

Sample 2027 Impact100 Newport County Grant Application

Submission Name (required)

Limit: 300 characters

The submission name may include elements of the Organization Name and Project Name.

Organization Name (required)

IRS Name as listed on the 501(c)(3) letter.

Project Name (required)

Best Contact (required)

First Name (required)

Last Name (required)

Please specify who in the organization should be contacted if questions arise regarding this submission.

Best Contact's Role in the Organization

Phone # of Best Contact (required)



Email of Best Contact (required)

Rate the applicability of each Focus Area for this application: 1 most applicable, 5 least applicable (required)

Arts, Culture and Historic Preservation	1	
Environment, Recreation and Animal Welfareo	2	
Health and Wellness	3	
Education	4	
Family	5	

[+Add Option](#) [Upload a List](#) [?](#)

Additional Instructions for Submitter (optional)

B *I* U

Move the numbers up or down to match the applicability of each Focus Area to your Project, 1 being the most applicable choice and 5 being the least applicable.

Will the project be shared with a collaborating organization? (required)

- ☐ Yes
- ☐ No

Click below for an application for each collaborating organization (required)

- ☐ Collaborator 1
- ☐ Collaborator 2
- ☐ Collaborator 3

Collaborator 1

Collaborator 2

Collaborator 3

Employer Identification Number (required)

Organization's Address (required)

Country (required)

Select...

▼

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

Organization's Main Phone Number (required)

▼

Organization's Main Phone Number (required)

▼

Organization's Website (required)

Grant Preparer's Name (required)

First Name (required)

Last Name (required)

Grant Preparer's Title

Grant Preparer's Email (required)

Grant Preparer's Phone Number (required)



CEO/Executive Director's Name (required)

First Name (required)

Last Name (required)

CEO/Executive Director's Email (required)

CEO/Executive Director's Phone Number (required)



Organization Budget Overview: Annual Organization Budget (current year) (required)

\$

USD

Organization Budget Overview: Endowment Size (if applicable)

\$

USD

Organization Budget Overview: Major Funding Sources (required)

Please list.

Total Project Budget (required)

\$

USD

Include any in-kind or matching funding.

Proposed Project Period (required)

☐

1 year

☐

2 years

☐

3 years

Brief description of the population served by this project. (required)

Project Executive Summary (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf

The Executive Summary should be a 1 page snapshot of your organization with emphasis on your proposed project.

Organizational Summary (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf

The organizational summary should include, with headers for each section:

1. A summary of the organization's history
2. The organization's vision/mission
3. A brief description of current programs/projects and activities
4. A description of the organization's constituency and location

Statement of Need (required)

The statement of need should include:

1. A statement of community need the proposed project is attempting to meet.
2. Evidence of that need and how it aligns with one or more of the Impact100 Newport County Focus Areas.

Project Description (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf

The project description should include:

1. Project Objectives
2. Explanation of whether the project proposed is a new, expanded or modified project. If new, explain why the new project is necessary and how it avoids duplicating other existing programs/services in our community and, if expanded or modified, how it increases your organizational reach.
3. How will this project accomplish TRANSFORMATIONAL change? Transformation may come through a new program, an expansion of service, or an innovative solution that shifts how an issue is addressed. It is not about incremental change. It is about creating a clear "before and after" impact that can be seen and felt across the community.
4. The impact of this project on the Newport County community. Include at least: (a) Projections of the Quantitative Benefits of the population served (measurable) - see section for full Evaluation Plan below; and (b) Projections of the Qualitative Benefits of the population served (cannot easily be measured).
5. Why your organization is especially qualified and appropriate to address this need or benefit, including information on project staffing and community partners (if applicable).
6. The geographic areas served within Newport County. If you intend to provide services outside of Newport County, please describe the services provided.
7. How you will ensure participant safety and privacy (if applicable to your program).
8. A detailed timeline of specific, grant-funded actions and/or milestones required to accomplish the project objectives.

Photographic Supplement

Choose File

Select up to 5 files to attach. No files have been attached yet. You may add 5 more files.

Acceptable file types: .pdf, .jpg, .jpeg

If you wish to illustrate your project description with photographs, you may upload up to five jpg or pdf files.

Evaluation Plan (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf

Limit: 250 words

Describe your project evaluation plan including:

1. How will you evaluate the implementation of the project, including tracking activities and expenditures towards project goals and lessons learned?
2. How will you measure the outcomes of the project, including at a minimum, the increase in population served/benefits achieved as a result of the project?
3. How will you involve those your project serves/benefits in the assessment (e.g. surveys or pre-tests/post-tests)?

Sustainability Plan (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf

Limit 100 words

Describe your sustainability plan:

1. What will you accomplish by maintaining your programs or services impacted by this project beyond the grant period? Will you fill a gap in services?
2. How many and what kinds of resources, skillsets, or otherwise, do you need to sustain this project?
3. What existing assets does your organization currently have that you can leverage during and after the grant project?

Experience, Personnel and Capacity (required)

Describe your organization's ability to achieve the outcomes(s) of your program/project:

1. How does your project link to your organization's vision, mission and experience?
2. What qualified personnel do you have to create, implement, manage and deliver on the project?
3. How does your organization have the capacity to appropriately manage the grant funding and requirements?

Proposed Project Budget (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf, .xls

The budget document should show specific line items with costs and estimated dates the grant funds will be spent during the grant period.

Project Funding Plans (Budget and Budget Justification) (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf

Describe your funding plans for the project:

1. If your project is part of a larger project, our Impact100 grant would be what percentage of the total project?
2. Are the budget costs reasonable for the project design? Include any quotes you may have obtained for outside vendors, suppliers, etc. to support costs of this project.
3. Please provide funding details. What other funding have you sought for this project? What are the results of other requested funding (e.g. from whom have you already received funding and have you secured all the funding you need to complete the project)? Whom have you requested funding from that may not be secured yet?
4. If you are not funded through the Impact100 Newport County grant, what other options for funding do you have?
5. If you are not totally funded will you implement any part of this project? If so, please describe.
6. Do you have evidence the organization has sufficient financial and human or physical resources to support the completion of the project?
7. Please describe how the grant monies will need to be distributed over the course of the project implementation (e.g. after 3-6 months for a one-year project and after 6-12 months for a two-year project)?

Financial Attachments (required)

Choose File

Select up to 15 files to attach. No files have been attached yet. You may add 15 more files.

Acceptable file types: .doc, .pdf

Provide Financial Statements and Tax Returns for at least the past two, preferably three, fiscal years:

- Statement of Financial Position (Balance Sheet)
- Statement of Activities (Profit and Loss)
- IRS Form 990 (if required)

Since last fiscal year-end, Interim Statement of Financial Position and Statement of Activities

IRS Letter of Determination 501(c)(3) (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf

Submit a copy of your IRS letter of determination 501(c)(3)

Annual Report (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf, .jpg, .jpeg, .png, .ppt

Submit a copy of your most recent annual report. If you do not have an annual report you can substitute an organizational brochure, program curriculum or sample newsletter.

Board Members (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf, .xls

Staff Members

Choose File

Select up to 4 files to attach. No files have been attached yet. You may add 4 more files.

Acceptable file types: .doc, .pdf, .xls

Submit a list of key staff members and qualifications and an organizational chart.

Has your organization been involved in litigation in the past 12 months? (required)

- ☐ Yes
- ☐ No

Is your organization controlled by a regulatory agency? (required)

- ☐ Yes
- ☐ No

Does your organization serve youth or other at-risk or high-need populations? (required)

- ☐ Yes
- ☐ No

Insurance Certificate Upload (required)

Choose File

Select up to 3 files to attach. No files have been attached yet. You may add 3 more files.

Acceptable file types: .pdf

Additional Information Only If Requested by Impact100 Newport County

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .pdf