

## Organization and 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:

## 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.

\* Please copy and paste the link to your Giving Partner profile here:

Once you have found your organization's profile, please look for its status underneath the organization name.

\* Please select that status here.

\*\*\*Please note that if your profile does not reflect an Current status by the application deadline, your application may not be reviewed in this cycle.\*\*\*

## Project Information

If you have any questions or concerns along the way, please feel free to schedule a brief virtual meeting to discuss your application and review questions prior to submission. We want to make sure you're confident that your proposed organizational developments are fully expressed to our committee before any decisions are made.

You can schedule a time to speak with Maddi Williams from our team at this link: [Click Here](#)

## Project Information

\* Project Name:

**\* 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?

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

\* What is your estimated project start date?

*Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 07/06/2023 format).*

\* Approximately when did the program begin?

*Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 07/06/2023 format).*

\* Can you currently project an end date for this project?

\*What is your project's projected end date?  
Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 07/06/2023 format).

\* How many individuals do you expect this project serve?

\* Ages 0-5:

\* Ages 5-18:

\* Ages 18+:

\*Will this project serve animals?

\*How many animals will this project serve?

\* Dogs

\* Cats

\* Other animals?

\* Please identify the type(s) of animals

\* Number of other animals served

### Project Success

\* Please consider the metrics below and **select no more than 3 metrics** that may be applicable to your project. If selected for a grant award, we would like to engage you in about these metrics and how they could be measured through this project.

#### Metrics for Animal Projects

- |                          |  |                          |   |                          |                                       |
|--------------------------|--|--------------------------|---|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Increased emotional wellbeing for humans             | <input type="checkbox"/> | Increased emotional wellbeing for animals | <input type="checkbox"/> | Increased family cohesion             |
| <input type="checkbox"/> | Increased participation in community life for humans | <input type="checkbox"/> | Increased family engagement               | <input type="checkbox"/> | Basic needs are being met for animals |
| <input type="checkbox"/> | Basic needs are being met for humans                 |                          |   |                          |                                       |

\* Are the metrics you selected above an effective way to measure the success of your program?

\* If the metrics above are not an effective way to measure the success of your program, what other metrics do you consider to evaluate its success?

\*What methods of collecting information will you use to determine this project's success? (examples: surveys, pre- and post-program testing, statistics, or anecdotal stories  
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)

\* Please include any additional information as attachments below:  
(Word, excel, pdf, or jpeg files only. Maximum file size is 10mb)

\* Attachment 1:

\* Attachment 2:

\* Attachment 3:

## Budget Information

\* Amount Requested:

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

Yes  No

\* Does the funding that you are requesting for this program reflect your TOTAL BUDGET for this program?

\* 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 overall funding.

Upload Budget

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

Upload Budget

\* Please upload a quote(s) below from any outside contractors or services included in your budget

Quote 1:

Quote 2:

Quote 3:

## 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 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 used in specific counties or areas. These questions help us determine if your project is eligible for support from one of those funds.

\* Is your organization located in Sarasota County?

Yes  No

\* Approximately what percentage of your project will serve Sarasota County?

\* Some of our funds 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 benefit 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.

**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 is eligible for one of these funds.

\* Will your project specifically benefit 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 specifically benefit people who are blind or have low vision?  Yes  No

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

\* Does your project specifically benefit the LGBTQ+ community?

\* If yes, approximately what percentage of participants will identify as LGBTQ+?

\* Please include any other information about how your project will benefit the LGBTQ+ community, if applicable and not discussed elsewhere in your proposal

\* Are you collecting information on the percentage of program participants that are single mothers or children of single mothers?  Yes  No

\* If yes, please indicate approximately that percentage here