



Exit

Please enter your Tax ID:



Exit

**Please fill out this brief eligibility quiz.**

Are you a Florida based organization?

A dropdown menu with the text '-Select One-' and a downward-pointing arrow.

Is your organization one of the following: a public or private nonprofit organizations, including faith -based and other community organizations; institutions of higher education; government entities within states or territories (e.g., cities, counties); labor organizations; partnerships and consortia; or Indian Tribes?

A dropdown menu with the text '-Select One-' and a downward-pointing arrow.

Do you use volunteers to meet the mission of your organization?

A dropdown menu with the text '-Select One-' and a downward-pointing arrow.A rectangular button with the text 'Submit'.



<b>1</b> Cover Sheet	<b>2</b> Project Demographics	<b>3</b> Proposal Narrative	<b>4</b> Performance Measures	<b>5</b> Budget	<b>6</b> Submission	<b>7</b> Rev App
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### Cover Sheet

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\* Required before final submission

#### Organization Information

\* Organization Name  \* Tax ID   
Federal Employer Identification Number

\* Previous VGF grantee  ? \* Florida Region  ?  
 New Applicant  Refer to the Florida Division of Emergency Management seven (7) regions. To find your region please review: [HERE](#)  
 Region 1

\* Physical Address

\* City  \* State  \* Postal Code   
- Select One -

\* Phone  \* Website

\* Mailing Address

\* City  \* State   
 \* Postal Code

#### Applicant Information

Chief Executive Officer First Name  Chief Executive Officer Last Name

Chief Executive Officer Title  Chief Executive Officer Email Address

Chief Executive Officer Phone

If the primary contact for your proposal is the same as your Chief Executive Officer, check this box.

Applicant First Name  Applicant Last Name

Applicant Title <input type="text"/>	E-mail <input type="text"/>
Phone Number <input type="text"/>	

**Fiscal Information**

**Fiscal agents are responsible for the execution of the grant and must meet eligibility guidelines for the grant. To qualify as a fiscal agent, an organization must be an established IRS 501(c)(3) tax-exempt organization that agrees to accept donations on behalf of a group that does not have IRS tax exemption.**

Fiscal Agent Name (as applicable)  
Name of the fiscal organization, if different from the applicant organization.

\* Fiscal Contact First Name  \* Fiscal Contact Last Name

\* Fiscal Contact Email

\* Fiscal Address  
The physical mailing address where financial and administrative records are maintained.

\* City  \* State

\* Postal Code



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**Project Demographics**

\* Required before final submission

**Project Demographics**

\* **Project Title**

\* **City (ies) Served**      \* **County (ies) Served**

\* **Volunteer Generation Fund Primary Focus Area**  
Descriptions of the focus areas can be found [HERE](#). Check **one** primary focus area.

- Disaster Services
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures
- Veterans and Military Families

**Special Consideration Area (if applicable)**  
Check one or more special consideration areas, if applicable.

- Economic Opportunities/Workforce
- Rural Communities
- N/A

\* **Volunteer Management Practices**  
This project will increase effective volunteer management practices as demonstrated by implementing the following steps or functions for effectively managing volunteers. Applicants **must select three (3) functions**, but can check all that apply.

- Market Research and Community Needs Assessment
- Strategic Planning to Maximize Volunteer Impact
- Recruiting and Marketing to Prospective Volunteers
- Interviewing, Screening, and Selecting Volunteers
- Orienting and Training Volunteers
- Ongoing Supervision and Management
- Recognition and Volunteer Development
- Measuring Outcomes and Evaluating the Process

Save & Finish Later   Next



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### Proposal Narrative

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#### Proposal Narrative

\* Executive Summary ⓘ  
250 Word Limit

Please use the following template:

The [Name of the organization] proposes to have 400 volunteers, contributing 3000 hours who will [service activities the volunteers will be doing] in [the locations where the volunteers will serve]. In addition, (list one or more types of volunteer management practices) will be improved. At the end of the contract year, the volunteers will be responsible for [anticipated outcome of project].

Word count 0 of 250

\* Special Consideration ⓘ  
250 Word Limit

Word count 0 of 250

\* Narrative ⓘ  
500 Word Limit

Word count 0 of 500

**\* Past Performance** ⓘ  
500 Word Limit

Word count 0 of 500

**\* Organizational Capacity** ⓘ  
500 Word Limit

Word count 0 of 500



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### Performance Measures

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\* Required before final submission

#### Performance Measures

**All Volunteer Generation Fund applicants must opt into all three (3) performance measures. By checking the boxes below, the applicant opts into the required Performance Measures and Targets.**

\* VGF Performance Measures

- 1. Number of community volunteers recruited by organizations or participants. Target: 400
- 2. Number of hours community volunteers will serve. Target: 3000
- 3. Applicant will participate in a pre/post test assessment measuring organizational implementation of effective volunteer management practices.

\* Performance Measure Narrative 

500 Word Limit

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**Budget**

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**Budget**

**Please upload:**

- 2020-2021 Proposed VGF Budget
- Most recent audit report including the management letter, the schedule of findings, and questioned costs

The maximum size for all attachments combined is 25 Mb. Please note that files with certain extensions (such as "exe", "com", "vbs" or "bat") cannot be uploaded.

\* 2020-2021 Budget

\* Audit

If no audit is available, please provide a letter on the organization's letterhead explaining reason for not having an audit.

\* Budget Narrative i

500 Word Limit

↑  
↓

Word count 0 of 500



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**Submission**

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\* Required before final submission

\*  By checking this box, I understand that VGF grantees will be required to complete a three part background check process consistent with the standards of the Corporation for National and Community Services Volunteer Generation Fund National Criminal History Check Requirements.

\*  By checking this box, I agree that to the best of my knowledge and belief, all data in this proposal is true and correct. The governing body of this organization has duly authorized this proposal and we will comply with all applicable state and federal laws and regulations.

\* Electronic Signature

\* Submission Date

**Note- Once the proposal is submitted you will receive an automated e-mail from Volunteer Florida with a copy of the submission and a tracking number. If no tracking number is received, the proposal was not submitted and the user should follow the steps listed in the RFP to submit.**