

# Regional and Local Impact (RALI) 2024

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*Vermont Community Foundation*

## *Organizational Questions Part I*

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### **Please share the mission of the organization.\***

*Character Limit: 500*

### **Issues your organization works to address (words not sentences).\***

Ex. homelessness, food insecurity, carbon emissions, forest fragmentation, childcare, substance misuse.

*Character Limit: 500*

### **What is your organization's annual operating budget?\***

*Character Limit: 20*

### **Did you receive a grant from the Community Foundation in either 2022 or 2023?\***

#### **Choices**

Yes

No

Unsure

### **Financial Statements - Completed Fiscal Year\***

Please upload a copy of your organization's profit/loss statement and balance sheet from its most recently completed fiscal year. Sample documents can be downloaded from the Community Foundation's website - visit our Online Grants Center FAQ for more details.

*File Size Limit: 3 MB*

### **Financial Statements - Current Fiscal Year\***

Upload a copy of your organization's budget to actual, including both revenue and expenses, from its current fiscal year. Sample documents can be downloaded from the Community Foundation's website - visit our Online Grants Center FAQ for more details.

*File Size Limit: 3 MB*

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

Our grants must be paid to a registered 501(c)(3) nonprofit, place of worship/religious group, or town/municipal agency. If your organization or group does not fall into one of these categories, you will need to use a fiscal sponsor. If you have questions, please contact 802-388-3355 opt. 6. We are happy to talk through your options.

#### **Choices**

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

Registered 501(c)(3) nonprofit

Place of worship or religious group

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

### **Use this space to provide additional information about the applicant's status. (If Applicable)**

If you have a fiscal sponsor—or if you operate under the umbrella of a larger registered nonprofit—provide their name below.

*Character Limit: 200*

### **Fiscal Sponsor Agreement Form (If Applicable)**

Download a blank Fiscal Sponsor Agreement Form ([click here to download the form](#)) and forward it to your fiscal sponsor to print, fill out, and sign. The form must be filled out completely and you must use the official VCF form. Please call 802-388-3355 opt. 6 if you have questions.

**Upload the form here.**

*File Size Limit: 3 MB*

### **Which areas of the state does the organization serve?\***

*Choose all that apply.*

#### **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 following strategic focus area(s) aligns best with the work of your organization?\***

*Choose all that apply.*

#### **Choices**

Economic Equity  
Climate & Environment  
Health & Wellbeing  
Education & Training  
Democracy, Trust, & Community Leadership

## Grant Request

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### Project Name\*

Character Limit: 100

### Total Amount Requested\*

Character Limit: 20

**Award amount per year: min \$10,000 / max \$25,000**

### Years of Funding Being Requested\*

Character Limit: 50

**Maximum 2 years may be requested.**

### Project Summary\*

Briefly summarize your project.

Character Limit: 1250

### What's happening in your community that makes this project necessary?\*

Character Limit: 2500

### Who was involved in developing this project? How did you decide on this approach?\*

Provide evidence of community buy-in, interest, and/or engagement for your project.

Character Limit: 2500

### List your project partners and describe how they will contribute to the work.\*

Character Limit: 2500

### Please share an outline of the project workplan.\*

List each activity, estimated start and end dates, and a purpose or expected outcome for each activity.

Character Limit: 3000

### Who will benefit from this work and how?\*

Character Limit: 2500

### Project Budget\*

Attach a copy of your itemized project budget showing both expenses and revenue, with a narrative description for each expense line included in the budget document. *Sample documents can be downloaded from the Community Foundation's website - visit our [Online Grants Center FAQ](#) for more details.*

File Size Limit: 3 MB

## Organizational Questions Part II

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**Which of the following populations does your organization serve? Please check all that apply.\***

### Choices

- Children and youth
- Families
- Older Vermonters (age 65+)
- Small, rural communities
- Low-income or those living in poverty
- Black, Brown, or other People of Color
- Indigenous People
- LGBTQ+
- Women and girls
- People with disabilities or special needs
- No special populations
- Unsure
- Other, describe:

### Other:

*Character Limit: 500*

**Approximately how many people do you serve on a regular basis during the course of a year?\***

*If your service level varies from year to year, you can use an estimate of the number you served in the last year.*

### Choices

- Fewer than 100
- 100-499
- 500-999
- 1,000-4,999
- 5,000-24,999
- 25,000-50,000
- More than 50,000
- Unsure

**How many years has your organization existed?\***

### Choices

- Less than 5 years
- 5-10 years
- 11-20 years
- 21-50 years
- More than 50 years
- Unsure

## How many paid full-time employees or the equivalent does your organization have?\*

### Choices

- no paid employees
- 1-2 full-time employees (or equivalent)
- 3-10 full-time employees (or equivalent)
- 11-20 full-time employees (or equivalent)
- 21-30 full-time employees (or equivalent)
- 31-50 full-time employees (or equivalent)
- 51-100 full-time employees (or equivalent)
- More than 100 full-time employees (or equivalent)
- Unsure

## What are the demographics of your organization's leadership? Please check all that apply.\*

### Choices

- BIPOC led organization (Executive or Assistant Director, CEO, etc.)
- BIPOC members on the Board of Directors
- LGBTQ+ led organization (Executive or Assistant Director, CEO, etc.)
- LGBTQ+ members on the Board of Directors
- Women led (Executive or Assistant Director, CEO, etc.)
- Members of the Board of Directors are women
- People with disabilities lead the organization (Executive or Assistant Director, CEO, etc.)
- People with disabilities are members of the Board of Directors
- None of the above
- Unknown or prefer not to say
- Other, describe:

### Other:

*Character Limit: 500*

## Save and Submit

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***Applications are accepted and reviewed on a rolling basis.***

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