



# 2025 Suffolk Foundation EZ Grant Application

**PROGRAM DEADLINE: October 15, 2025 at 11:59 PM(Midnight)**

## DESCRIPTION

This application is for organizations applying to the Community Action Coalition of Virginia (CACOV) and other donor-advised funds (and similar) within the Suffolk Foundation.

## REQUIREMENTS

Click on the green "apply" button below to start your application. You can also click on the blue "preview" link to get a sneak peak at the application before starting. However, please note that the "preview" will show you all possible questions in the application, when in reality, several questions (particularly on the "prior year grants" page) only appear if you are a past grantee.

**IMPORTANT NOTE:** If you did not apply last year, you'll need to create a new account in our system. This allows you to save your application as you go, come back to it later to continue working, and use it next year if you decide to apply again. When you create your account, **we strongly advise that you create a general account for your organization**, using your organization's name for the first and last names, and a general organization email address (e.g., admin@yourorganization.org), as opposed to an individual person's email address. This will better allow other people in your organization to access the application, now and later.

If your organization did apply for a grant last year, we recommend you log into the system using your account from last year. This will save you time by allowing you to use the nonprofit profile that was created last year. This will also allow you to review last year's application (by clicking the "My Applications" link on the top right corner of the page after you log in).

[Preview](#)

Apply

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## DESCRIPTION

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#### Organization Profile

##### Organization Information

Organization Name \*

Employer Identification Number (EIN) \*

IRS 501(c)(3) Determination Letter \*

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Maximum File Size: 10MB , Accepted file types: .pdf

No file attached

Mailing Address: Line 1 \*

Mailing Address: Line 2

**Mailing Address: City \***

**Mailing Address: State \***

**Mailing Address: ZIP Code \***

**Phone Number \***

 -  - 

**Website Address**

## CEO Information

**Name of CEO or Executive Director \***

**Email Address for CEO or Executive Director \***

**Phone Number for CEO or Executive Director \***

 -  - 

## Grant Contact Information

**Name and Title of Contact Person for this Grant \***

**Email Address of Contact Person for this Grant \***

**Phone Number for Contact Person for this Grant \***

 -  - 

### **Organization Overview**

**Please provide a brief description of your organization, including your mission statement, the needs you address, the population you serve, your programs, and your personnel resources (staff and volunteer). \***

SAMPLE APPLICATION - FOR PREVIEW ONLY

Is your organization headquartered in Suffolk, Franklin, Southampton County, or Isle of Wight County? \*

- ☐ Yes
- ☐ No
- ☐ It's complicated

Please describe your organization's physical presence in Suffolk, Franklin, Southampton County, and/or Isle of Wight County. Do you have an office or facility in the area, or programs that operate in the area? Also, do you have board members from the area? \*

## 2. Prior Year Grants

Did your organization receive a Community Impact Grant and/or a Community Action Coalition of Virginia (CACOV) Grant from the Suffolk Foundation last year? \*

- ☐ Yes
- ☐ No
- ☐ I'm not sure

What was the amount of the Community Impact Grant? \*

\$

What was the amount of the Community Action Coalition of Virginia (CACOV) Grant? \*

\$

What was the purpose of the grant(s) you received? \*

## Short Grant Report

Briefly, please give us an update on your organization and your main programs over the past 12 months. If your grant(s) last year were for a specific project, please highlight that project. \*



## Grant Report

Please restate the overarching goals presented in your application last year, and discuss how you made progress toward those intended outcomes. What were you able to accomplish with the help of the Community Impact and/or CACOV grants you received? What was the targeted population, and how did they benefit from this project? \*

**Did you encounter any internal or external challenges in connection with your project? Was your program implemented as planned? If not, please explain any deviations from the original proposal. \***


**Were all of your grant funds expended as planned? Are there any grant funds remaining? If the grant funds were part of a larger campaign, please provide a status report on the campaign. \***

**Please share a story that you think best represents the impact of last year's grant(s), including client testimonials, if appropriate. \***

### Grant Photos

**Please upload 1-3 photographs that we can use to promote your organization to the donors of the Suffolk Foundation. This can be photography of your activities, your facility, your team, and/or your beneficiaries-anything that tells the story of your mission. We may include these photographs in a slideshow at our Fall Forum, on our website, on our Facebook page, and/or in our annual report.**

#### Photograph 1

 Select File

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[.https://app.smarterselect.com/storage-view//](https://app.smarterselect.com/storage-view//)

Maximum File Size: 10MB , Accepted file types: .jpg, .gif, .tiff, .bmp, .jpeg, .tif

No file attached

#### Photograph 1: Permission Confirmation

***Do you have the photographer's permission to share the photo with us for the Suffolk Foundation's use, along with permissions from all persons pictured in the photo?***

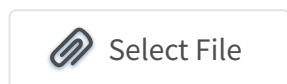
- ☐ Yes  
☐ No  
☐ I'm not sure

#### Photograph 1: Caption

***Please provide a caption for this photograph, including what it depicts, and how we should credit the photograph (e.g., photographer's name).***



#### Photograph 2



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<https://app.smarterselect.com/storage-view//>

Maximum File Size: 10MB , Accepted file types: .jpg, .gif, .tiff, .bmp, .jpeg, .tif

No file attached

#### Photograph 2: Permission Confirmation

***Do you have the photographer's permission to share the photo with us for the Suffolk Foundation's use, along with permissions from all persons pictured in the photo?***

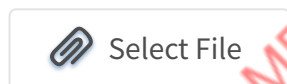
- ☐ Yes  
☐ No  
☐ I'm not sure

#### Photograph 2: Caption

***Please provide a caption for this photograph, including what it depicts, and how we should credit the photograph (e.g., photographer's name).***



#### Photograph 3



<https://app.smarterselect.com/storage-view//>  
<https://app.smarterselect.com/storage-view//>

Maximum File Size: 10MB , Accepted file types: .jpg, .gif, .tiff, .bmp, .jpeg, .tif

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#### Photograph 3: Permission Confirmation

***Do you have the photographer's permission to share the photo with us for the Suffolk Foundation's use, along with permissions from all persons pictured in the photo?***

- ☐ Yes  
☐ No  
☐ I'm not sure

#### Photograph 3: Caption

***Please provide a caption for this photograph, including what it depicts, and how we should credit the***

*photograph (e.g., photographer's name).*



### 3. 2025 Grant Request

#### Project Summary

##### Brief Project Summary

*What would this grant allow your organization to do? Please be very brief, 1-3 sentences. \**



Max Number of Words: 50

##### Request Amount \*

\$

##### Total Project Budget \*

\$

#### Project Description

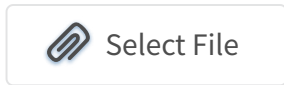
Please tell us more about the project or purpose for which you are seeking funds. What are the needs you are addressing, and what is the population you are aiming to serve? What are your goals, objectives, activities, and timeline? Describe any partnerships involved. Finally, how will you define and evaluate your success? \*

SAMPLE APPLICATION - FOR PREVIEW ONLY

**Number of Suffolk and/or Western Tidewater Residents to be Served by this Program**

**Total Number of Individuals to be Served by this Program**

#### Most Recent 990 \*



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#### Project Budget



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#### Project Budget Narrative

***Please describe how this grant funding would be used. You may also use this space to provide any additional explanation, if needed, of other line items from your project budget that may need clarification.***

## 4. Signature

**Do you certify that the executive director or CEO has approved the submittal of this grant request, and that all information provided is accurate to the best of your knowledge. If so, please enter your name below. \***

**When you are ready to complete your application, press the green "submit" button below. But before you do, we highly recommend you print and/or save your application as a PDF for your records. Please note that you will not be able to view or print your application during our review period (October 16 through mid-December).**