

# Samara Grant Program

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*Vermont Community Foundation*

## *Samara Fund Guidelines*

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The Samara Fund will accept applications for projects or organizations that serve LGBTQ communities or support HIV/AIDS services or prevention at the grassroots level. Non LGBTQ-identified organizations are encouraged to seek support for projects that directly serve Vermont's LGBTQ communities. The Samara Fund is interested in projects addressing our mission from a wide variety of organizations or fields of work including: basic human needs – such as health care, housing and poverty alleviation; community safety and anti-violence programs; youth development and leadership; advocacy and organizing; education; and arts and cultural events.

Applicants are eligible for one grant from the Samara Fund in a calendar year.

**Please review the full application guidelines on our website by [clicking here](#).**

### **Helpful Hints:**

- Character limits include spaces and punctuation.
- Be sure to save your work frequently by clicking the "Save" button at the bottom of the page as the system will log out after 90 minutes of inactivity.
- The size of text boxes can be adjusted by dragging on the lower right corner.
- Create, save, and print a PDF version of your application via the "Application Packet" button at the top of the page. All content and attachments will be included.

All applications must be submitted electronically to the Vermont Community Foundation through the application form in the Online Grants Manager, which can be accessed at [www.vermontcf.org/OGM](http://www.vermontcf.org/OGM). Applications will not be accepted by mail or email. If you have questions about the Online Grants Manager, please contact [grants@vermontcf.org](mailto:grants@vermontcf.org) or 802-388-3355 ext. 222.

***Please view website for the most current deadline information.***

## *Request Summary*

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### **Project Title\***

*Character Limit: 100*

### **Amount Requested\***

Minimum \$500 / Maximum \$3,500

*Character Limit: 20*

### **Type of Support Requested:\***

If your organization serves primarily LGBTQ people or people who are living with HIV/AIDS or who are at risk of contracting the virus, you are eligible to apply for either general operating support or project support (but not both). All other organizations are required to apply for project support.

#### **Choices**

PROJECT support

GENERAL OPERATING support

Keep the following guidance in mind when completing this application:

- If you are applying for PROJECT support, please answer these questions as they relate to your project.
- If you are applying for GENERAL OPERATING support, please answer these questions as they relate to your whole organization.

### **Geographic Focus\***

Does your project have a statewide focus, or is it being implemented in specific regions? Please check either Statewide or each county your project serves below.

#### **Choices**

Statewide

Addison County

Bennington County

Caledonia County

Chittenden County

Essex County

Franklin County

Grand Isle County

Lamoille County

Orange County

Orleans County

Rutland County

Washington County

Windham County

Windsor County

## Which of the Samara Fund priority areas are addressed by your proposal?\*

Choose all that apply.

### Choices

- LGBTQ youth and allies programs and services
- Rural and underserved areas
- Transgender Vermonters supports and service
- LGBTQ competent health care and HIV/AIDS services
- Anti-bullying programming
- None of the above

## Application Questions

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### Organization Summary:\*

Provide a brief description of your organization's mission, history, and recent accomplishments related to serving LGBTQ people or people living with HIV/AIDS. If you are applying for project support, please answer this question as it relates to your whole organization.

*Character Limit: 1200*

### Tell us a story about your work.\*

Paint a picture or give examples of the value of this project and what it will look like in real life. In other words, be creative and tell us a story that makes it personal. Example responses to this question can be found in our Online Grants FAQ by [clicking here](#).

*Character Limit: 1200*

### Tell us about the specific issues being addressed by your work.\*

*Character Limit: 1200*

### Describe your project.\*

If you are applying for operating support, give us an overview of the work this grant will support.

*Character Limit: 1200*

### Describe the people served by this work.\*

Who will benefit from your work? What populations are you serving? How many people do you expect to work with?

*Character Limit: 1200*

### What are your goals? What do you hope to achieve?\*

*Character Limit: 1200*

### What are your qualifications for doing this project?\*

What kind of training or other activities have you undertaken to prepare your organization to take on this work with LGBTQ communities?

*Character Limit: 1200*

### **Tell us about your relationship(s) with other LGBTQ or HIV/AIDS organizations serving your area:\***

Please be sure to address these specific questions: How do you work together? How long have you been in relationship with them? What role, if any, will they play in supporting your work?

*Note: If the applicant is an LGBTQ or HIV/AIDS organization, please tell us about any relevant collaborations you have with other LGBTQ or HIV/AIDS groups.*

*Character Limit: 1200*

### **What process did you use to determine your goals? Were your constituents part of that process?\***

*Character Limit: 1200*

### **How will you measure success in reaching your project goals?\***

We are interested in understanding both the direct impact and the broader community impact of your work.

*Character Limit: 1200*

### **How are you working to ensure the financial sustainability of your organization/program over time?\***

*Character Limit: 600*

### **Budget Narrative\***

Use this section to provide additional information to help us understand your organizational and/or project budget.

*Character Limit: 600*

### **Did you receive grant support from the Samara Fund in a previous year?\***

#### **Choices**

Yes

No

### **If yes, please list the year(s) and amount(s).**

*Character Limit: 25*

## *Attachments*

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We require all budget attachments to be saved in PDF file format. Sample budget documents can be downloaded from the Community Foundation's [Online Grants Center FAQ](#) webpage. If you have questions about the attachments, please contact 802-388-3355 ext. 222.

### **ORGANIZATIONAL BUDGET (Required for all applicants)\***

Upload a PDF copy of your organizational budget for the most recently completed fiscal year, including a Balance Sheet and Profit/Loss statement.

*File Size Limit: 3 MB*

### **PROJECT BUDGET (Required if applying for project support)**

Attach a PDF copy of your itemized project budget. You should include both expenses and revenue, including pending and secured support.

*File Size Limit: 2 MB*

### **GRANT REPORT (If applicable)**

If you received grant funding from the Samara Fund in recent years and have completed your project, you are required to fill out and submit a final grant report through our online grant system. Your Grant Report Form has been assigned in your online account as a Follow-up form connected to your application and can be accessed from your account dashboard. From the report form, please select the option at the top of the page to create a "Follow-Up Packet" of your final submitted report and upload the pdf here.

*If you are not finished with your project, you must submit an interim report with your application. You may fill out the Follow-up form as much as you are able, save it, then follow the steps above. Please call 802-388-3355 ext. 222 if you have any questions.*

*File Size Limit: 5 MB*

### **BOARD OF DIRECTORS (Required for all applicants)\***

Upload a list of your current Board of Directors. This list should include each board member's town of residence.

*File Size Limit: 1 MB*

### **PHOTOGRAPH (Optional)**

With your grant application, we strongly encourage you to submit a photograph from your organization (e.g. program activities, organization's building, organization's logo) ("Your Photograph"). If you choose to do so, please complete the Photograph License and Release section below. If selected, Your Photograph will be used in conjunction with your application and shared with other potential funders.

*Please attach Your Photograph in a .jpg file that is a minimum of 100KB and a maximum of 2MB.*

*File Size Limit: 2 MB*

### **Photograph License and Release**

If you are attaching a photograph, please indicate your acceptance of the terms below:

*You hereby grant to the Vermont Community Foundation (VCF) an unrestricted license to use and publish Your Photograph in VCF communications material in any and all manner and media. You hereby represent that you have permission to grant these rights (please make sure you*

*have a signed photo release on file for any identifiable subjects in the photograph you submit). You hereby release the VCF and its employees from any and all claims and/or liability related to Your Photograph.*

### Choices

I agree

I do not agree

### PHOTO CAPTION OR CREDIT (Optional)

*Character Limit: 100*

## *Applicant Status*

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### What status best describes the applicant?\*

#### Choices

Registered 501(c)(3) nonprofit

Municipal entity (i.e., town, public school, or other municipal department or agency)

Church or religious group

Other - Please provide details in your answer to the next question.

### If you answered "other", please explain the applicant's status: (If applicable)

For example, if the applicant has a fiscal sponsor -- or if it operates under the umbrella of a larger registered nonprofit -- use this space to provide additional details.

*Character Limit: 100*

### Fiscal Sponsorship (If applicable)

Our grants must be paid to a registered 501(c)(3) nonprofit, church/religious group, or school/town/municipal agency. If your organization or group does not fall into one of these categories, you will need to use a fiscal sponsor. Download a blank **Fiscal Sponsor Agreement form** and forward it to your fiscal sponsor to print, fill out, and sign. If you have questions, please contact 802-388-3355 ext. 222.

**Upload a scanned copy of your signed Fiscal Sponsor Agreement below. You must use the official VCF Fiscal Sponsor Agreement form.**

*File Size Limit: 2 MB*

## *Save and Submit*

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**Please view website for the most current deadline information.**

*By submitting your application to the Vermont Community Foundation, you give us permission to share your application with other potential funders, both individuals and foundations.*

