The FY 2026 Application period is **Noon, Monday, 12/9/24** through **Noon, Thursday, 1/30/25**.

Included below are the questions from the online application. Fill out the answers using this worksheet and then paste them into the online form.

**Here are resources that will help you complete the application:**

**RESOURCES**  
  
[BUDGET WORKSHEET](https://roanokearts.org/wp-content/uploads/2024/12/Budget-Worksheet-Human-Services-Template.xlsx) (XLSX)

[HOW-TO-APPLY VIDEO](https://youtu.be/ZoAAmZWTD7I) (YouTube)

[REPRESENTATIONS & AGREEMENT FORM](https://roanokearts.org/wp-content/uploads/2024/12/HS-Representations-and-Agreement.pdf) (PDF)

[PRINCIPLES OF TRAUMA INFORMED CARE](https://stacks.cdc.gov/view/cdc/56843) (Website)

[HUMAN SERVICES IN THE CITY COUNCIL STRATEGIC PLAN](https://roanokearts.org/wp-content/uploads/2024/12/Human-Services-Council-Strategic-Plan.pdf) (PDF)

[EMAIL FOR SUPPORT](https://roanokearts.org/need-assistance-2/)

**PART ONE: ORGANIZATIONAL INFORMATION**

**1. Email**

Enter Email

Confirm Email

**2. Organization Name (Required)**

**3. Address (Required)**

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

**4. Phone (Required)**

**5. Website (Required)**

**6. Executive Director Name (Required)**

First

Last

**7. Application Preparer Name (Required)**

First

Last

**8. Mission (Required)**

**9. Vision (Required)**

**10. Please list additional links that would be helpful in better understanding your organization and its mission.**

**Link 1:**

**Link 2:**

**Link 3:**

**ORGANIZATIONAL GOVERNANCE INFORMATION**

**11. Are board members directly involved in formulating the organization's budget? (Required)**

 Yes

 No

**12. Are board members responsible for its final approval? (Required)**

 Yes

 No

**13. It is required that board members contribute financially to your organization. Did 100% of the board members contribute financially to the organization last year? (Required)**

 Yes

 No

**14. When was your most recent strategic planning process? (Required)**

**15. Please list three priority goals established during your most recent strategic planning process and in a sentence each, describe progress made toward them.(Required)**

**16. Board attendance: Please complete the following table with the number of board members in attendance at each board meeting.**

Total number of board members (Required)

January

February

March

April

May

June

July

August

September

October

November

December

**BOARD AND STAFF DIVERSITY**

**17. Briefly describe the organization's efforts to ensure diverse staff and board leadership. Please include any efforts you make to increase representation of your board and staff to ensure the best possible services to Roanoke's diverse population. (Required)**

**18. Board Diversity**

Please include the count of board members in each ethnic or racial category.

**Total Number of Board Members (Required)**

Black / African American

Asian

Hispanic / Latino / Latina

Native American

White / Caucasian

Other

**19. Board Diversity 2**

Please include the count of board members in each gender category

Total Number of Board Members (Required)

Male

Female

Nonbinary

Other

**20. Board Diversity 3**

Please include the count of board members in each age category.

Total Number of Board Members (Required)

Ages 14 - 17

Ages 18 - 29

Ages 30 - 49

Ages 50 - 69

Ages 70 +

**21. Staff Diversity**

Please include the count of staff members in each ethnic or racial category.

Total Number of Staff Members (Required)

Black / African American

Asian

Hispanic / Latino / Latina

Native American

White / Caucasian

Other

**22. Staff Diversity 2**

Please include the count of staff members in each gender category.

Total Number of Staff Members (Required)

Male

Female

Nonbinary

Other

**23. Staff Diversity 3**

Please include the count of staff members in each age category.

Total Number of Staff Members (Required)

Ages 14 - 17

Ages 18 - 29

Ages 30 - 49

Ages 50 - 69

Ages 70 +

**ORGANIZATIONAL FINANCIAL OVERVIEW**

**24. Do you have an endowment? (Required)**

 Yes

 No

**25. If yes, what is the size of the endowment as of December 31, 2024?**

**26. Current Fiscal Year (beginning and end dates) (Required)**

**27. Total amount of current operating budget (Required)**

**28. What is the amount of your current cash reserves? (Required)**

**29. Within the last five years, has the organization ended two or more fiscal years with an operating deficit? (Required)**

 No

 Yes

**30. Please briefly explain the circumstances of the operating deficit.**

**31. Total volunteer hours accumulated in the last full fiscal year. (Required)**

**32. Total volunteer value accumulated in the last full fiscal year (at $33.49 / hour)(Required)**

**33. Revenue Breakdown**

Please include the percentages for the following budget revenue categories for the last fiscal year.

Contributions / Donations

Earned Income

Grants

Unearned Income (Interest and Endowment Proceeds)

**Organizational Attachments**

* **Certificate of Liability Insurance**
* **Most recent financial audit or signed financial documents**
* **Most recent IRS 990**
* **Signed and notarized representations and agreements**
* **VDACS Confirmation Letter**
* **Board of directors list with contact information**

**PART TWO: PROGRAM INFORMATION**

Tell us about the specific proposed program for which you are seeking funding.

**Logistics**

**34. Name of program to be implemented. (Required)**

**35. Where will the proposed program be implemented? (Required)**

**36. Who will benefit from the program? Please include demographic information and the expected number of participants. (Required)**

**Program Overview**

**37. Describe the program for which you are seeking funding. (Required)**

**38. What need does this program meet in the city of Roanoke? (Include data to describe the need for the population you intend to serve.) (Required)**

**39. How will your program meet the identified need from question 38?(Required)**

**40. How does this program align with the“Path to Results” as stated in the Human Services section of the City Council’s Strategic Plan? (Required)**

<https://roanokearts.org/wp-content/uploads/2024/12/Human-Services-Council-Strategic-Plan.pdf>

**Outcome Measures**

**41. How do you define the success of this program? (Required)**

**42. What measurable outcomes are you tracking? What is your rationale for using these specific measures? (Required)**

**43. How well has your organization succeeded in meeting your designated outcome goals in the past three years? (Please provide specific examples or data to support your claims. If this is a new program, describe outcomes and success of other implemented programs.) (Required)**

**Innovation & Collaboration**

**44. How has your organization innovated or adapted to increase its impact in the past 3 years? (Please provide specific strategies or approaches.) (Required)**

**45. List up to five organizations or entities you will collaborate with for this program and describe how each improves program effectiveness. (Required)**

**Organizational Capacity to Complete the Program**

**46. Describe your organization's relevant experience, expertise, or resources that will contribute to the program's success.**

**47. Briefly describe how the organization will integrate trauma-informed practices into the proposed program. Learn about the Principles of Trauma Informed Care at** [https://stacks.cdc.gov/view/cdc/56843](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fstacks.cdc.gov%2Fview%2Fcdc%2F56843&data=05%7C02%7Cdouglas.jackson%40roanokeva.gov%7Cf53425d471ee45e28a5c08dd13e4b403%7C4b5ef942bd404d06a3df44ad34270d92%7C0%7C0%7C638688595204433768%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=1H2nuR0LlCemKU9QYG5oQ3CAkCh%2BkDz%2BUjLAonqc3dE%3D&reserved=0)

**48. What barriers to success do you anticipate when implementing this program?**

**49. How much are you seeking through this grant application? This should match the amount in your proposed FY26 budget.**

**Budget and Cost-Effectiveness of the Program**

**50. Define your unit of service for this proposed program. (Required)**

**51. What is your program's cost per unit of service? (Required)**

**52. If this is not the first year of this program, please share REVENUE for the last implemented program year.**

**53. If this is not the first year of this program, please share EXPENSES for the last implemented program year.**

**Please upload your Fy 2025 & 26 program budgets using the required budget worksheet.**

**54. Please describe how you will utilize volunteers for the implementation of the program. (Required)**

**55. Other information otherwise not captured above.**

**Type your name to stand in for your signature of the preparer. (Required)**

By typing your name you certify that the application represents the current state of the organization to the best of your knowledge and ability.

**Type your name to stand in for your signature of the executive director. (Required)**

By typing your name you certify that the application represents the current state of the organization to the best of your knowledge and ability.