Flash Funds January 2022

The Jefferson Trust

Applicant Information

Applicant/Project Director Unit*

Please select your Unit from the list.

Other Organization Name

If your organization is not listed in the options above, please list it here. For Students, please indicate the student organization or CIO related to this application.

Character Limit: 250

Student Graduation Year

If the Project Director is a student, please include your class standing for the current academic year. For example, First Year, Second Year, etc.

Character Limit: 250

Additional Team Members

You may list additional leadership team members here. Please include their UVA computing ID if applicable.

Character Limit: 2000

Collaborate Function: If you would like to invite additional members of your team to view or edit this proposal, use the "Collaborate+" button at the top of the page.

You will have the ability to decide each collaborator's level of access (view only, edit, or submit). *We strongly encourage you to restrict others' access to view or edit only. Once a proposal is submitted, you must contact our office to make further edits.*

View a tutorial here.

Project Overview

Project Name*

The name of the project is the unique "identifier" for the request.

Character Limit: 100

Description*

What are you trying to accomplish and why is it impactful to the student experience, the University community, or society at large. Provide specific numbers if possible. For example, if your proposal impacts the student experience, note both how and how many students will benefit.

Character Limit: 4000

Measuring Success*

How will you determine if your project/program is successful? Include measurement techniques if possible.

Character Limit: 2000

Budget

Total Project Budget*

What is the full amount needed to complete the project from all sources?

Character Limit: 20

Jefferson Trust Funding Request*

How much of the total budget are you requesting from the Jefferson Trust?

Character Limit: 20

Project Budget*

Please upload a detailed budget for the **Total Project Budget** amount.
You must include **ALL** required funding for the project as well as **ALL** expenditures, regardless of whether you are seeking Trust or alternative funding.
Please indicate which line items will be funded by the Trust funds.

File Size Limit: 9 MB

Other CONFIRMED Funding Sources*

Please note other confirmed funding sources if applicable.
Example:
NIH - $50,000
Provost Office - $10,000

Character Limit: 1000

Other PENDING Funding Sources*

Please note other pending sources if applicable. Please include the expected response date.
Example:
NSF - $50,000 - 3/2020
Parents Fund - $500 - 1/2020

Character Limit: 1000

Work Plan

New or existing*

Is your project new or currently existing? If existing, what new element is the Trust being asked to support?

Character Limit: 500

Expertise*

Please explain the experience or expertise you and your team (if applicable) bring to this program/project.

Character Limit: 2000

Collaboration*

If there are other organizations doing similar work, are there opportunities for collaboration?

Character Limit: 2000

Students

If you are a student group, please outline your plans for leadership transition.

Character Limit: 1000

Timeline

Please indicate the approximate expected timeline for both the full project *and* for the Jefferson Trust funding (these may or may not be different).

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Jefferson Trust Funding Start Date*

Character Limit: 10

Jefferson Trust Funding End Date*

Character Limit: 10

Authorization

In this section, please provide information for the authorized individual of your school, unit, or CIO who has reviewed and approved your proposal. In most cases this will be a department

chair or dean. For student organizations (CIO's) it may be an executive board member.
This individual will be made aware of your submission.

Authorized Person First Name*
Character Limit: 250

Authorize Person Last Name*
Character Limit: 250

Authorized Person Title/Position*
Character Limit: 250

Authorized Person Email*
Character Limit: 254

Important Information:
In the next question group (*Third Party - Authorized Person Confirmation*), you will re-enter the email of your authorizing individual. Next click 'Compose Email' to generate an email to that person. Example text is below.

A separate system-generated email will be sent that contains a link to allow them to indicate approval. *Please note the email and the verification email will both be sent immediately upon clicking send.*

*This step should be done early, as your proposal cannot be accepted until this authorization is completed. The Authorized Person will **not** be able to review your proposal and will only see your name and the project name.*

The Authorized Person will **not** be able to review your full proposal. If you would like them to have access, add them as a collaborator (we suggest with view permission only).

Example email text:

Dear _____,

I am completing my submission for a Jefferson Trust grant for [*your project name here*].

As part of the grant process, all submissions must have the support of the [*larger department or area administration/club leadership team,ex. department chair, dean, or club president*].

You will shortly receive an email from the grant portal (grantinterface@foundant.org), prompting you to log in to the system and verify your level of support.

Third Party - Authorized Person Confirmation

Third Party Email*

Character Limit: 254

👥 First Name*

Character Limit: 250

👥 Last Name*

Character Limit: 250

👥 Title/Position*

Character Limit: 250

👥 Verification*

Please indicate your level of support for this proposal.

Choices

I approve the proposal
I am unfamiliar with the proposal
I need more information about the proposal
I DO NOT approve the proposal