your program.)
2-4 sentences, please

[   ]

*Does this still accurately the demographics of those served by this project?

○ Yes   ○ No

*

If not, please describe the updated demographics associated with the individuals you served with this program.

(Include age, race, socioeconomic status, and any other pertinent demographic information that corresponds to the goals of your program.)

Please explain any significant differences between the projected and actual demographics served

In your application, you noted that you would measure success for this program in the following ways:

*How will you verify that this project is successful for these animals or people?
(Please include any and all methods you will be using to track and measure success.)
1-2 paragraphs, please

*According to the parameters you provided, did your project achieve success?

○ Yes   ○ No

*Why or why not?

In your proposal, you noted that you would measure results (quantitative and other) in the following ways:

*Quantitative method for measuring results (examples: surveys, pre- and post-program testing, or statistics)

Additional methods for tracking results (ie satisfaction or participation surveys, surveys that gauge confidence, anecdotal stories that reveal participants' behavioral and/or attitude shifts):
2-4 sentences, please

Please detail your final results, including any changes to the results metrics that were originally proposed

*Final quantitative results of the project:

*Please indicate the assessment used to obtain these quantitative results:

Additional results from the project:

Please upload a copy of any survey results:
(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)

Browse...

Please upload any other supplementary materials you would like to share here:
(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)

Browse...

Budget

*Please attach a final expenditure report showing how grant funds were used.
(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)

Browse...

Project Insight

*If you had the opportunity to change anything related to this project, what would you change?

Were there any unexpected results from your project? If so, please describe them here.