

**** Please note that this copy of the TGKVF application is being made available as a reference only. The TGKVF application process is invite only and all applications must be submitted through the online application portal. ****

Introduction

Introduction

TGKVF Application:

Please complete all required fields and upload the necessary attachments by the assigned due date.

We recommend using Internet Explorer, Safari, or Firefox to complete this application. Other browsers are less compatible with the online system and their use may result in the loss of application materials. The system will time out after periods of inactivity, so please be sure to save your work often.

We suggest reviewing and/or printing the entire application before beginning to get a feel for the questions you'll be asked. To avoid losing your work, please type all of your responses in a separate document and then transfer them into the online fields through the copy/paste function. This process will allow you to review, use spellcheck, and monitor the length of your responses. While each section does not have a limited word count, we strongly suggest using precision in your narrative and avoiding duplicative responses. The recommended length of the entire application should not exceed 12 pages when printed (not including attachments).

Need Assistance?

For technical assistance please contact Candace Krell at ckrell@tgkvf.org or by phone at 304-881-2660.

Applicant Info

Applicant Information or Fiscal Agent

*** Organizations using a fiscal agent:
The following information should be answered pertaining to your fiscal agent, not the organization you represent.**

Organization Name

Physical Address

City State
 - Select One -

Zip Code

Phone Number Total Operating Budget Tax Status
 - Select One -

Tax ID

Executive Director, CEO, or President

First Name

Last Name

Title

Email Address

Office Phone

Contact Person Regarding this Application

First Name

Last Name

Title

Email Address

Phone Number

Requesting Organization Information or Organizations Using a Fiscal Agent

The following questions should be answered as it pertains to the organization you represent that is requesting funding.

* Organizations NOT using a fiscal agent: Please skip this section

Organization Name

Physical Address

City State

Zip

Phone Number Total Operating Budget Tax Status

Tax ID

Executive Director, CEO, or President

First Name

Last Name

Title

Email Address

Phone Number

DEI

Diversity, Equity and Inclusion (DEI)

The Greater Kanawha Valley Foundation is committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion (DEI). These values are central to our mission and to our impact. We recognize that achieving DEI is an ongoing or new process for many organizations, as it is for us. We believe that working toward more diversity, equity, and inclusion improves outcomes for all the communities we care about.

*** In the spaces below, please share how or if the lead applicant organization is addressing DEI issues.**

1. Is your organization addressing diversity, equity, and inclusion (DEI)?

If so, please describe these efforts internally (e.g. staff and board) and externally (e.g. clients, vendors, partners).

2. Does your organization have a board-adopted DEI statement? If so, please cite it in the space below.

Grant Request Summary

Grant Request Summary**1. Name or title of the project**

(Please limit project titles to 10 words or less)

2. Project Abstract

Provide a brief summary of the project (100 words or less).

Include the counties the project will serve and how the requested funds will be used specifically.

This project abstract will be used for public relations purposes if the grant is approved for funding.

3. Amount requested in this application

(Requests must be made in \$50 increments.)

4. Through which grant opportunity are you applying?

- Community Economic Development
- Education
- Health
- Arts and Culture
- Basic Needs
- Field-of-Interest
- Special Initiatives (General)
- Advancing Entrepreneurship Program (AEP)
- African American Philanthropy in Action
- CC Dickinson Family Giving Circle
- Dental
- Emergency Aid
- James FB Peyton (Greenbrier County)
- Kanawha Valley Council on Philanthropy
- Westside

Demographics**5.a In which counties do you plan to conduct project activities?**

- 6 county area
- Fayette County
- Putnam County
- Boone County
- Kanawha County
- Other
- Clay County
- Lincoln County

5.b If Other, please specify in the space below

(this option is only applicable to special initiative applicants)

6.a From which counties do you expect your participants to come?

- 6 county area
- Fayette County
- Putnam County
- Boone County
- Kanawha County
- Other
- Clay County
- Lincoln County

6.b If Other, please specify in the space below

(this option is only applicable to special initiative applicants)

7. Select the age of your intended participants and/or beneficiaries:

(select all that apply)

- Early Childhood (0-4 years)
- Children (5-12 years)
- Teens (13-18 years)
- Young Adults (19-25 years)
- Adults (26-54 years)
- Older Adults (55+ years)

8.a Select the race/ethnicity of intended participants and/or beneficiaries:

(select all that apply)

- Multiracial or Biracial
- Black or African American
- Asian or Pacific Islander
- White or Caucasian
- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- A Race/Ethnicity Not Listed (Please use text box below to describe)

8.b If necessary, provide additional race/ethnicity information or clarification in the space below.

9.a What gender(s) do you intend to target?

(select all that apply)

- Female
- Male
- Non-binary

9.b If necessary, provide additional gender information or clarification in the space below.

* Some projects will serve the general population without specifically targeting a certain subset.

Others may particularly target certain groups.

Depending on the type of project, both approaches are acceptable.

10.a Will any of the following populations be **specifically targeted as participants or beneficiaries of this project?**

(Select up to five.)

- | | |
|--|--|
| - General Population | - Foster and Kinship Families |
| - Unemployed or underemployed | - People experiencing homelessness |
| - Low-income | - Veterans |
| - People with disabilities | - People with substance use disorders (SUD) and/or in Recovery |
| - Black, Indigenous, People of Color (BIPOC) | - People with chronic health issues |
| - LGBTQ+ | - Justice system-impacted individuals |
| - Female | - Other |
| - Male | |
| - Uninsured or underinsured (Medical) | |
| - College-bound, seeking career and technical education, or workforce training | |

10.b If Other, provide additional participant/beneficiary clarification here.**Projected Number of People Who Will Be Served**

* Some projects may serve high numbers of unduplicated people with a single or small number of services; others may serve fewer people with a high number or intensity of services.

* Some projects will provide direct services immediately while other projects may require planning and/or research in advance.

* All approaches are acceptable depending on project type.

11.a What is the estimated number of **unduplicated people who will be served by this project?**

(0 if N/A)

11.b If you'd like to provide additional context on the estimated number of unduplicated people served, you may use the space below.**11.c If you do not anticipate that this project will serve people over the next 12 months, what will this project do and/or when will it begin to serve people?****Marketing and Promotion**

12. Provide a direct quote (from a program participant, staff member, or volunteer) about this project and the impact it has had or will have.
Please attribute your quote to an individual, and protect identity as needed.
Please limit responses to 20 words or less. If a grant is approved for funding, this quote will be used for public relations purposes.

Renewal Applicants ONLY

Renewal Applicants Only

* If you have received funding for this project in the previous year, please respond to the following and skip the New Projects Only tab.
* If you are applying for the first time or if this is a new project, please skip this section and proceed to the New Projects Only tab.

1. In the spaces below, please provide an update on the currently funded activities and progress toward identified outcomes.
Be sure to acknowledge how the outcomes you're producing align with TGKVF's priorities and provide any data you've collected that shows measurable change.

2. How much did you do, and with additional funding, how much will you do?

3. What activities will continue or start and what will the outputs be?

4. Why is there continued need for this project?
Please use data or statistics in your response.

5. Have there been any changes to the lead organization (staffing, mission, etc.?)

6. Any other updates you'd like to share?
(new or sustaining partnerships, modified interventions or activities, updates to project design, etc.?)

New Projects ONLY

New Projects Only

* Only complete this tab if this project did not receive funding from TGKVF in the previous year.
Please keep TGKVF's priorities in mind as you craft your responses.

Read each of the questions in this section before drafting your responses. Only provide responses to the specific questions asked.

1. Why is the project needed?

Please include data to support the description of community need, as well as information about the population this project will serve.

2. Please provide your organization’s Mission Statement and a brief history of your organization and this program.

How is your organization uniquely situated to address the community need?

3. Describe the project for which funding is being requested.

What work will be done to address the community need described above?

What specific activities will occur and what outputs will be produced?

These activities should match what you have in your timeline, though you may go into more depth here.

(The timeline is located on the attachments page.)

Outcomes

Outcomes

What changes (outcomes) will the project produce? How will progress toward those outcomes be measured?

* Please identify at least one outcome and no more than three.

1.a In the space below, state this project’s Outcome #1

1.b In the space below, state the measurement strategies that will demonstrate progress toward Outcome #1

(in other words, what tools or methods will be used to show change?)

2.a In the space below, state this project’s Outcome #2 (if applicable)

2.b In the space below, state the measurement strategies that will demonstrate progress toward Outcome #2 (if applicable)

3.a In the space below, state this project's Outcome #3 (if applicable)

3.b In the space below, state the measurement strategies that will demonstrate progress toward Outcome #3 (if applicable)

Collaboration and Sustainability

Collaboration and Sustainability

1. Describe the community support for this project.

Explain how the population this project intends to serve has informed (and will continue to inform) the proposed work.

2. List each partnering organization and describe its role in the project.

Include the names of all key staff and volunteers from partnering organizations as well as the lead applicant organization.

3. Will the project produce long-term change within a 12-month period?

If not, what are your organization's plans to sustain this project beyond TGKVF support?

Attachments Tab:

Required Financial Documents:

For organizations exceeding \$200,000 in annual contributions or revenue OR requesting \$25,000 or more from TGKVF:

- Most Recent Audit or Financial Review
- Most Recent Form 990
- Organization Budget
- TGKVF Project Budget Form

For organizations receiving less than \$200,000 in annual contributions or revenue AND requesting \$24,999 or less from TGKVF:

- Year-to-date Financial Statements (Statements of financial position and activities)
- Most Recent Form 990
- Organization Budget
- TGKVF Project Budget Form

Other Attachments:

- Project Timeline
- Board of Directors List
- Signed Form W-9 (first-time applicants only)
- For Schools Only: Provide the most recent County Board of Education audit
- Upload a Picture, Photo, or Logo That Depicts Some Element of Your Project
(Photos of actual participants are preferred, but if photos are unavailable or if for privacy and/or media release reasons, you cannot share photos of people, please use an agency logo. If a grant is approved for funding, this image will be used for public relations purposes. Please upload images in at least 1000 pixel; if the image comes from a phone camera, please upload as "actual size.")