



Community Organization Grants Application Form

Fiscal Year 2022–23

One Printed Copy Due March 25, 2022 by 5:00 PM to:

COG Review and Application Committee
C/O Department of Budget and Management Services
Municipal Center, City Hall Building #1, Room 323
2401 Courthouse Drive
Virginia Beach, Virginia 23456–9012



Community Organization Grants Application Form

Key Eligibility Criteria (see “Guidelines and Procedures” for more details):

- The applicant must be a nonprofit, 501 (c) (3) organization.
- The applicant must provide measurable, direct services to Virginia Beach residents.
- In accordance with Section 15.2–953 of the Code of Virginia, the applicant cannot be controlled in whole or in part by a church or sectarian society. Factors considered in making a determination of whether a particular organization is controlled by a church or sectarian society include: the organization under which the tax-exempt status is obtained, who administers the organization, and the level of funding from a church or sectarian society.
- The applicant may not receive grants from other City Departments or Committees
- The applicant may not have any permanent City of Virginia Beach employees or any City officials involved in the COG grant application, interview, or reporting process.
- The applicant may not use COG funding as a means to provide grant or pass-through funding for other nonprofit organizations.
- The funds awarded through the COG must remain local (Virginia Beach) and cannot be applied to fund national organizations.
- The application must have all required attachments in order to be considered by the COG Review and Allocation Committee.
 - The IRS letter verifying the agency’s non-profit, 501 (c) (3), status or proof of application for that status.
 - The most recent IRS filing (990 or 990EZ form).
 - The request for taxpayer ID Number & Certification–Substitute Form W–9.
 - A Reviewed Financial Statement or Audited Financial Statement prepared by an independent Certified Public Accountant for the agency’s most recently completed fiscal year.
 - The agency’s current by-laws.
 - The agency’s charter (Articles of Incorporation).
 - The agency’s registration with the Commonwealth of Virginia Department of Consumer Services.
 - A listing of the agency's current board of directors



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Grant Contacts:

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| <ul style="list-style-type: none"> ● Primary: Michael Evans ● Secondary: Jacqueline Conley | <p>Phone: 757-385-8250</p> <p>Phone: 757-385-8221</p> | <p>E-Mail: mtevans@vbgov.com</p> <p>E-Mail: jconley@vbgov.com</p> |
|--|---|---|

Organizational Information

responses need not be confined to the spaces provided

Agency Name:	
Address:	
Director:	
Phone & Email Address:	
Primary Grant Contact (name & title):	
Phone & Email Address:	

Funding Information

Program Name for which Funding is Requested:			
Is this Funding Request for a Specific Program or for Overall Agency Support?			
Funding Amount Requested:		Estimated Number (Unduplicated Count) of Virginia Beach Residents Served by this Grant	
Total Program Budget (if applicable):		Total Agency Budget:	



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Agency Overview

- 1) Organization Description and Mission:** Briefly state the mission statement of the organization, a brief history, and the impact on the community.

Program Information

- 2) Program Description:** Please describe the specific program and the Virginia Beach client population for which your organization is requesting grant funding (note how the program provides direct services to at-risk populations of children, families, elderly, disabled citizens and those experiencing homelessness in the City of Virginia Beach).



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3) Specific Use of Requested Grant Funding: Please indicate how your organization will spend this grant funding (such as staffing requirements, operating, and equipment costs). **If your organization is seeking general operating support, you may skip this question.**

4) Impact of Denied Funding and Sustainability: Describe the impact on programs and services if this request is not funded, only partially funded, or funding is reduced in the future?



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5) Alternative Sources of Revenue: Could your organization begin charging a fee or increase an existing fee, or find alternative sources of revenue if Community Organization Grant funding is not approved?

6) If your organization's financial statements reflect an operating deficit, describe the way in which you plan to retire or reduce this deficit.



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7) If your organization's financial statements reflect a substantial surplus; explain why your proposed activities should be carried out using COG funds rather than existing resources.

7) If your organization has received Community Organization Grant funding in the past, please describe how the funds were used.



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Performance Measures and Objectives

8) Program Objectives: Please state the objectives and desired outcomes of the program for which COG funding is requested and how these will be monitored. What are the short-term and long-term goals of your proposed activities? Describe the impact your work have on Virginia Beach residents.

9) Performance Measures or Indicators: These indicators describe how your organization will measure the impact of your program(s). Please provide measures if your organization receives this grant funding and if it does not. Below are three common types and examples of these indicators.

Workload or Output Measures (how much did we do?)

- Number of Clients Served (**required**)
- Number of Counseling Hours Provided
- Number of Activities Held/Client Attended
- Number of Meals Provided
- Number of Transportation Trips Provided

Efficiency Measures (how much did it cost to provide it?)

- Unit Cost Per Client or Service Delivered (**required**)

Service Quality Measures (how well did we do it?)

- Percent of Clients Satisfied
- Average Response or Wait Time for Service
- Success or Achievement Rate of Clients (e.g., 90% complete a program)



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Performance Indicator	With COG Funds	Without COG Funds
Number of Clients Served		
Unit Cost Per Client		

Please proceed to next section on page 9



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Budget and Staffing Information

10) Program Budget: Provide the following budget information (rounded to the nearest dollar). If your organization is requesting funding for overall agency support, please complete only the first two columns (Agency budget for both FY 22 and FY 23). If your organization is requesting program-specific funding, please complete all three columns).

Revenue	Current Agency Budget (FY 2021-22)	Projected Agency Budget (FY 2022-23)	Projected Program Budget (FY 2022-23)
Contributions/Donations			
Special Events			
Charges for Service/Fees			
Foundations/United Way/Non-Profits			
Federal			
State			
Other Local Cities (Excluding Virginia Beach)			
Virginia Beach City Department*			
Virginia Beach COG			
Investment Income			
Fund Balance/Reserves			
All Other Revenue			
TOTAL			

*If your organization currently receives funding from a City Department for providing contractual services, please provide an overview of the service agreement (type of service, agency, number served, and contract amount):



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Expenses	Current Agency Budget (FY 2021–22)	Projected Agency Budget (FY 2022–23)	Projected Program Budget (FY 2022–23)
Personnel (Salaries & Fringe Benefits)			
Building Space (Rent/Mortgage)			
Utilities			
Supplies			
Conference and Meetings			
Organization Dues and Memberships			
Furniture, Computers, and Equipment**			
All Other Operating Expenses			
TOTAL			

****Please note:** for all capital items over \$1,000 purchased with City funds, the organization must obtain and submit three bids.

Staffing Levels: Please provide the staffing levels for the entire organization and specific program (if the applicant requests funding for a specific program rather than overall agency support). Note: Full-Time Equivalents (FTEs) equal the total hours worked by all employees divided by 2,080 hours.

	FTEs	Full-Time	Part-Time
Organization			
Program			



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11) Funding from and People Served by Other Local City Governments: For each of the cities listed (including Virginia Beach), please provide the number of people served and funding provided/requested. For Virginia Beach, the funding amount should match the figure cited in section number 7 above.

City	Number of People Served FY 2020-21	Funding Provided in FY 2021-22	Funding Requested in FY 2022-23
Virginia Beach			
Chesapeake			
Norfolk			
Portsmouth			
Suffolk			
Hampton			
Newport News			

12) References: Please provide three references (name and telephone number) who are familiar with your program and who are willing to respond to inquiries from the COG Review and Allocation Committee. Please do not include letters of reference as attachments to the application. Furthermore, if your agency and/or the specific program has been evaluated by the agency board, a parent corporation, or an independent outside agency, please provide the name of the evaluator, date of the last evaluation, and if possible, an individual to contact as a reference for the evaluating group.

	Name	Phone Number
Reference 1		
Reference 2		
Reference 3		
Evaluation Contact (if applicable)		



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Required Attachments

Applications will not be considered qualified without all required attachments

- The IRS letter verifying the agency's non-profit, 501 (c) (3), status or proof of application for that status.
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