

## Organization Information

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**\*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 to find your organization's profile.

\* 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. 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.

\*\*\*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.\*\*\*

## Community Involvement

Does your organization currently have any staff or board representation in the Long Term Recovery Group or its subcommittees for your county?

Select

\* If yes, who? Please include name and position at your organization.

Does your organization currently have any staff or board representation in the COAD (Community Organizations Active in Disaster) for your county?

Select

\* If yes, who? Please include name and position at your organization?

Property Damage and Insurance

Does this grant request involve damage to your organization's property?

Select

\*What is the total estimate to repair the property damage?

Did you file an insurance claim?

Select

Was your claim covered by insurance?

Select

Why did you not file a claim?

\*What amount did your insurance cover?

What was the reason for their denial?

Anything else you would like to share regarding property damage from Hurriane Ian?

Project Information

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 the following categories best fits your proposal?

Select

\*Is this an ongoing program or a pilot program?

Select

\*What is your project's start date?

*This can be backdated if work has already begun.*



*Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 04/06/2023 format).*

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

Select

Please enter the projected end date here.



*Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 04/06/2023 format).*

\*What county is your organization located in?

- ☐ Charlotte   ☐ DeSoto   ☐ Manatee  
☐ Sarasota

\*What county/counties will this project be serving?

- ☐ Charlotte   ☐ DeSoto   ☐ Manatee  
☐ Sarasota

#### Partnership Information

\*Does this proposal involve multiple organizations working together or the formation of partnerships?

Select

\*Please provide details on who your partners are and how these partnerships will operate.



#### Information on Individuals Served

Approximately how many individuals will  
this project serve?

\* Ages 0-5:

\* Ages 5-18:

\* Ages 18-64

\* Ages 65+

\* As we want to understand the intricacies of those most affected by disaster, please do your best to describe the demographics associated with the individuals you will serve with this program (age, race, socioeconomic status, and any other pertinent demographic information that aligns with your program goals).

*2-4 sentences, please*

Where in your community do you plan to serve the demographics detailed above? (Your program location, in the community, remotely).



\*How do people in need of your services find out about them?

\*Is one of your goals for this program to expand your reach to new or additional individuals?

Select

\*If yes, how could you use this grant to expand your messaging or reach to potential clients?

## Measuring Success

\*How will you verify that your project has achieved success?

*1-2 paragraphs, please*

\*Please describe the quantitative method(s) to be used for measuring results (examples: surveys, pre- and post-program testing, or statistics)

*2-4 sentences, please*

Additional methods for tracking results (anecdotal stories that reveal participants' behavioral and/or attitude shifts).

*2-4 sentences, please*

\*Would this project help your organization be better prepared for future disaster or emergency situations?

Select

If yes, please describe how here:

Please upload a copy of the survey(s) you will use, if applicable and currently available:

(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:

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

Select

\*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...

\*What other emergency funds related to Hurricane Ian have you received? Please include federal, state, and local funding sources (i.e. FEMA, United Way, Gulf Coast Community Foundation, William and Marie Selby Foundation, Charles and Margery Barancik Foundation, etc.)



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

Select

Grant Report

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

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