



2025 Suffolk Foundation Grant Application

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

DESCRIPTION

The Suffolk Foundation's Community Impact Grants Program supports nonprofit, charitable organizations working to benefit Suffolk and Western Tidewater. We fund a broad range of local projects, including (but not limited to) health, education, arts and culture, historical programs, human needs and services, environmental and animal welfare, and youth and senior programs.

Please note that this application also serves as the application form for the Community Action Coalition of Virginia (CACOV) Grants Program. All applications submitted through this form will be reviewed by both the Suffolk Foundation board for our Community Impact Grants, as well as by the CACOV committee for CACOV Grants.

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



Mailing Address: Line 1 *



X

2025 Suffolk Foundation Grant Application

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

DESCRIPTION

The Suffolk Foundation's Community Impact Grants Program supports nonprofit, charitable organizations working to benefit Suffolk and Western Tidewater. We fund a broad range of local projects, including (but not limited to) health, education, arts and culture, historical programs, human needs and services, environmental and animal welfare, and youth and senior programs.

2025 Suffolk Foundation Grant Application

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

Organization Pro	ofile
Organization Inform	nation
	RIELE
Employer Identification	on Number (EIN) *
IRS 501(c)(3) Determin	nation Letter *
Select File	(https://app.smarterselect.com/storage-view//) (https://app.smarterselect.com/storage-view//)
Maximum File Size: 10MB	, Accepted file types: .pdf
No file attached	

Mailing Address: Line 2	
Mailing Address: City *	
Mailing Address: State * Select one	MIX
Mailing Address: ZIP Code *	EVIEWONLY
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 Inforn	nation			
Name and Title of Cont	tact Person for this (Grant *		
Email Address of Conta	act Barcan for this G	rant *		
Email Address of Conta	et reison for this of	iant		
Phone Number for Con	tact Person for this	Grant *		
_		_	1	
			MENONIX	
			N	
			THE STATE OF THE S	
Organization Overvi				
			r mission statement, the nee el resources (staff and volun	
au ar coo, are population	, ou se. 12, , ou. p.	, , , , , , , , , , , , , , , , , , , ,		
		X		
		7		
		10/		
	<u></u>	87.		
	RX			
	4X			
	3/			
CAN				
2	PLEAPPLIC			

Is your organization headquartered in Suffolk, Franklin, Southampton County, or Isle of Wight County? *
& PRLICA.
Is your organization headquartered in Suffolk, Franklin, Southampton County, or Isle of Wight County? * Yes
O No O 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? *
Also, do you nave 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? *
O Yes
O No
O I'm not sure
What was the amount of the Community Impact Grant? *
\$ ENON
What was the amount of the Community Action Coalition of Virginia (CACOV) Grant? *
\$ OR PRE
What was the purpose of the grant(s) you received? *
TION .
Short Grant Report
Briefly, please give us an update on your organization and your main programs over the past 12 months. If

FOR PREVIEW ONLY

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? *





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



(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?

O Yes

O 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



(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 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?
YesNoI'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
Select File (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 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

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 *	
\$	OLZI.
	N
	VIE

Project Description

Project Summary

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? *



Number of Suffolk and/or Wes	tern Tidewater Residents to be Served by this Program *
	J
Total Number of Individuals to	be Served by this Program *

Project Budget

Project Budget *



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

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

No file attached

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. *

lo

Has your organization lost any federal grant funding (directly or indirectly) this year? If so, please describe the grant that was lost, the project that had been funded by that grant, and how/whether your organization will be able to adapt to the change. *

SAMPLE ARPHICAN

4. Attachments

Current Balance Sheet *



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

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

No file attached

Current Operating Budget *



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

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

No file attached

Most Recent Revenue and Expense Statement *



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

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

No file attached

Most Recent 990 *



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

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

No file attached

Board & Staff Listing

Please provide the names, affiliations, and city/county of residence of your current directors and/or trustees, along with the names and titles of your leadership staff, especially the staff who will be working on the project for this grant.*



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

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

No file attached

Other Attachments: 1

OPTIONAL: If you have other documents you'd like to attach to supplement your proposal, you may do so here. This could include a brochure, case statement, or letter of support from a partner organization.



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

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

No file attached

Other Attachments: 2

OPTIONAL: If you have other documents you'd like to attach to supplement your proposal, you may do so here. This could include a brochure, case statement, or letter of support from a partner organization.



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

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

No file attached

Other Attachments: 3

OPTIONAL: If you have other documents you'd like to attach to supplement your proposal, you may do so here. This could include a brochure, case statement, or letter of support from a partner organization.



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

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

No file attached

5. Signature

EAPPLICATION 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).