

Community Foundation Tampa Bay Competitive Grant FY23

Community Foundation Tampa Bay

Acknowledgment

ACKNOWLEDGMENT*

I understand that in order to apply for a competitive grant from Community Foundation Tampa Bay, my organization must:

- Be tax-exempt under section 501(c)(3) of the Internal Revenue Code
- Be up to date with Internal Revenue Service 990 filings and have filed for at least 2 fiscal years
- Be able to apply under the organizations own tax exempt EIN
- Be serving Hillsborough, Pinellas, Pasco, Hernando, or Citrus counties
- Have at least one paid staff member and over \$50,000 in revenue in the prior or current fiscal year
- Be in compliance with all requirements of previous funds awarded through CFTB including reporting requirements
- Have read and understand the guidelines and criteria provided on Community Foundation Tampa Bay's website

**Organizations may be asked to verify their eligibility prior to receiving an award.*

Choices

No
Yes

Organization Information

Questions that contain the GuideStar logo allow you to pull information directly from your GuideStar profile. You will have the ability to edit the information that is downloaded from GuideStar. Click on the icon to begin. Alternatively, you may enter the mission statement on your own.

Mission Statement*

Character Limit: 1500

Revenue*

Enter your organization's total revenue as reported on your most recently filed IRS Form 990 (indicated on line 12), IRS Form 990-EZ (indicated on line 9), or independently audited financial statement.

Character Limit: 20

Project Information

Focus Area*

Select the primary focus area of your project.

Note: Funding requests for the George and Mimi Frank Environmental Endowment should be aligned to the primary focus area of Community Vibrancy.

Choices

Community Vibrancy

Economic Mobility

Empowering Women and Girls

Mental Well-Being

Positive Education

Geographic Area(s)*

What geographic area(s) will be served by the project supported by this funding request? The project must serve at least one of the areas listed below.

Choices

Citrus

Hernando

Hillsborough - North (north of the Alafia River)

Hillsborough - South (south of the Alafia River)

Pasco

Pinellas

Targeted Communities*

Within the geographic area(s) you selected above, are there any specific city(ies) and/or community(ies) that your program will be targeting? If not, enter N/A.

Examples include, but are in no way limited to St. Petersburg, Sun City Center, etc.

Character Limit: 250

Project Title*

Enter the title of your project.

Character Limit: 250

Project Summary*

Provide a brief summary of your project that may be used in marketing materials and shared with high-level reviewers such as council members and donors. Please include:

- description of the project,
- population served,
- and how the funds will be used.

Character Limit: 1500

Need*

Describe the specific community need that your project is addressing using data and/or research to support the need for the programming in the community served. Possible sources to extract localized data may include, but are not limited to, Tampa Bay Regional Competitive Report, ALICE Report, the County's Annual Point-in-Time Count, the School District's Report Card, Florida Division on Early Learning, Florida Department of Health, etc.

Character Limit: 2000

Collaboration*

Please describe partnership with other organizations **specifically related to this project**. If this does not apply, please enter N/A.

Character Limit: 2000

Innovation*

Please describe how your project is innovative and the research and/or best practice that your project is based on.

Character Limit: 2000

Number Served*

Enter the number of individuals estimated to be served by your project.

Character Limit: 10

Population Served*

Describe the population served by your project such as veterans, youth, women, minorities, etc.

Character Limit: 2000

Project Status*

Is this a new project?

Choices

No

Yes

Budget Information

Project Budget*

Enter the total budget for your project.

Character Limit: 20

Amount Requested*

Enter the amount of the grant you are requesting.

Character Limit: 20

Additional Funding*

If the project budget exceeds the amount you are requesting, please describe how the additional funds will be acquired. If this does not apply, please enter N/A.

Character Limit: 1000

Date Needed*

Enter the date by which the funds are needed. Please note that if your organization is selected to receive a grant, funds will not be disbursed until April, 2022.

Character Limit: 10

Fund Use*

Please provide a summary (3-5 sentences) describing how the funding requested will be expended for this project such as personnel, equipment, additional programming elements, participant recruitment, etc.

Character Limit: 1000

Eligibility Criteria Not Met

You are seeing this message because you indicated that you do not meet all of the eligibility criteria above. If you feel you have received this message in error, please review your answer above and adjust if appropriate.

Please note, you may be asked for additional documentation to illustrate all eligibility criteria has been met.

If you are not eligible for Community Foundation Tampa Bay's Annual Competitive Grant process this year, you may become eligible next year or in future years. This does not exclude your organization from being eligible for other grant opportunities that we facilitate. Please view our webpage to learn about other opportunities that are currently available or will be soon.