

2026 Centra Community Grant Application

ORGANIZATION INFORMATION

Legal Name:

Legal name of the organization according to the IRS. (based on your IRS determination letter)

Organization Mailing Address: (*Indicate the address where the check should be mailed if you request a check*)

All documents and payments will be sent to this address.

Street Address

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip

Physical Address:

Same as Preferred Mailing Address?

Yes

No

Street Address

City

State

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- ... 31 additional choices hidden ...
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip

Employer Identification Number (EIN#):

Tax ID number issued by the IRS.

Is your organization registered with the Virginia Department of Agriculture and Consumer Sciences to solicit funds as a nonprofit?

This **is not** optional.

For more information, go to VDACS for guidance on the registration process.

- Yes
- Exempt (Please provide appropriate documentation in supporting docs upload)
- In progress (Please provide appropriate documentation in supporting docs upload)

Is your organization registered with 2-1-1 Virginia and if so, is the information up to date?

If you would like to register or update your information, go to 2-1-1

If your organization is not registered, please explain why.

- Yes
- No _____

Is your organization registered with Unite Virginia?

For more information, go to Partner Registration Form for guidance on the registration process. If your organization is not registered, please explain why.

- Yes
- No _____

ORGANIZATION POINT OF CONTACT INFORMATION

Name of Executive Director/CEO/President of organization

If awarded, notification of funding will be sent to the organization's Executive Director/CEO/President. The grant writer will be notified in the portal separately.

Title (i.e. Executive Director, CEO, President, etc.):

Phone Number:

_____ (###-###-####)

Email:

Is this the same person who is submitting the grant application?

- Yes
- No

If no, please provide the name, title, phone number and email of the person submitting the request on behalf of the organization:

Name: _____

Title: _____

Phone Number: _____

Email: _____

PROGRAM SUMMARY

Program Title:

Indicate any previous source(s) of Centra funding over the past 5 years:
List the purpose, year(s) and amount.

Estimated Number of Unduplicated Persons Served by this Program:

Total Budget for Entire Program:

Amount of Budget Request to Centra:

% of Centra Budget Request to Total Budget for Entire Program:

Purpose of this funding request:

- Capital Program Funding
- General Program Funding

Program Start Date:

____ / ____ / ____ (YYYY/MM/DD)

Program End Date:

____ / ____ / ____ (YYYY/MM/DD)

Main Geographic area served by this program:

(Choose one)

- Bedford Area
- Farmville Area
- Lynchburg Area

Localities served by this program: **Bedford Area**

(Check all that apply)

- Town of Bedford
- County of Bedford

Bedford Area (Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessments (CHNA):

- Mental Health and Substance Use Disorders & Access to Services
- Access to Healthcare Services
- Food Insecurity & Nutrition
- Issues Impacting Children and their Families: Childcare or Child Abuse/Neglect
- Homelessness & Housing

Localities served by this program: **Farmville Area**

(Check all that apply)

- Town of Farmville
- Amelia
- Buckingham
- Charlotte
- Cumberland
- Lunenburg
- Nottoway
- Prince Edward

Farmville Area (Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessments (CHNA):

- Access to Healthcare Services
- Mental Health and Substance Use Disorders & Access to Services
- Food Insecurity & Nutrition
- Homelessness and Housing
- Transportation

Localities served by this program: **Lynchburg Area**

(Check all that apply)

- City of Lynchburg
- Amherst
- Appomattox
- Campbell
- Pittsylvania

Lynchburg Area (Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessments (CHNA):

- Access to Healthcare Services
- Mental Health and Substance use Disorders & Access to Services
- Food Insecurity and Nutrition
- Homelessness & Housing
- Issues Impacting Children and their Families: Childcare or Child Abuse/Neglect

Provide a brief summary of the proposed program:

PROGRAM NARRATIVE

Please describe your program and organization by answering the following questions.

PROGRAM NEED

Describe the population to be served: – **Who** will benefit from this program?

Include quantitative data to describe the population to be served including demographics, socioeconomic status, and other data to support the needs of the population. Please cite data sources (i.e. US Census, 2024 Centra Community Health Needs Assessment, Virginia Department of Health, etc.)

PROGRAM DESIGN

Describe the program. **How** are you going to address the needs of the population to be served?

1. How does this program align with your organization's mission, vision, and values?
2. How does the program align with the 2024 Community Health Needs Assessment priority area(s) and/or "other" needs selected?
3. Describe the strategies on how the program will be implemented. - Include a program work plan with action steps, responsible parties, and timeframes for each strategy.
4. Describe the background and qualifications of the key team members who will manage this program.
5. Do you have demonstrated community commitment and/or collaborations with other community partners for this program? If yes, please describe, their roles/responsibilities, and their financial or in-kind support for the program.

PROGRAM IMPACT

Describe how you measure program outcomes and impact. How is the proposed program innovative and non-duplicative of other community services? Include the following:

1. The key outcome(s) you expect to achieve with the program.
2. The specific measurements that will be used to evaluate your success/ outcomes.
3. What demographic and socioeconomic status information will be collected for those served by the program.

If this is an ongoing program and/or has been previously funded by Centra, please complete the following:

1. Describe the key outcomes and impact your program has achieved so far.
2. What measurable changes have resulted from your program?
3. Please provide quantitative data and supporting evidence demonstrating the outcomes and impact of your most recent year.
4. Please provide a success story(s) that illustrates your program's effectiveness.

PROGRAM BUDGET

A. Complete the Centra Grant Budget Spreadsheet located in task 2. B. Provide a **budget narrative** and describe how it supports this program using the Centra Grant Budget Spreadsheet.

1. How will Centra dollars and other dollars (cash and in-kind) be used to support the program?
- Describe the itemized expenses and revenues for each line item or category in your budget.
2. What is the percentage of Board members making a financial contribution to the organization in the most recent fiscal year?
- If 100% of board members are not making a financial contribution, why not?
3. Describe how you will sustain the program after Centra grant funds are spent.
- Please provide the program's long-range sustainability plan, describing the strategies and efforts that will be used to secure funding beyond Centra support. Be specific.
