

# Annual Cycle 2024-25

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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*

### What do you want to do?\*

Give us your pitch. Describe your project/program.

*Character Limit: 500*

### How are you going to do it?\*

Tell us about your process. Avoid lengthy backgrounds, rationales, or citations.

*Character Limit: 5000*

### What do you think the impact will be?\*

Tell us about the expected outcomes. Provide success metrics with specific figures such as, the number of students or community members involved and impacted.

*Character Limit: 3000*

## 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*

### **Partial Funding Impact\***

If your request cannot be funded in full, is there a second tier of funding that would still allow the program/project to proceed? If so, what is the dollar amount and scope of tier two?

*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: 1200*

### **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*

## 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. You may also use a PDF of your LinkedIn Profile (Profile>More>Save to PDF). Extended résumés or CVs that span more than 3 pages will not be reviewed.

*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.

**A response must be received by the submission deadline**, or your proposal will be considered incomplete. Please work closely with your signer to confirm that they have provided a response before the deadline. *You may send this as early in the drafting process as you can - they do not see the content of the 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. The email will be sent from "The Jefferson Trust" - administrator@grantinterface.com" and may land in a junk folder.*

*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. 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.

## Authorized Person Confirmation

**Third Party Email - enter email address only then click Compose\***

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