# “BUILDING A BETTER CULPEPER” REQUEST FOR COMMUNITY ASSISTANCE APPLICATION

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# **Deadline: Dec. 21, 2023; 5 p.m. *Noncompliance with completion of form in its entirety will result in no funding***

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| **SUBMISSION DOCUMENT STATUS (*Check status-a copy of each must be on file to qualify for funding*)** |

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| --- | --- |
| 501c3 IRS Determination Letter: | ***Need on file*** |
| Articles of Incorporation-VA: | ***Need on file*** |
| Financial Data (*3 yrs-Rev & Exp, Tax records, Salaries by Category*):: | ***Need on file 2021; 2022; 2023 - Note: All documents requested are required. Please make sure your 2023 tax records and/or financial records are submitted promptly after completion.*** |
| Budget: | ***Need Current*** |
| List of Funding Sources (*include local governments & # served commitment*): : | ***Need Current*** |
| Audit or Review  (*depending on Organization Budget*): | ***Need Current*** |
| List of Current Board of Directors  (*with addresses, titles and terms*): | ***Need Current*** |
| Non-Discrimination Policy  (*include Board approval/certification*): | ***Need on file*** |
| Bylaws: | ***Need on file*** |
| Minutes  (*Board approval-completed application*): | ***Need Current*** |

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| **IDENTIFICATION** |

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| Organization/Agency Name: |  | |
| Address: |  | |
| Phone, Fax & Email: |  | |
| Web Site: |  | |
| Contact *(Name, Title)*: |  | |
| Federal Tax ID#: |  | |
| Organization Mission/Purpose: |  | |
| **FUNDING REQUEST FY 25 (*July 1, 2024-June 30, 2025*)** | | |
| Program/Project Name: |  | |
| Category of Funding:  *(please CHECK OR X)* | 1. Arts & Culture |  |
| 2. Education |  |
| 3. Environment |  |
| 4. General Community/Civic |  |
| 5. Health |  |
| 6. Human Services |  |
| 7. Recreation |  |
| **Fund Request-Town of Culpeper FY25:**  Note: If you are requesting funding from the Town, you must also submit your request separately to them.  **Please indicate the amount your agency will request from the Town.** | **$** | |
| **Fund Request-Culpeper County FY25:** | **$** | |

# *If the proposed request is awarded, the applicant agrees to follow all applicable federal, state, and local regulations, policies and procedures.*

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| --- | --- | --- | --- |
| **Signature:** |  | **Printed Name:** |  |
| Office Use Only: Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **NARRATIVE-PROGRAM** | |
| **Organizational Capacity and Experience:**  *Please describe your organization’s experience (yrs in business, how many served, current or past collaborators/partners), accomplishments and any current programs or activities serving Culpeper* |  |
| **Need:**  *Please outline how awarding of these funds would respond to a need or needs in Culpeper and how residents would benefit from awarding of this support.* |  |
| **Design/Implementation:**  *Please outline how you intend to use these funds (project, event, etc.) and include any applicable implementation information (time frames, partnerships, goals, etc.)* |  |
| **Evaluation & Impact:**  *Please explain how you will gather data to evaluate success of your program/project and how the use of these funds will help “build a better Culpeper”* |  |