**Please complete this Addendum if your organization received funding as part of the City of Richmond’s FY2024 Adopted General Fund Budget.**

**Addendum deadline is no later than 4:00 PM, Friday December 1st, 2023. Applicants should submit their Application electronically to the City of Richmond, via email. Email submissions can be sent to:** [**BudgetNDRequests@rva.gov**](mailto:BudgetNDRequests@rva.gov)**.**

**If you are unable to electronically submit your Addendum, there will be a drop box available on the 1st floor of City Hall at 900 E. Broad Street, Richmond, VA 23219 from November 27th to December 1st, 8:00 AM to 4:00 PM. Please approach the security office on the 1st floor and they will instruct you.**

**Organization Name:**

**Project Name:**

Are you making a request for a different project in FY2025 (different from the project scope as provided in your FY2024 application/addendum)? Yes No

What is your current FY2024 funding allocation?

Are you making a request for a different funding allocation in FY2025 (different from your FY2024 City funding allocation)? Yes No

If Yes, please indicate the amount that you’re requesting in FY2025 from the City:

If Yes, please justify thoroughly what specifically the additional requested funds will be used for:

Please indicate the impact of **not** receiving the additional requested City funding allocation:

**ATTACHMENT CHECKLIST:**

FY25 Application or Addendum

Annual Operating Budget

*(Attach a copy of your current year’s operating budget, including income/revenue from all sources.)*

Project Budget *(see Attachment A within this Addendum)*

Most Recent Form 990

Federal Tax Exempt Certification

Previous Fiscal Year Audit or Financial Statements

List of Board of Directors, Members, and Executive Officers

**ORGANIZATION INFORMATION**

**Organization Name:       Federal Tax ID:**

**Mailing Address:       Contact Person:**

**Phone:       Email:**

**Website:       Board Chairperson Name:**

**Signature:       Total Annual Operating Budget:**

1. Provide a detailed description of the proposed project and the clients and neighborhoods to be served, including how additional services will be provided as a result of this funding. Please consider the following in your description:

* What are the goals of your program?
* What community need does your program meet?
* How does your program align with the City’s goals and expectations, as described in Attachment B, located on pgs. 15-20 in the Application Guidelines?
* How does this program advance racial equity in Richmond?
* How will you track your effectiveness (e.g. data (qualitative and quantitative), performance measures, participant feedback)?
* How will your organization engage diverse stakeholders and proactively engage community members?

1. Please explain the impact of receiving partial or no funding on service delivery (or if existing services will be discontinued without funding).

1. If your organization partners with Richmond Public Schools in any capacity, please provide a letter of support from Superintendent Kamras or his designee.
2. If determined eligible, would your organization also like to be considered for other City of Richmond non-profit grant opportunities? If so, please note that no additional information is needed at this time to be considered. Should additional information be needed, we will follow up accordingly.  Yes  No

**Accomplishments in the Current Fiscal Year**

Describe project progress in the current fiscal year. Emphasize measurable outcomes and project benefits to the community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal Year 2024**  **Objectives** | **Fiscal Year 2024**  **Accomplishments to Date** | **# of Clients** | **Other** | **Other** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Proposed Objectives and Outcomes:**

| **Fiscal Year 2025**  **Proposed Objectives** | **Fiscal Year 2025**  **Proposed Outcomes** | **# of Proposed Clients** | **Other** | **Other** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Proposed Scope of Services**

Briefly list the specific services to be provided with these funds.

Note: These may be similar to your proposed objectives. In some cases it may be appropriate to simply reframe objectives as a service for this section.

Examples:

* “Provide accessible mental health and substance use services for individuals experiencing homelessness and housing insecurity.”
* “Provide direct free civil legal services to low income families, elderly and disabled people and other vulnerable residents of the city of Richmond to address homelessness and the threat of being made homeless.”

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Proposed Performance Measures**

Please list the measures you propose the City use to evaluate whether you performed the services in a manner that achieves the purpose for providing the funds.

Note: These may be similar to your proposed outcomes. It is ok to duplicate proposed outcomes in this section.

Examples:

* “Increase the number of mental health and substance use patient visits from 18,000 to 19,000.”
* “Provide direct legal services in 275 housing related cases in the city of Richmond in fiscal year 2023.”

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Attachment A**

**Budget**

In completing the Overall Project Budget it is necessary to look at the total costs of the overall project (as opposed to the specific activities within the project). Applicants are encouraged to use the provided Budget Template excel file and corresponding cost categories below. Whether using the provided template or your own format, please provide all the information shown in the template including a brief explanation and breakdown of the costs within each category.

* **Personnel Costs** – List the total costs of each staff person who will work on the project (salary and fringe). Please provide the percentage of time that they will be working on the overall project in the notes.
* **Office Supplies** - General office supplies such as paper, pens, pads, files etc.
* **Operating Supplies** - Training, subscription services, photo supplies, etc.
* **Tools and Minor Equipment** - Any tool or piece of equipment that costs less than $500.
* **Major Equipment Purchase**-- Any tool or piece of equipment that costs more than $500.
* **Rent and Utilities** - Rent and utilities for the office of the agency or for a space where the project is held.
* **Other Costs**
* Telecommunication - Costs for telephone, internet, facsimile, and other communications services.
* Postage- The cost of all mailings pertaining to a project.
* Transportation and Travel - The costs of maintaining an agency vehicle for the project or reimbursing staff for mileage.
* Training – The cost of all trainings, memberships, and conferences for all staff
* Insurance - The costs of general insurance coverage for the agency related to the project.
* Car and Equipment Rentals - The costs of renting an automobile or equipment for completion of the project.
* Equipment Maintenance and Repair - The cost of maintenance and repair of equipment.
* Contractual Services - All services carried out by independent contractors such as service contracts for audits and training. This category does not apply to services that directly relate to Land, Buildings and Equipment.

**Attachment List**

**Instructions:** All attachments for the Requests for Funding form must be listed below. If attachments are not available at the time of submission, an asterisk (\*) should be placed next to these items to indicate that they are anticipated, and the date that they are anticipated should be included.

**If you wish to include additional information as an attachment, please include that also in the list below.**

|  |
| --- |
| **Name** |

|  |  |
| --- | --- |
| **Attachment Type** | **Applicant’s File Name** |
| Required: | |
| * Federal Tax Exempt Certification |  |
| * Latest IRS 990 Report |  |
| * Previous Fiscal Year Audit or Financial Statements |  |
| * Current Year Operating Budget |  |
| * List of Board of Directors, Members, and Executive Officers |  |
|  |  |
| If Applicable: | |
| * By-Laws |  |
| * Articles of Incorporation |  |
| * Organizational Chart |  |
| * Business Strategic Plan **(mandatory for CGF Applicants)** |  |
| * Partnership Agreements with other agencies |  |
| * Site Control, Building or Zoning Documentation |  |