Bedford and Lincoln Counties
Application Requirements

Instructions

All narrative responses and attachments should be submitted via Jotform at https://form.jotform.com/240736331599160 by 11:59 pm on April 26.

- Section 1: Agency Information
  - Agency Contact Information
  - Up-to-date Giving Matters profile
    - **OR**
  - The following attachments uploaded to Jotform:
    - 501c(3) verification
    - Annual Audit
    - 990 Form
    - State Charitable Solicitation Letter
    - List of Board of Directors members
  - Updated 211 profile
  - Agency Mission Statement
  - Choose funding category: Education, Income, or Health

- Section 2: Program Information and Description
  - Title of Proposal
  - Please provide a brief description of the program or services provided in Bedford and/or Lincoln Counties. (50 word max)
  - Provide a detailed description of the program. What are the program activities? What is the plan for implementation or continuation? Include description of program capacity, intensity, and duration of services. (250 word max)
  - What are the eligibility requirements (if any) for your services? (100 word max)
  - Are there procedures in place for measuring the results achieved by your agency/program? If so, describe the methods utilized. (250 word max)
  - Has your agency used evaluations to improve its program? If so, explain the process and improvements. (250 word max)
  - How many volunteers serve in your organization? Describe in what capacities they serve and your average volunteer hours for the year. (100 word max)
  - Do you currently have, or have had in the past year, a waiting list for the services of your program? Please explain. (100 word max)
  - What other agency in this county provides a similar service/program? (100 word max)

- o If fees are charged for services supplied by your program, what provisions are made for clients who are unable to pay full fees? (100 word max)
- o Please provide a success story of a client from this program or agency. Please note that this information may be used in public mediums and print materials, so please change any names or identifying information. (250 word max)

- Section 3: Budget & Demographic Information
  - o Amount Requested
  - o What percent of your local program budget is your allocation request?
  - o Completed Program Budget Template uploaded to Jotform
  - o Based on the proposed budget, please explain specifically how the requested amount would be spent. (250 word max)
  - o If you receive less money than requested, what impact would this have on the program and the individuals served? (100 word max)
  - o How many individuals will this program serve?
  - o Completed Demographics Template uploaded to Jotform

- Final Agreements and Submission
  - o Does your agency acknowledge and align with the Diversity, Equity, and Inclusion statement?
  - o Completed Patriot Act Form uploaded to Jotform
  - o Completed Partnership Agreement uploaded to Jotform