

# City of Norfolk – Safer Communities

## Subgrants

### Community-Based Organization Funding Request Form

1. Which area of focus is your organization applying for?

- CVI (Community Violence Intervention)
- YEAM (Youth Engagement and After School Mentorship)
- PREV (Prevention)

### SECTION 1 — Organization Information

Fill out the information below

2. Organization Name:

3. EIN / Tax ID:

4. Physical Address:

5. Organization Website:

6. Primary Contact (Name & Title):

**7. Phone:**

**8. Email:**

**9. Organization Type:**

- 501(c)(3) Nonprofit
- Faith-Based Organization
- Other:

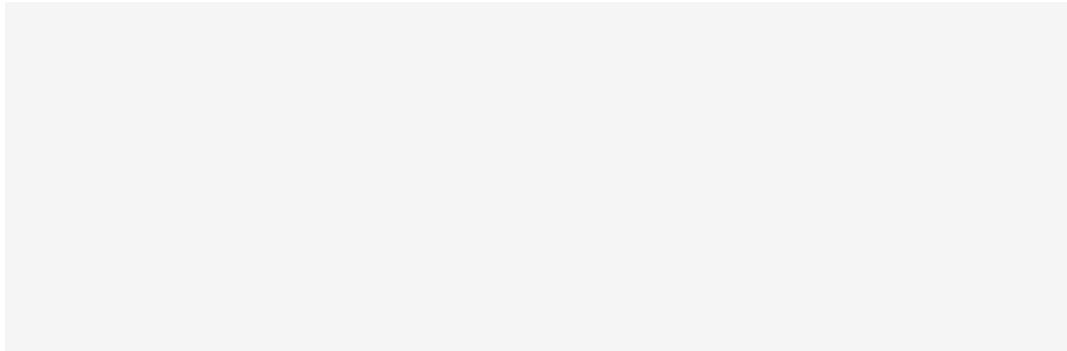
**10. Years Serving Norfolk Communities:**

## **SECTION 2 — Organizational Background & Capacity**

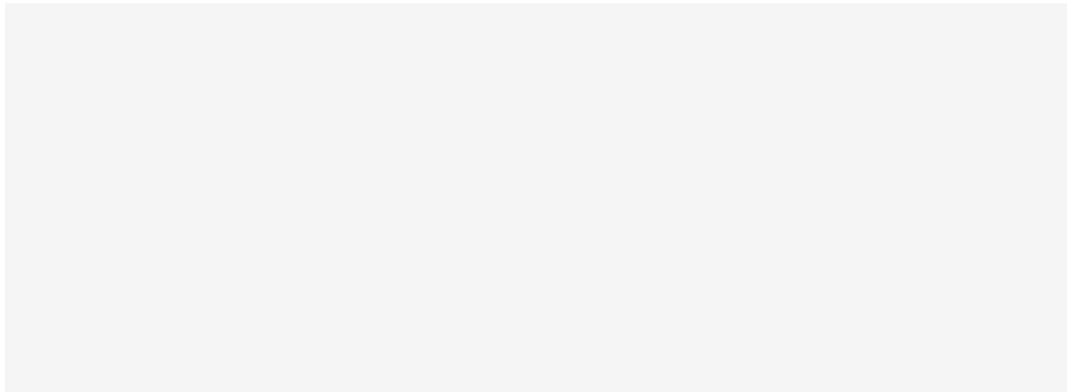
**11. Mission Statement:** Please describe your organization's mission and how it relates to community safety, violence prevention, youth development, or neighborhood well-being (200 words):

**12. Organizational History & Relevant Experience:** Summarize your organization's background, including years of operation, history serving high-risk populations or neighborhoods, past or current partnerships with city

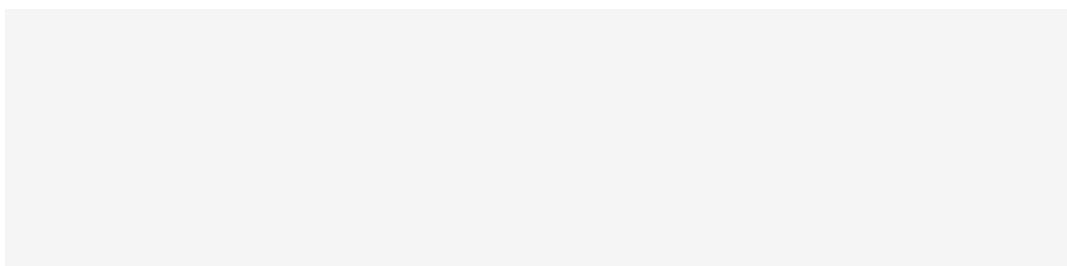
agencies, schools, or nonprofits, prior experience delivering CVI, YEAM, or prevention services (200 words):



**13. Staffing Capacity:** Provide details on your staffing structure, including number of full-time staff, number of part-time staff, number of volunteers / mentors, key personnel who will deliver the proposed project, names, titles, and role descriptions (200 words):



**14. Credentials & Lived Experience:** Describe any certifications, training (e.g., conflict resolution, de-escalation, cognitive behavioral therapy), or lived experience relevant to CVI or youth engagement (200 words)



## **SECTION 3 — Funding Pillar Selection**

15. Select **one** pillar your proposal addresses. If more than one pillar applies, please prioritize one focus area and include others in your program description:

- **Community Violence Intervention (CVI)** Eligible services include: Violence interrupters, Credible messengers, Conflict mediation, Gang intervention or ceasefire activities, High-risk case management, Hospital-linked violence response Outreach to individuals most at risk of retaliatory violence
- **Youth Engagement and After School Mentorship (YEAM)** Eligible services include: 1:1 mentoring, Youth leadership development, School-based or afterschool engagement, Weekend and summer youth culturally grounded enrichment
- **Prevention (PREV)** Eligible services include: Anti-bullying & gang prevention, Cognitive behavioral therapy, Parent/caregiver education, Neighborhood-based outreach, Trusted community partner events, Early-intervention programming targeting root cause, Childhood literacy

16. Describe how your proposed program aligns with the selected pillar (200 words):

## **SECTION 4 — Program Proposal (Detailed Narrative)**

### **Program Overview**

17. Describe what you intend to deliver from March 1 – June 30, 2026. Include purpose, goals, and specific services. Please include target population, service delivery model, implementation plan and timeline, community partnerships, and how services address the root causes of community violence (1000 words):

18.Explain how your organization will ensure timely expenditure of funds, maintain safety protocols, and deliver consistent services (500 words):

19.Describe how outcomes will be measured, tracked, and reported to the City (200 words):

## SECTION 5 — Expected Outcomes

20. Describe **3-5 measurable changes** you expect among participants or the community as a result of your program.

Examples include:

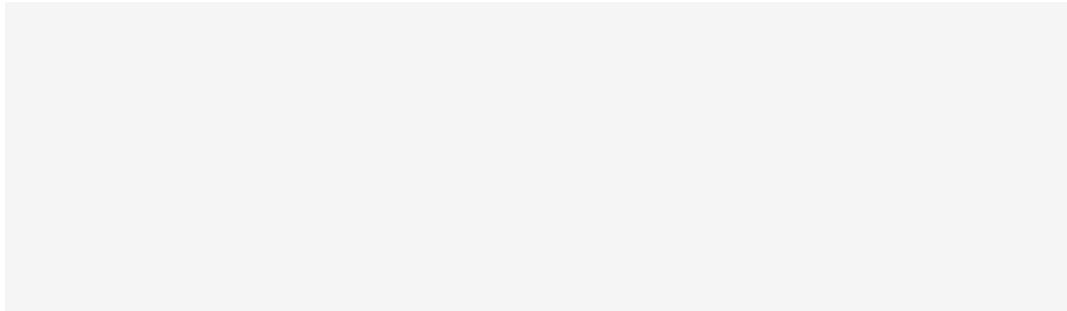
- Improved conflict-resolution skills among youth
- Increased school attendance or engagement
- Reduced frequency or severity of youth altercations
- Increased perception of safety among residents
- Strengthened protective factors (e.g., prosocial relationships, mentorship)
- Reduced retaliation risk following critical incidents
- Decreased family conflict through skills-based programming

## SECTION 6 — Budget Request & Justification

21. **Total Amount Requested:** (If requesting lower than \$25,000, please indicate amount under 'other'.)

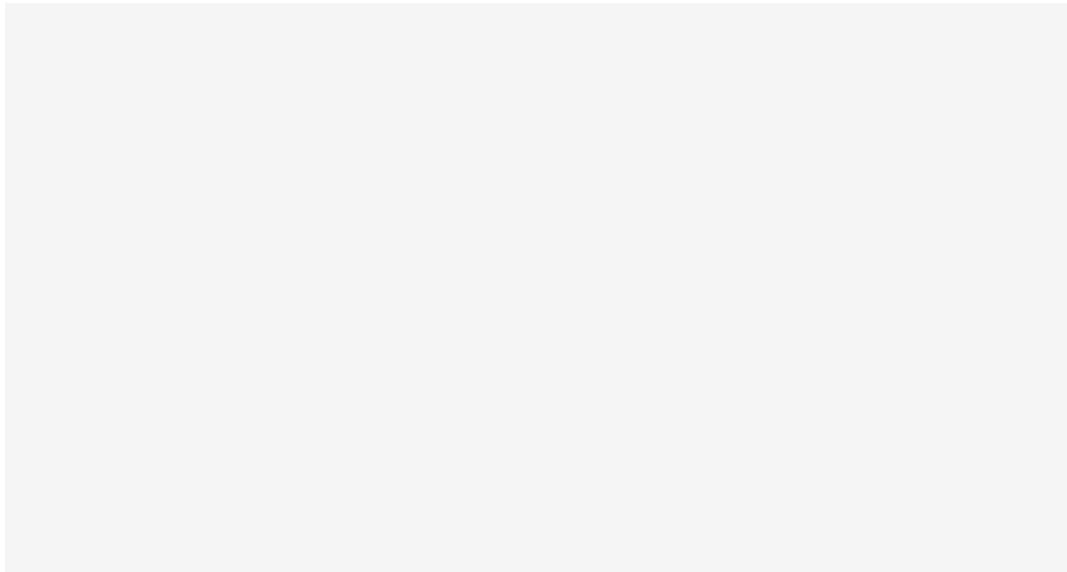
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$100,000
- Other:

**22. Budget Narrative:** Justify how funds will support personnel, services, supplies, events, etc. (200 words):

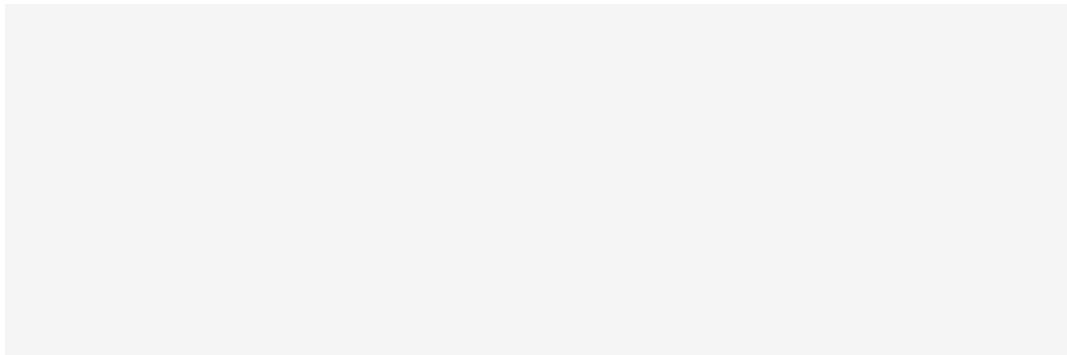
A large, solid light gray rectangular box used to redact the response to question 22.

### **Budget Breakdown:**

**23. Please specify the amount as well as a detailed description:** Personnel / stipends:

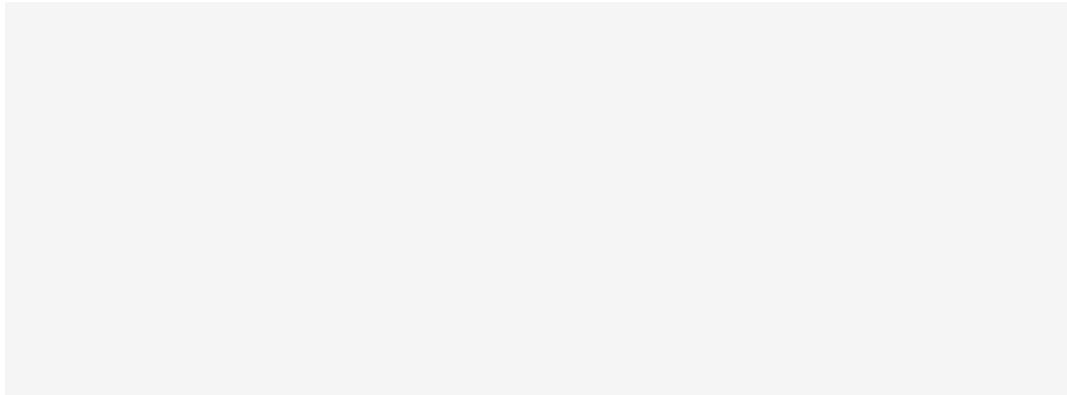
A large, solid light gray rectangular box used to redact the response to question 23.

**24. Please specify the amount as well as a detailed description:** Program Supplies:

A large, solid light gray rectangular box used to redact the response to question 24.

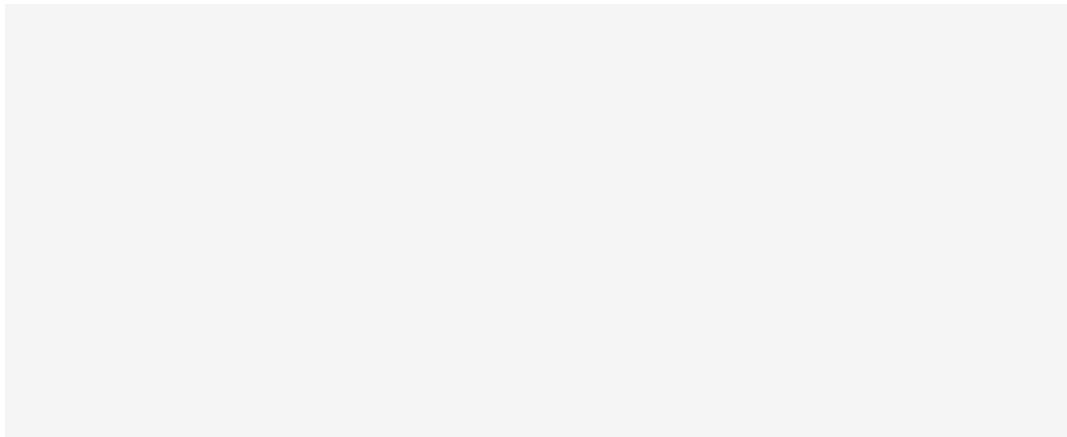
**25. Please specify the amount as well as a detailed description:** Direct

Services/Activities:

A large, empty rectangular box with a light gray background, intended for the respondent to provide a detailed description of Direct Services/Activities.

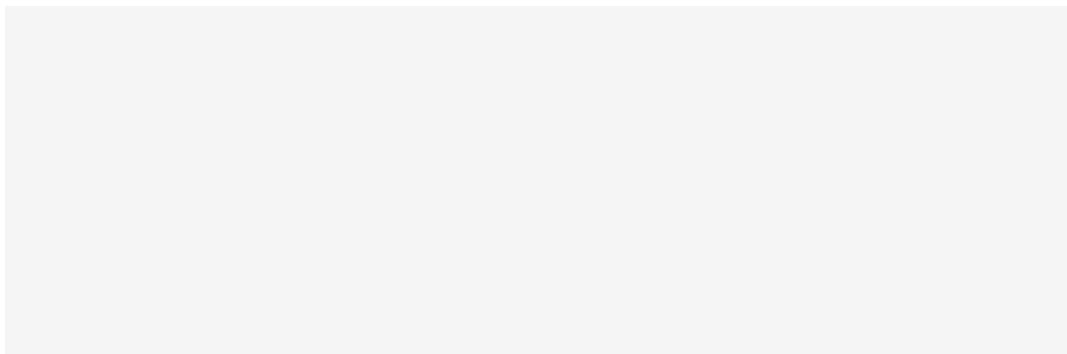
**26. Please specify the amount as well as a detailed description:**

Transportation:

A large, empty rectangular box with a light gray background, intended for the respondent to provide a detailed description of Transportation.

**27. Please specify the amount as well as a detailed description:** Event

Space/Costs:

A large, empty rectangular box with a light gray background, intended for the respondent to provide a detailed description of Event Space/Costs.

**28. Please specify the amount as well as a detailed description:** Indirect

(≤10%) :

**29. Please specify the amount as well as a detailed description:** Total amount requested

## **SECTION 7 — Required Documents**

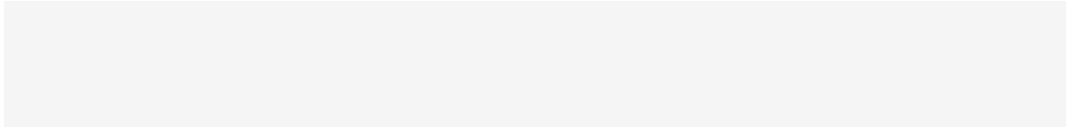
- IRS 501(c)(3) Determination Letter (if applicable)
- W-9
- Organizational Budget (current year)
- Most recent financial statement and federal tax return
- List of board members
- List of key staff
- Proof of general liability insurance
- MOUs or partnership agreements (optional but encouraged) OR
- 2 References that support your organization's service delivery in lieu of MOUs

Please email the required documents above to [military.community@norfolk.gov](mailto:military.community@norfolk.gov)

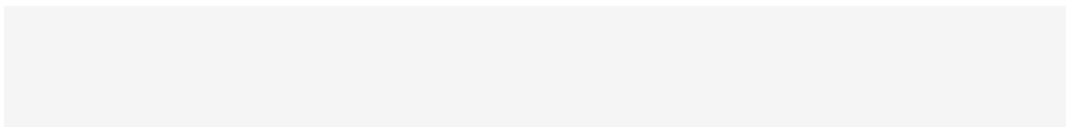
## **SECTION 8 — Certification**

I certify that the information provided is true and that all funds will be used in alignment with the scope of work outlined in the application. Failure to submit the required documents from the last section by the deadline will result in disqualification.

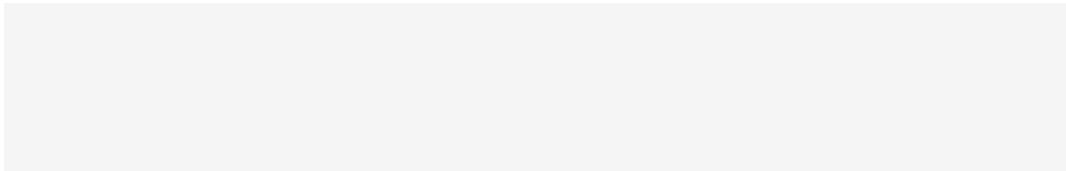
**30.Name:**

A large, solid light gray rectangular box used to redact the respondent's name.

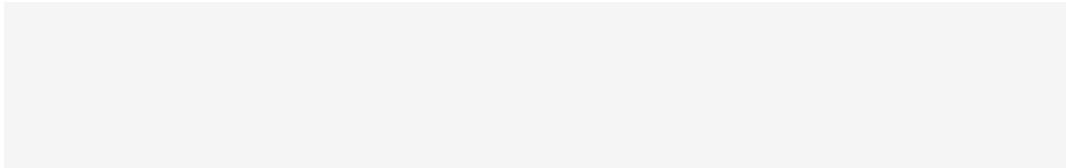
**31.Title:**

A large, solid light gray rectangular box used to redact the respondent's title.

**32.Signature:**

A large, solid light gray rectangular box used to redact the respondent's signature.

**33.Date:**

A large, solid light gray rectangular box used to redact the date.