

The Educational and Charitable Foundation of LKO



"Strengthening community by supporting children's education, women's and public health issues."

Directors

Tiffany P. Smith
President

Vacant
Vice President

Monica Lewis
Secretary

Sandra Graham
Treasurer

Charlette Watkins
Financial Secretary

Katina Robinson
Wright
*Director (Financial
Compliance)*

Sharolyn Paschal
*Director (Fund
Raising)*

Leondra Burchall
*Director (Community
Outreach/Research)*

Adrienne Rhone
*Director (Resource
Development)*

Karen Washington
Ex Officio
President, AKA/LKO

Kimberly Highsmith
Ex Officio
*Vice President,
AKA/LKO*

Community Outreach Grants

Our aim is to stimulate the development of community-driven projects which effectively address local concerns, increase opportunities for positive community involvement, develop community leadership and organizational expertise, and enable community groups in Northern Virginia to take part in the well-being, safety and overall quality of life of community members. Non-profit organizations in Northern Virginia can apply for **Community Outreach Grants** to address children's, women's health or public health issues.

Community Outreach Grant applications are available online at www.ecf-lko.org.

Application Instructions (To be used in conjunction with Application and Budget Form)

1. Contact Information: Provide your organization/group name, address and phone. Provide contact person information.
2. Date your organization was founded.
3. Organization Type: Select one from the list that best describes your group.
4. Active affiliation: Include how many people in your group regularly attend meetings and help conduct group activities.
5. Mission Statement: a brief description of the organization's fundamental purpose.
6. Assessment: is there an internal method of determining the community's need?
7. Project issue: Select one from the following list that best describes what type of project/activity/event you will use the grant funds for: Communications, Community event, Community planning, Education, Health issues/counseling, Leadership development, Technology.
8. Name by which project will be identified.
9. Project summary: Briefly summarize your project/activity/event.
10. Briefly describe 1-2 issue(s) or challenge(s) of major concern your group will address.
11. Briefly describe the goal(s) you are hoping to achieve with your project/activity/event (for example, increase ovarian cancer awareness, provide positive alternatives for youth, etc.).
12. Briefly describe how you will achieve this goal including what type of community involvement you will have with your project (for example, seniors serving as tutors).

13. Scope of project: One time event, Daily, Weekly, Monthly, or Other – describe.
14. Timeline: When will this activity/project/event take place – give specific dates.
15. Who will work on this project/activity: Please provide the contact information of at least two others who, in addition to yourself, are mainly responsible for planning and carrying out this project or activity. Please provide proper names, address, and home phone numbers as they may be contacted by the review panel for verification purposes.
16. Outline specific details of your project: Include the task, who will complete it and by when.
17. Partnerships: List the contact information of those groups or organizations involved in your project. Include both those with whom you are currently working or with whom you plan to work. Groups should include letters of support from community partners whose cooperation or involvement is necessary to the project's success. In addition, letters of commitment from agencies or schools should be included when appropriate.
18. Briefly describe how you will evaluate success. Include who from your group will be responsible for providing information that may determine the success of your proposed project and activities.
19. Fiscal Agent: an Internal Revenue Service determined nonprofit 501(c)(3) assuming administrative, financial, and legal responsibility for the project.

Project Budget/Income Sources:

20. Grant request: The Educational and Charitable Foundation **Community Outreach** funds are considered a contribution. Please fill in the amount you are requesting.
21. Other Cash Sources: Please provide a complete list of funds received outside of **Community Outreach** funds that are towards this effort (grants, corporate support, endowments, dues, government grants or appropriations, sales).
22. In-Kind Sources: (If necessary, please use additional sheets) Provide a complete list of businesses, individuals, churches, schools, etc. which are donating items, volunteer time, or services towards this effort.

Project Costs:

23. Materials/Supplies: Describe what types of supplies you will need for your project/activity/event. Supplies can include but are not limited to: office supplies, paper products etc. Materials/supplies will vary depending on the type of project/activity/event you will be conducting.
24. Equipment: These requests will be considered only if the equipment is critical to achieving the goals of the project AND the applicants have determined that no resident or local institution would be willing to contribute the item(s) or use of the item(s) for free.
25. Fees/Permits: Space rental, activity permits etc.
26. Printing: Fliers, copies, postage etc.
27. Other: all items which are not included in the above categories.

Assistance in completing your application is available by contacting Leondra Burchall, Director of Community Outreach & Research, at dcor@ecf-lko.org

Community Outreach Grants

Select One:

\$2500.00-funds first-of-a kind technologies and programs in Northern Virginia that render support services for breast or ovarian cancer patients and their families

\$1500.00-gives seed funding for new, innovative programs to drive educational achievement and increase the percentage of disadvantaged students who excel in mathematics, the biological, physical sciences, or technology. Focus is on student results as demonstrated by admittance to highly rated schools (i.e. TJ), IBE or Honors programs. This grant can be renewed, based upon documented student achievement.

\$1000-funds bridge programs for economically disadvantaged or at risk youth in Northern Virginia

1. Name of Organization/Group: _____

Mailing Address: _____ Zip Code: _____

Contact Person: _____ Phone 1: _____ Phone 2: _____

2. Date Founded: _____

3. Organization Type:

Neighborhood association/center Community-based organization

Faith-based group Youth organization

School-affiliated group Other

4. Number of people actively affiliated: _____

5. Mission statement:

6. Do you have a way for the community to tell the organization what is important to them?

Yes No

If yes, how: _____

7. What issue does your project address: _____

8. Title of Project: _____

9. Briefly give a summary describing the project for which you are requesting funding.

(Do not exceed the space below)

10. Briefly describe 1-2 issue(s) or challenge(s) of major concern to your neighborhood group.	11. What does the group want to change about this issue or challenge?	12. Strategy (How does the group intend to address this issue or challenge?) including what community asset/resource your group will use to address this issue?

13. Proposed project/event length? _____

14. When will this project/event take place? _____

15. Who will work on this project or activity?

16. Use the following to help outline the specific details of your project.

<i>Task?</i>	<i>Who will do it?</i>	<i>By when?</i>	<i>Resources needed?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. What other groups or organizations will be involved in your project?

Organization Name	Contact Person	Address	Phone

18. How will you know that your proposed project and activities are successful?

19. Fiscal Agent Information:

Does your organization have a 501(c)(3) designation (tax exempt according to the IRS)?

- Yes **(If yes, IRS Letter of Determination must be included)**
 No **(If no, who will be responsible for handling the money (fiscal agent) if this application is successful?)**

Organization who will serve as your fiscal agent (if applicable): _____

Contact person name: _____ Title: _____

Address: _____ Zip code: _____

Phone: _____ Email: _____

Fiscal agent's organizational purpose: _____

A letter on the fiscal agent's letterhead documenting their agreement to assume that role AND the fiscal agent's IRS Letter of Determination must be included.

PROJECT BUDGET

Section A: Income	Amount
20. Community Outreach Grant Requested	\$

21. Other Cash Source (specify):	\$
Other Cash Source (specify):	\$
Other Cash Source (specify):	\$

Section B: In-Kind Sources	Value
22.	\$
	\$
	\$
	\$
Total In-kind	\$

Section C: Project Costs:	Community Outreach Grant	Other Cash Sources	Total
23. Materials/Supplies			
24. Equipment			
25. Fees/Permits			
26. Printing			
27. Other (specify):			
Other (specify):			
Other (specify):			
Other (specify):			
TOTAL COSTS	\$	\$	\$

Grant Requirements

Please submit this page with your completed application.

If funded, we understand that our group/organization must meet the following requirements:

- I/We certify that, to the best of my/our knowledge, the information submitted in our online application is accurate and complete.
- I/We give ECF permission to release our name(s) and any affiliated organization's name(s) for promotional purposes.
- Our group will notify the ECF Director of Community Outreach and Research of any change in leadership or contact information.
- Our group will inform the ECF Director of Community Outreach and Research of upcoming events throughout the year.
- Our group will cooperate with evaluation requests.
- Our group will complete the project by the date stated in the application.
- This application has been discussed and approved by the decision-making body of the group and all information is accurate.

Required Signatures:

Executive Director Signature: _____

Printed Name: _____

Phone Number: _____ Email: _____

Address: _____

Project Director Signature: _____

Printed Name: _____

Phone Number: _____ Email: _____

Address: _____

Checklist

Please complete this checklist and keep with your records

- Application and Budget Form is complete.
- If you have documentation of a matching donation, a copy is included.
- If you have letters of support from cooperating organizations, copies are included.
- 501(c)(3) designation, IRS Letter of Determination is included.
- If group does not have 501(c)(3) designation:
 - The Letter of Determination of the fiscal agent is included along with a letter on the fiscal agent's letterhead assuming that role is included.
- A copy of this application has been made for your own records.

Applications must be submitted electronically to:

dcor@ecf-lko.org

Subject: Community Outreach Grant

Or

Fax: 703-890-2667

Attn: Community Outreach Grant

NO EXCEPTIONS