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**Arlington (VA) Chapter of The Links, Incorporated**

**2020 Community Partnership Small Grant Guidelines and Application**

**The Arlington (VA) Chapter of The Links, Incorporated invites grant applications from small community organizations that provide ongoing community services to families in the County of Arlington and the City of Alexandria. (See Deadlines Below.) Designated as the Annual Community Partnership Grants Program, the Chapter makes annual small grants to partner community organizations meeting ongoing and emerging community needs. Our goal is to expand our outreach through partnerships that increase the financial capacity of small organizations in our service area.**

**Guidelines and the online Application Form are posted on the Chapter’s website. Applications must be completed and submitted to the Chapter at grantsarlington@gmail.com. by the deadline as set forth below.**

**Selection Criteria**

* **The mission of selected organizations must be consistent with the mission and values of the Arlington (VA) Chapter of The Links, Incorporated.**
* **For 2020, efforts that help remediate community suffering due to Covid-19 will receive major consideration.**
* **Small organizations with 501 (c) (3) status must have with a proven history of serving either the Alexandria or Arlington communities.**

**Funding Amount for 2020**

* **The Small Grant Program funds vary from year to year.**
* **The total allocation for 2020 is $10,000.**
* **Amounts granted to individual organizations will vary.**

**Participation**

* **Projects that receive grants should be completed within 3-4 months after awarded.**
* **For our documentation, the Chapter requires each awardee to submit, by January 31, 2021, a one-page summary of how the funds were used. Photographs are encouraged.**

**Timeline**

* **September 4, 2020 Community Partnership Grant information released**
* **September 30, 2020 Deadline for receipt of applications**
* **October 7, 2020 Awardees announced and notified**

**Additional Information**

* **Updates on application and questions will be posted on the Arlington Chapter of Links, Incorporated website.**
* **The Chapter President will forward the application information to appropriate former recipients of partnership grants and to other organizations, as appropriate.**
* **Grant requests will be evaluated by a team of Chapter readers.**
* **Chapter members may encourage appropriate community organizations to apply.**

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**Arlington Chapter of The Links, Incorporated**

**2020 Community Partnership Small Grant Application**

**grantsarlingtonlinks@gmail.com**

**Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (street / city / state / zip code)**

**Organization Phone Office Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Number of Paid Staff\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Leader Contact Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Request: \_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Match (cash): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Match (in-kind or sweat equity): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of other Donors/Sponsors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Project Summary* Describe project purpose and plan. Do not exceed this space or use font size smaller than 10 point.**

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***Project Outcomes* Quantify expected results, such as “will reach “x” number of children, families, etc.**

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| ***Project Planning Process* Describe how you included other stakeholders in the planning process for the proposed project. For example, have you conducted a survey to determine need and support? Set up a project Steering Committee?** **Implementation Plan List the sequential steps/tasks you will take to use the funds received.** |

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| **Is the proposed project part of a larger program? Yes\_\_ no\_\_\_ If so, please tell about the larger program.** |

**Project Coordinator (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Director (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE FORWARD YOUR APPLICATION TO:** grantsarlingtonlinks@gmail.com **11:59 p.m. September 30, 2020.**

For Use by Arlington (VA) Chapter Only