

Annual Cycle 2020-21

The Jefferson Trust

Applicant Information

Applicant/Project Director Area*

If you are a student, please indicate your project-related organization.

If you are faculty or a UVA employee, please indicate your project-related department.

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

If your project has a co-director please complete the information in the next section.

Co-Director First Name

Character Limit: 250

Co-Director Last Name

Character Limit: 250

Co-Director Area

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

Abstract*

Brief description of the project

Character Limit: 1000

Narrative*

Describe succinctly the nature of the project and the project goal

Character Limit: 6000

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: 2000

Expertise*

What experience or expertise does your area/organization/team have with similar programs or projects?

Character Limit: 2000

Collaboration*

Are other organizations doing similar work? Will you collaborate with them? Why or why not?

Character Limit: 2000

Students*

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

Character Limit: 2000

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

Activities*

List all activities, individuals responsible, and timelines (start/stop dates).

Ex: Hire student workers - Project Director - 5/2020

Character Limit: 5000

Determining Results

Project Goals/Objectives*

What changes/outcomes do you expect? Who will be impacted?

Character Limit: 2000

Measuring Success*

In list format, outline the measurement techniques, including the frequency of assessments, you will use to assess your success toward the goals listed above.

Character Limit: 2000

Funding Required

Total Overall Project Funding Required*

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

Character Limit: 20

Jefferson Trust Funding Request*

What is the portion of the Total Overall Project Funding being requested from the Jefferson Trust?

Character Limit: 20

Applicant Contribution*

What amount (if any) of the Total Overall Project Funding are you, the applicant, contributing? *This may include personal contributions or departmental contributions. Do **NOT** include amounts listed as Firm or Pending below.*

Character Limit: 20

Not contributing?*

Please clarify why you are not contributing.

Character Limit: 250

Other FIRM Funding Sources*

What amount (if any) *has been or will be funded* by other sources (e.g. government agencies, other private foundations, businesses, individuals)? *Do **NOT** include amounts listed elsewhere in this section.* Please list each source and the amount funded on a separate line.

Example:

NIH - \$50,000

Provost Office - \$10,000

Character Limit: 2000

Other PENDING Funding Sources*

What amount (if any) is *not yet funded* but is under consideration by additional sources? *Do **NOT** include amounts listed elsewhere in this section.* Please list each source and the amount under consideration on a separate line. Also include the expected response date.

Example:

NSF - \$50,000 - 3/2020

Parents Fund - \$500 - 1/2020

Character Limit: 2000

Other Funding Information

Previous Jefferson Trust Grant Proposals*

Have you or another party to this proposal applied previously to the Trust for funds for this project or any other project? If yes to either, please state when, the name of the proposal, and whether or not it was approved.

Character Limit: 2000

Partial Funding Impact - for requests over \$50,000

Explain **in detail** how you would use a reduced allotment if your proposal is not fully funded by the Trust, or you do not receive the full alternative source funding requested.

Please indicate partial minimum funding threshold received from the Trust which would allow the project to move forward.

Briefly describe how the project scope would change if only threshold funding is provided.

Character Limit: 2000

Continuation Funding*

If your project is to continue beyond the grant project timeline, what are your plans for future, ongoing funding? How will the project be sustained? *(If your project is not designed to continue but is self-contained, please enter "N/A.")*

Character Limit: 2000

Costs

Please note the costs described in your budget **MUST** match the **Total Overall Program Funding Required** AND the **Jefferson Trust Request** amounts you supplied in the previous section.

Project Budget*

Please upload a detailed budget for the **Total Overall Project Funding** 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

Additional Information

Upload a Résumé*

Please upload a résumé for the project director. Please note we expect and require a 1-2 page résumé, maximum. Extended résumés or CVs that span more than 3 pages will not be accepted.

File Size Limit: 9 MB

Additional Information

If there is anything else you believe the Trust should consider in support of your request, please enter it here.

Please note this section is read at the discretion of the reviewers.

Any information critical to your proposal should be already included on previous pages.

Character Limit: 5000 | File Size Limit: 7 MB

Authorized Person

In this section, please provide information for the authorized individual 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 confirm or deny approval.

This step may be done at any time prior to submitting your application. Please note the email and the verification email will both be sent immediately upon clicking send.

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.

ADMINISTRATOR/STAFF

Important information & additional comments from Jefferson Trust staff for Trustees.

Optional Comments

Character Limit: 2500

Third Party - Authorized Person Confirmation

Third Party Email*

Character Limit: 254

First Name*

Character Limit: 250

Last Name*

Character Limit: 250

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