## Communities with Resources Working Together for the Betterment of Jacksonville, Florida

## FY 2023-2024 Application

## **Application Process**

Organization or	r Applicant Na	me:	
Address:			
Phone Number:	•		
Email Address	(print clearly)	:	
Website (if appl	icable):		
Non-Profit?	Yes	No	

- Describe your organization and make a case for your credibility. Share your organization's history, your success record and why you are the right organization for this project. (For individual applicant only →) please describe your current financial situation and any challenges you are facing regarding rent or utilities. Share how receiving assistance would positively impact your stability, allowing us to understand why you should be considered for support. Applicant's Background and History 1- 2 pages (10 Points)
- 2. Establish the need for your project or personal hardship. Demonstrate who will benefit and how they will benefit. This should be factual, well-documented and share what concerns you have and why it matters.

Statement of Problem and Need 1 – 2 pages (15 Points)

- How are you going to execute the project? Do you have adequate, trained staff and a supportive board and community? *If individual, please skip to questions 4b and 5b*).
  Project Description and Delivery 3 5 pages (45 Points)
- 4. Provide a thorough and realistic budget. You must include details of expenses as well as other sources of anticipated revenue.

**4b.** (For individual applicant only $\rightarrow$ ) Can you provide details about your current financial situation, including your monthly income, expenses, and any unexpected financial burdens that have affected your ability to cover rent or utilities? Budget and funding requirements 1 - 2 pages (20 Points)

5. Please include an evaluation plan in this section. How will you track and measure activities are going as planned? How will you know you are succeeding? Expected outcomes and impact. Explain and demonstrate how the project will have a lasting impact beyond the grant period and how you will continue this initiative? 1-2 pages (10 Points)

**5b.** (For individual applicant only $\rightarrow$ ) Share any proactive steps you have taken to address your financial difficulties, and how the assistance you're seeking will act as a bridge to help you regain financial independence. **1-2 pages (10 Points)** 

## **Requirements:**

- Applicant's physical address (must be in one of the zip codes: 32208, 32218, 32219 and 32226).
- For individual applicants only, all documentation must be in your name, and proof of residency is required. All utility documentation must be in your name and show your physical address.
- (For organization only) Your grant proposal cover letter must include: The requested grant amount. Describe how this grant is important. List the contents of the proposal. (1-5 as listed above).
- The grant application must be emailed to:
  - Dr. Eva Hardrick at <u>ehardrick@comcast.net</u>
    - Please submit all requirements as stated in the application process.

All submitted grant recipients will be notified in a timely manner and will receive instructions on the next steps.