



Organization and Contact Information

*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.

*Did you (personally) update your Giving Partner Profile for this year?

*Was this your first year creating a Giving Partner profile?

Did you (personally) update your organization's Giving Partner profile in a previous year?

When updating your Giving Partner profile this year, how did you find your experience?

i 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 Michelle Croft from our team at this link: [Click Here](#)

Project Information

*Project Name:

*Please describe the purpose of your program in one or two sentences. For example, *to support a customer service portal and kiosk in multiple languages to better collect data* or *to support the cost of a consulting team to develop a strategic plan*.

Has your organization received funding from the Community Foundation of Sarasota County through a Capacity Building Grant cycle for this program in the last year?

Please wait until 365 days have passed since your award date to apply for a capacity building grant. CFSC looks forward to reading your application once this time period has passed.

***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*

The Community Foundation focuses on increasing an organization's capacity in the following ways:

- Data Gathering, Evaluation, and Learning: tools, technology, and training to assist with monitoring, evaluation, and collection of data
- Leadership: board development, professional development, or strategic planning
- Assessment, Planning, Evaluation: strategic planning and impact measurement or program tracking
- Emergency Needs: unexpected expenses for which an organization was unable to prepare
- Fundraising: purchasing a donor database or other CRM tool, hiring a fundraising consultant, or developing online giving

When proposing work with a consultant, most requests will be considered at 50% of the consultant's fee.

Which of these categories best aligns with your proposal?

Please describe why you are seeking funding for this existing program this year. Please describe any changes, innovations or circumstances to prompt this request.

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

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 further conversation about these metrics and how they could be measured through this project.

*Metrics for Capacity Building Projects

*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?

*Will you be able to sustain this program after the grant period ends or is this a project to meet a specific need or timeline? Please describe.

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

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 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

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.

Is your organization located in Sarasota County?	
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 on projects in Sarasota County?	
<p>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.</p>	
Will your project specifically benefit adults or children with disabilities?	
Does your project specifically benefit people who are blind or have low vision?	
Does your project specifically benefit the LGBTQ+ community?	
Are you collecting information on the percentage of program participants that are single mothers or children of single mothers?	