



volunteerflorida  
FOUNDATION

[Exit](#)

**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 organization, including faith-based or other community organization; institution of higher education; government entity within a state or territory (i.e., city, county); or Indian Tribe?

-Select One- ▼

Do you use volunteers to meet the mission of your organization, or plan on doing so during the contract period?

-Select One- ▼

Is your organization's IRS tax exemption status as a 501(c)3 nonprofit currently in good standing? Ex. No adverse rulings, revocations, penalties, suspensions, pending applications, etc.

-Select One- ▼

Submit



# volunteerflorida

FOUNDATION

Exit

- 1 Cover Sheet
- 2 Project Demographics
- 3 Application Narrative
- 4 Performance Measures
- 5 Budget
- 6 Submission
- 7 Review My Application

## Cover Sheet

[Printer Friendly Version](#) | [E-mail Draft](#)

\* Required before final submission

### Organization Information

* Organization Name	* Tax ID Federal Employer Identification Number (9 digits)	
<input type="text"/>	<input type="text"/>	
* Physical Address		
<input type="text"/>		
* City	* State	* Zip Code
<input type="text"/>	FL <input type="text"/>	<input type="text"/>
* Phone	* Website	
<input type="text"/>	<input type="text"/>	
* Mailing Address		
<input type="text"/>		
* City	* State	
<input type="text"/>	<input type="text"/>	
	* Postal Code	
	<input type="text"/>	

**Applicant/Contact Information: ALL information is required other than Financial Representative, unless relevant.**

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/Contact First Name  Applicant/Contact Last Name

Applicant/Contact Title

Phone Number  E-mail Address

Financial Management/Fiscal Agent Representative   
(Name of the fiscal organization, if different from the applicant organization).

Financial Management/Fiscal Agent Contact First Name

Financial Management/Fiscal Agent Contact Last Name

Financial Management/Fiscal Agent Contact Email

### Project Demographics

Printer Friendly Version | E-mail Draft

\* Required before final submission

#### Project Demographics

\* **Project Title**

Please create a title for the project you are proposing.

\* **Primary Eligible Count(ies) or Communit(ies) To Be Served**

Word count 0 of 100

\* **RCAF Indicator**

- Select One -

\* **Volunteer Management Practices**

This project will increase effective volunteer management practices as demonstrated by implementing or expanding steps or functions for effectively managing volunteers. The applicant **must select one (1) of the below functions.**

- Market Research and Community Needs Assessment
- 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



# volunteerflorida

FOUNDATION

Exit

- 1 Cover Sheet
- 2 Project Demographics
- 3 Application Narrative
- 4 Performance Measures
- 5 Budget
- 6 Submission
- 7 Review My Application

## Application Narrative

Printer Friendly Version | E-mail Draft

\* Required before final submission

### Application Narrative


\* Executive Summary ⓘ

**Use this exact language and enter relevant fields:** 300 word limit: The mission of [Name of the organization] is to [Mission statement]. We achieve our mission by [List primary examples of the activities the organization does to achieve its mission]. *This may be several sentences if necessary.* During the contract period, [Name of the organization] proposes to increase [List one (1) RCAF indicator] in [the county or counties where volunteers will serve]. Additionally, [list one volunteer management practice], will be established or improved during the contract period. Anticipated budget items include [list line items].


Word count 0 of 300

\* Application Narrative ⓘ

600 word limit

\* Application Narrative   
600 word limit

Word count 0 of 600

\* Organizational Capacity   
500 Word Limit

Word count 0 of 500

Save & Finish Later

Next



Exit

1 Cover Sheet   2 Project Demographics   3 Application Narrative   4 Performance Measures   5 Budget   6 Submission   7 Review My Application

### Performance Measures

[Printer Friendly Version](#) | [E-mail Draft](#)

\* Required before final submission

#### Performance Measures

1) RCAF Indicator, 2) Volunteers Recruited and/or Retained, 3) Volunteer Management Practice

\* Performance Measures Narrative ⓘ  
500 Word Limit

Word count 0 of 500

[Save & Finish Later](#)   [Next](#)

### Budget

Printer Friendly Version | E-mail Draft

\* Required before final submission

#### Budget

Please upload your Proposed RCAF Budget for the 2023-2024 grant year. The maximum size for the attachment is 25 MB. The file extension must be .xlsx.

\* 2023-2024 Budget [?](#)

Choose File | No file chosen

Upload

\* Budget Narrative [?](#)

600 Word Limit

Word count 0 of 600

Save & Finish Later

Next





Exit

Progress bar with steps: 1 Cover Sheet, 2 Project Demographics, 3 Application Narrative, 4 Performance Measures, 5 Budget, 6 Submission (highlighted), 7 Review My Application

### Submission

[Printer Friendly Version](#) | [E-mail Draft](#)

- \* Required before final submission
- \*  By checking this box, I understand that RCAF grantees must complete background checks for all volunteers through the Dru Sjodin National Sex Offender Public Website and submit proof with mid-cycle and end of contract reports. RCAF grantees must also verify the completion for volunteers of criminal background checks required by the grantee or any partner organization(s), if relevant to the funded project.
- \*  By checking this box, I agree that to the best of my knowledge and belief, all data in this application is true and correct. The governing body of this organization has duly authorized this application 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 the Volunteer Florida Foundation with a copy of the submission and a tracking number. If no tracking number is received, the application was not submitted, and the user should follow the steps listed in the NOFA to submit. See additional important submission instructions in the NOFA.**

[Save & Finish Later](#) [Review & Submit](#)