**ENHANCED CAPACITY BUILDING (ECB) (<100k) GRANT APPLICATION**

**GENERAL**

Date:

Project Name**:**

Applying Organization:

Address:

Zip Code (+4):

City:

## Project Primary Contact:

Full Name:

Title:

Email:

Phone:

## Select the framework(s), target industries, program goals and participating localities for this project

## Project Frameworks

|  |  |  |  |
| --- | --- | --- | --- |
|  | Talent Development |  | Growing Existing Business |
|  | Innovation/Entrepreneurship |  | Business Ready Sites |

## Region 9 Target Industries

|  |  |  |  |
| --- | --- | --- | --- |
|  | Information Technology |  | Food & Beverage Mfg. |
|  | Financial & Business Services |  | Light Mfg. |
|  | Biotechnology |  | Other: Emerging |

**GO Virginia Program Goals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Create Higher Paying Jobs |  | Attract Out of State Investment |
|  | Regional Transformational |  | Collaboration between business, government, education |

**Participating Localities** (minimum of two)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Albemarle |  | Charlottesville |  | Culpeper |  | Fauquier |
|  | Fluvanna |  | Greene |  | Louisa |  | Madison |
|  | Nelson |  | Orange |  | Rappahannock |  | Other: |

**QUESTIONS**

* Limit each response to 3,000 characters or less.
* Use no formatting, i.e. no bold, no italics, no tables, no bullets, no color, etc.

## ECONOMIC IMPACT

## Insert an Executive Summary style narrative of the project here limited to one page and include:

## Clearly stated project need

## Project framework(s) and target industry/s from previous page

## Specific opportunities from the Region 9 Growth Plan this project addresses

## Brief, overarching goal(s), activities, possible metrics, and expected outcomes/products

## Name key collaborative partners and roles

## State the total GO Virginia $ requested and total match committed and how funds will be spent

## Provide a monthly project timeline of planned milestones and fund disbursement.

## Expand on goals, activities, possible metrics, and expected outcomes/products noted above, as needed.

## REGIONAL COLLABORATION

1. Describe the regional service area and roles of localities, business, higher education, and other partners. Note any Letters or Support attached.

1. Describe how this project is additive, not duplicative of, other efforts, if any.

## PROJECT READINESS

## Summarize other regional stakeholders and their related roles or the plan to engage other key stakeholders in this project. (I.e. businesses, school divisions, community colleges, higher education, economic and workforce development entities, regional organizations, planning districts, nonprofits, etc.)

1. Discuss prerequisite activities completed to engage localities, subject matter experts, regional partners and other stakeholders in developing this proposal.

### Referencing the Budget Table and the Sources and Uses Worksheets (attached), describe how requested GO Virginia dollars will be spent as well as the sources and types of match funding. Note any Letters of Financial Commitment and In-kind Commitment forms attached.

## PROJECT SUSTAINABILITY

### Explain the expected direct line of sight to a larger and subsequent GO Virginia implementation grant proposal as the result of the enhanced capacity building activity funded by this proposal.

### Discuss any potential barriers to a successful grant and the plan for addressing such challenges.

**SUPPORTING DOCUMENTATION**

Templates for some attachments are available to download at [www.GOVirginia9.org](http://www.GOVirginia9.org)

**REQUIRED**

* Letters of Support
* Letters of Financial Commitment, if needed
* Budget Table
* Budget Overview: Sources & Uses (an optional Excel format can be downloaded)
* In-Kind Commitment Form(s), if needed (complete for each source of In-kind match)

**OPTIONAL**

* Resume for Project Managers
* Project Timeline and Milestones + Drawdown Schedule
* Return on Investment Worksheet
* Performance Metrics (selected from the GO Virginia Projects Metrics List Template)
* Other

**QUESTIONS**

Shannon Holland, Director

GO Virginia Region 9

Central Virginia Partnership

[sholland@centralvirginia.org](mailto:sholland@centralvirginia.org) (preferred)

434-979-5610 ext. 103

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In-Kind Commitment Form- GO Virginia Region 9** | | | | | | | | |
| **Support Organization:** | |  | **Central Virginia Partnership for Economic Development** | | | | | |
| **Project Name:** | |  |  | | | | | |
|  |  |  |  |  |  |  |  |  |
| **Contributor Information** | | | | | | | | |
| **Name of Business/Individual:** | | |  | | | | | |
| **Name of Primary Contact:** | | |  | | | | | |
| **Address:** |  |  | | | | | | |
| **City:** |  | | | | **State:** |  | **Zip:** |  |
| **Telephone:** |  | | | **Email:** |  | | | |
|  |  |  |  |  |  |  |  |  |
| **Contributed Goods or Services** | | | | | | | | |
| **Description of Contributed Goods or Services:** | | | | |  | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Date(s) Contributed:** | |  | | | | | | |
| **Real or Estimated Value of Contribution: $** | | | |  | | | | |
| **How was the value determined?** | | |  | **Actual Value** |  | **Appraisal** |  | **Other** |
| **If other, please explain:** | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Who Made this Value Determination?:** | | | |  | | | | |
|  | | | | | | | | |
| **Is there a restriction on the use of this contribution?** | | | | |  | **No** |  | **Yes** |
| **If yes, what are the restrictions?** | | |  | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Contribution Obtained or Supported with State funds?** | | | | |  | **No** |  | **Yes** |
| **If yes, please provide the name of the State agency and grant/contract number:** | | | | | | | |  |
|  | | | | | | | | |
|  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  | | | | |  |  | | |
|  |
| ***Signature of Contributor*** | | | | |  | ***Date Contributed*** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COST/ACTIVITY CATEGORY** | **GO VIRGINIA AMOUNT**  **REQUESTED** | **MATCH SUPPORT**  **COMMITTED** | **OTHER**  **FUNDING** | **TOTAL** |
| **Administration** |  |  |  |  |
| Other**\* (8%)** |  |  |  |  |
|  |  |  |  |  |
| **Program Operations** |  |  |  |  |
| Acquisition |  |  |  |  |
| Architectural and Engineering Fees |  |  |  |  |
| Clearance and Demolition |  |  |  |  |
| Construction |  |  |  |  |
| Contract Services |  |  |  |  |
| Equipment |  |  |  |  |
| Fringe Benefits |  |  |  |  |
| Legal Expenses |  |  |  |  |
| Machinery/Tools |  |  |  |  |
| Planning/Assessment |  |  |  |  |
| Rent/Lease |  |  |  |  |
| Salaries |  |  |  |  |
| Site Work |  |  |  |  |
| Studies |  |  |  |  |
| Training |  |  |  |  |
| Travel |  |  |  |  |
| Other - specify |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** | $ | $ | $ | $ |

**GO Virginia Grant – BUDGET TABLE**

* All grants must include 8% of GO Virginia dollars requested in this *Other* category for contract management and admin by the Central Virginia Partnership.

**An Excel version of this form may used - download at** [**www.GOVirginia9.org**](http://www.GOVirginia9.org)

**Sources and Uses - GO VIRGINIA FUNDS REQUESTED (Page 1 of 2)**

|  |  |  |
| --- | --- | --- |
| **Uses of GO Virginia Funds** | **Amount ($)** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **$** | **Project Subtotal** |
| **Admin – Other CVPED (8%)\*** | $ |  |
|  | **$** | **TOTAL GO Virginia Request** |
| **\* All Grants must include 8% of GO Virginia dollars requested. These funds will be made available to the Partnership for contract management, remittances, etc.** | | |

**Sources and Uses - MATCHING FUNDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Uses of Matching Funds** | **Amount ($)** | **Type of Match\*** | **Source of Match** | **Documentation Submitted (Yes, No, Partial, Pending)** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | $ | Total Matching Funds |  |  |
|  | $ | Total Local Match |  |  |

\*Type of Match – Local, Regional, Federal, Private, Non-Profit, Other

**GO Virginia Project Budget: Sources and Uses (Page 2 of 2)**

**ADDITIONAL LEVERAGE (if any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Uses of Additional Leverage** | **Amount ($)** | **Type of Match (Dropdown)\*** | **Source of Match** | **Documentation Submitted (Yes/No/Partial/Pending)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **$** | **Total Matching Funds** |  |  |

\*Type of Match – Local, Regional, Federal, Private, Non-Profit, Other

**TOTAL PROJECT BUDGET**

|  |  |
| --- | --- |
| **Type of Funds** | **Totals** |
| GO Virginia | $ - |
| Matching Funds | $ - |
| **Total CAMS Budget** | **$ -** |
| Additional Leverage | $ - |
| **Total Project Budget** | **$ -** |
| **Type of Match** | **Totals** |
| **Matching Funds** | $ - |
| **Includes Local Match of:** | $ - |
| **Match Ratio** |  |
| **Meet Match Reqmt 2:1 (y/n)** |  |
| **Meet Match Reqmnt 1:1(y/n)** |  |
|  |  |