**REGION 3 GRANT APPLICATION**

**Collaborative Project Building Grants**

**Per Capita Grants – Region 3**

**PROJECT INFORMATION**

Project Title:

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**Project Primary Contact**

First Name: Last Name:

Title: Email:

Work Phone:

**Project Location**

Address:

City: Zip Code:

**Primary Service Area**

Please list all localities that will be in your project's primary service area. When listing a County, it is not necessary to also list a Town that lies within that County.

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Total Requested Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alignment with Region 3 Area of Critical Need:**

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| --- | --- |
| **Critical Need Area** | **Alignment (yes or no)** |
| Workforce Talent Development & Recruitment/**Sector Partnerships** |  |
| Workforce Talent Development & Recruitment/**Career Pathways** |  |
| Workforce Talent Development & Recruitment/**Work-Based Learning** |  |
| Workforce Talent Development & Recruitment/**Recruitment** |  |
| Workforce Talent Development & Recruitment/**Broadband** |  |
| Sectoral Development/**Business Services** |  |
| Sectoral Development/**Information Technology & Data Centers** |  |
| Sectoral Development/Advanced Manufacturing & Materials/**Aerospace** |  |
| Sectoral Development/Advanced Manufacturing & Materials/**Production Technology** |  |
| Sector Development/Advanced Manufacturing & Materials/**Lighting and Electrical Equipment** |  |
| Sectoral Development/Advanced Manufacturing & Materials/**Automotive and OTR Truck Manufacturing** |  |
| Sectoral Development/Advanced Manufacturing & Materials/**Biopharmaceutical Manufacturing** |  |
| Sectoral Development/**High Value-Added Natural Resource Products** |  |
| Sectoral Development/**Health Care** |  |
| Cyber Infrastructure/**Regional Collaboration** |  |
| Cyber Infrastructure/**Middle and Last Mile Opportunities** |  |

**NARRATIVE INFORMATION (Maximum characters allowed is 6,000 for each answer which includes all special characters and spaces. Please avoid the use of tables in the answer.)**

**ECONOMIC IMPACT**

1. Provide a detailed overview of the proposed project and project activities included in the project budget. If the full project scope goes beyond the reflected budget, please provide a breakdown of the current and later phases of project activities**. ATTACHMENT: A 1-2-page Executive Summary with this application.**

**Answer**:

2. Identify the project goals, approach, and outcomes, and how the project relates to the region’s Economic Growth & Diversification Plan and the goals of GO Virginia.

**Answer:**

3. Describe the project timeline and the specific project milestones that will be utilized to track project progress and fund disbursement. Address the project administrator’s ability to meet these milestones and to take remedial actions in the event they are not achieved. **ATTACHMENTS**: **Project Milestones and the Drawdown Schedule with this application.**

**Answer:**

4. Provide a detailed description of the performance metrics that will be used to quantify success, both quantitative and qualitative, and how the metrics were developed. Describe the Return on Investment (ROI) methodology and calculated ROI, and the timeline for achieving the expected ROI. Include an explanation and source of any data used as the basis for ROI and outcome projections **ATTACHMENTS: Performance Metrics and ROI Calculations with this application.**

**Answer:**

**REGIONAL COLLABORATION**

5. Describe the service area of the project. Identify localities participating in the project (financially or administratively) as well as those localities that are served by the project. **ATTACHMENTS: Relevant letters of commitment (including in-kind contribution forms) or support from localities or local government entities with this application.**

5a. What portion of the region’s population is served by the project? How was this figure calculated?

5b. Does the applicant request a waiver of the local match requirement? (The local match requirement is $50,000 or 20% provided by participating localities, whichever is greater).

5c. Are there localities or other GO Virginia regions (including interstate collaborations) that are outside the applying region that are participating in the project? If so, describe the nature of the collaboration and the anticipated impact.

**Answer**:

6. Identify cost efficiencies, repurposing of existing funds, leveraging of existing assets, or other evidence of collaboration that can be demonstrated as a result of the project.

**Answer**:

7. Discuss existing grant requests or programs with similar goals and indicate how the proposed project is not duplicative of, but additive to, other efforts to support economic diversification and the creation of higher-paying jobs. Have existing efforts been successful and sustainable?

7a. For enhanced capacity building projects, discuss how the enhanced capacity building effort could contribute to the success of associated future grant requests and how the project could be replicated or used across multiple grant requests and/or regions.

**Answer**:

**PROJECT READINESS**

8. Describe all partner organizations involved with the implementation of the project, including the entity’s role, financial or in-kind commitment, and capacity to successfully execute their duties as they relate to the project. These may include but are not limited to school divisions, community colleges, public and private institutions of higher education, economic and workforce development entities, local governments, regional organizations, planning district commissions, nonprofit organizations, and private-sector entities.

**Answer**:

9. Discuss any major barriers to successful implementation and other associated risks along with a plan to overcome them. How will the project administrator address these barriers?

**Answer**:

10. Discuss how the regional council and project developers have consulted with Subject Matter Experts regarding the efficacy and viability of the proposal. Provide an overview of the feedback from the subject matter experts, and how their feedback validated the approach and methodology for the project. **This question is to be answered by the regional council and project developers.**

**Answer:**

11. Discuss how the regional council and project developers have consulted with local government entities regarding the strategy and implementation of the project.  **This question is to be answered by the regional council and project developers.**

**Answer:**

12. Discuss prerequisite activities undertaken by the collaborating parties to increase efficiency with regard to program delivery and support for the project once launched.

**Answer**:

13. Identify the total project budget and the sources and uses for matching funds and leverage.

13a. Does the project have the required $1:1 match? If so, what are the sources/uses for these funds?

13b. Does the project have the required 20% (or $50,000 if request is less than $250k) local match? If so, what are the sources/uses for these funds?

13c. Are any additional funds or in-kind contributions serving as leverage for the project? If so, what are the sources/uses for these funds?

13d. **ATTACHMENTS: Financial commitment letters and In-kind Contribution forms with this application along with the Budget Overview (template). Please note that the Budget Overview Template has five tabbed worksheets that must be completed.**

**Answer:**

**PROJECT SUSTAINABILITY**

14. Discuss how the program will achieve stable, long-term sustainability beyond the initial funding period? Have any funding sources been secured to continue implementing the program or strategy following the exhaustion of these funds?

**Answer**:

**ADDITIONAL INFORMATION**

**15. Enter optional comments regarding your application in the space below. Maximum characters allowed is 2,000 which includes all special characters and spaces.**

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Budget Template

Use Attached Excel Template

All 5 Tabbed Sections must be Completed.

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|  | **In-Kind Contribution Form** | | | | | | | | |
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|  | **Support Organization:** | |  |  | | | | | |
|  | **Regional Council:** | |  |  | | | | | |
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|  | **Contributor Information** | | | | | | | | |
|  | **Name of Business/Individual:** | | |  | | | | | |
|  | **Name of Primary Contact:** | | |  | | | | | |
|  | **Address:** |  |  | | | | | | |
|  | **City:** |  | | | | **State:** |  | **Zip:** |  |
|  | **Telephone:** |  | | | **Email:** |  | | | |
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|  | **Contributed Goods or Services** | | | | | | | | |
|  | **Description of Contributed Goods or Services:** | | | | |  | | | |
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|  | **Date(s) Contributed:** | |  | | | | | | |
|  | **Real or Estimated Value of Contribution: $** | | | |  | | | | |
|  | **How was the value determined?** | | |  | **Actual Value** |  | **Appraisal** |  | **Other** |
|  | **Please explain:** | |  | | | | | | |
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|  | **Who Made this Value Determination?** | | | |  | | | | |
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|  | **Is there a restriction on the use of this contribution?** | | | | |  | **No** |  | **Yes** |
|  | **If yes, what are the restrictions?** | | |  | | | | | |
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|  | **Contribution Obtained or Supported with State funds?** | | | | |  | **No** |  | **Yes** |
|  | **If yes, please provide the name of the State agency and grant/contract number:** | | | | | | | |  |
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|  | ***Signature of Contributor*** | | | | |  | ***Date Contributed*** | | |
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