



volunteerflorida

Exit

Please enter your Tax ID:

OK



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Please fill out this brief eligibility quiz.

Are you a Florida based organization?

-Select One- ☐

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?

-Select One- ☐

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

-Select One- ☐



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- 4 Performance Measures
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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 ☐

New Applicant ☒

☐ Florida Region ☐

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

E-mail

Phone Number

Fiscal Information

Please list your organizations fiscal contact. If your organization is not serving as the project's fiscal agent, please provide the information for the entity serving as the fiscal agent.

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

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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

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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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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

Word count 0 of 500

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Budget

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■ Required before final submission

Budget

Please upload:

- 2021-2022 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.

■ 2021-2022 Budget

■ Audit

Organizations with an audit: Please upload most recent audit report including the management letter and the schedule of findings and questioned costs, if applicable.

Organizations without an audit: Please upload Statements of Financial Position, and Statements of Revenues and Expenditures for your last two fiscal years.

■ Budget Narrative

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 AmeriCorps, the agency and the 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.

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Review & Submit