

# Annual Cycle 2021-22

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*The Jefferson Trust*

## *Applicant Information*

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### **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*

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### **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: 5000*

## Measuring Success\*

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

*Character Limit: 2000*

## Work Plan

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### 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*

## *Budget*

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**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*

## *Additional Information*

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### **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*

### **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*

## *Authorization*

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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*

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### **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