

Application

  Public Profile

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Process: 2021 Collaborative Grant Program

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Contact Info Request



Contact Email History 

 If your organization information does not appear correct, please click the edit (pencil) icon.

 Application

 Question List

-  Due by 05/28/2021 05:00 PM EDT.
-  Fields with an asterisk (*) are required.

∨ GuideStar Profile

Please auto-fill the following fields directly from your organization's GuideStar profile by clicking on the GuideStar icon next to any question. Afterwards you can edit (or delete and replace) the auto-fill responses if necessary (though we encourage your organization to update its GuideStar profile if information is missing or outdated).

DBA*

Incorporation Year*

Mission Statement*

✔ 1,000 characters left of 1,000

∨ Organization Overview

Annual Operating Budget*

\$

Geographic Area(s) of Service*

Where does your organization currently provide services on a regular basis?

CHECK ALL THAT APPLY

- Key West and Stock Island
- Lower Keys
- Middle Keys
- Upper Keys
- Outside of the Florida Keys

Brief History*

Briefly summarize your organization's history.

500 characters left of 500

∨ Proposal Overview

Grant Request Amount*

\$

Grant Proposal Title***Cheat-Sheet Description***

In 2-3 sentences, describe your organization's proposed use of the requested grant.

250 characters left of 250

Grant Proposal Primary Field of Interest*

- Animal Welfare
- Arts and Culture
- Civil Rights
- Education
- Environment
- Health and Human Services
- Recreation

Newness*

What is different and new about the work this grant will support, as compared to your organization's current and past services and initiatives?

CHECK ALL THAT APPLY

- New beneficiaries (not currently served by your organization) will be served.
- New or modified services will be provided.
- New strategies will be implemented.

Newness (continued)*

Describe what is different and new and how past outcomes and observations have informed this direction.

500 characters left of 500

Nonprofit Collaboration*

Please provide the full legal name(s) of at least one Florida Keys-serving nonprofit organization that has agreed to assist the proposed work. Describe what it/each will contribute and how collaborating will enable your organization to achieve more than it could alone.

600 characters left of 600

Community Resources*

What additional free or reduced-cost resources (volunteers, in-kind contributions, salvaged or recycled materials, etc.) will be utilized and how?

500 characters left of 500

Preparedness*

What past achievements and learning experiences prepare your organization to successfully complete the proposed work?

500 characters left of 500

Self-Evaluation*

Who will be responsible for supervising the work and grant spending? How does the proposed work utilize local knowledge and expertise? How will your organization evaluate effectiveness and efficiency of its use of the grant? What measurable goals must be met for your organization to consider this grant successful?

500 characters left of 500

Timeline*

Briefly state the grant timeline including commencement of the work and major event dates.

500 characters left of 500

Anticipated Completion Date*

Date by which the work will be completed and evaluated and your organization is ready to submit a final grant report:



Geographic Distribution

Please answer the following questions for each of the geographic areas (listed below) where services funded by the requested grant will be provided. Enter "N/A" for "not applicable" (wherever no services funded by the grant will be provided).

What community needs will this grant address? What services will be provided and where? Who are the target beneficiaries (numbers of individuals/families, ages, demographic descriptions)? How will the opportunity be publicized or communicated to the target audience?

Key West and Stock Island*

600 characters left of 600

Lower Keys*

600 characters left of 600

Middle Keys*

600 characters left of 600

Upper Keys*

600 characters left of 600

∨ Grant Spending

Please enter the dollar amount of the grant that will be spent in each of the following expense categories. Enter 0 where not applicable. Sum total of values should equal grant request amount.

Purchasing Supplies*

\$

Using Digital Products/Online Platforms/Other Technology*

\$

Producing Printed Materials*

\$

Paying Organization Staff*

\$

Paying for Professional Services*

\$

Purchasing Products or Services for Beneficiaries***Making Direct Payments to Beneficiaries*****Other*****Spending Summary***

Briefly describe how the grant will be spent and how your organization has determined cost-efficiency.

500 characters left of 500

Additional Funders*

Will the proposed work be supported by additional grantors or donors?

- Yes
 No

Other Revenue*

Will the proposed work be supported through payments (client fees, ticket sales) or by fundraising events?

- Yes
 No

Grant Requirements**Please check the box to agree to the grant terms:***

If a grant is awarded, your organization, as the applicant, will be the sole recipient and 100% responsible for: 1) ensuring completion of the work including the collaborative elements and compliance with grant restrictions; 2) providing updates and materials to publicize grant impact, and; 3) submitting a final grant report. If, due to unforeseen circumstances, the grant is no longer needed for the designated purpose or the work cannot proceed, the recipient must notify the Community Foundation promptly to arrange a solution or return of the grant.

- Agree

Permission to Share*

The Community Foundation always receives more worthy grant applications than its grant budget can fund.

Do you authorize the Community Foundation to share this grant request with other funders who might be interested in supporting the work?

- Yes
 No

Please check the box to agree to the application terms:*

The remaining two sections of this form are optional, for you to provide up to three information weblinks and upload up to three letters of support. If you do not want to include either, you can submit this application whenever you have finalized the sections above, but please do not send any application information or documents by mail or email, as only information collected through this online form will be reviewed with the application. Please do not hesitate to contact the Community Foundation if you need technical assistance or have questions.

- Agree

✓ OPTIONAL: More Information

*OPTIONAL: You are welcome to provide **up to 3 weblinks** to visit for more information about your organization's work that is relevant to this grant request.*

Web Address

Web Address

Web Address

✓ OPTIONAL: Letters of Support

*OPTIONAL: You are welcome to upload **no more than 3 letters of support**. Please upload each letter separately as a clearly labeled .docx or .pdf document.*

Letter of Support

 [2 MiB allowed]

Letter of Support

 [2 MiB allowed]

Letter of Support

 [2 MiB allowed]

Abandon Request

Save Application

Submit Application