

2024 NH Volunteer Engagement Mini-Grant Application Preview

IMPORTANT: *These questions are for your information only.*

All applications **must be submitted** through the VNH online application system:

www.volunteernh.smapply.io

1. Organization Legal Name:
2. What is your organization type? (Your organization type must be one of the following to be eligible to submit an application.)
 - Nonprofit Organization
 - State/Local Government Agency
 - Educational Institution
3. Does your organization have a current and valid SAM.gov registration? (*The applicant must have a valid Sam.gov registration by the time of application submission.*)
 - a. Yes, we have a valid Sam.gov registration
 - b. We are currently in the process of registering (or renewing our registration) in Sam.gov
 - c. We do NOT have a current Sam.gov registration
4. Organization's Sam.gov Universal Entity Identifier (UEI):
5. EIN
6. What is your organization's physical address?
7. What is your organization's mailing address (if different)?
8. Primary Contact Name:
9. Primary Contact Phone:
10. Primary Contact Email:
11. Briefly describe your organization's mission and main activities. This information should include:
 - a. Area(s) where the organization operates
 - b. Who/what the organization serves
 - c. How your organization currently uses volunteers to support this mission.

Overview & Goals

1. Will your project request support volunteers whose service directly focuses on one of the following areas? (Must be one of the three below to be eligible to apply)
 - a. Affordable Housing
 - b. Mental Health
 - c. Food Security
 - d. None of these

2. Funding purpose (only 1 selection allowed):
 - a. **Volunteer Management Technology:** Purchasing software or other technology related to volunteer management
 - b. **Volunteer Recruitment Costs:** Costs associated with recruiting volunteers, including developing, producing, and distributing outreach materials and campaigns
 - c. **Volunteer Training(s):** Costs associated with training volunteers (orientations, specific skills, leadership, etc.) including consultant and trainer fees, manual development, material printing, technology, space rental, etc.
 - d. **Volunteer Manager Training(s):** Volunteer Manager Training(s): Costs associated with providing additional professional development training or certifications for your Volunteer Manager. Costs could include registration/travel to a professional development conference, costs to obtain Volunteer Management classes and certifications, etc.
 - e. **Volunteer Program Development/Improvement:** Costs (including purchases & consultant fees) associated with performing a program evaluation, needs assessment, or piloting new strategies for utilizing volunteerism to address community needs

3. How much funding are you requesting? Must be \$1,000 - \$4,000. You will be required to upload a detailed budget later on in the application.

4. Will your proposed project require an extension past the grant end date of 7/31/2024 in order to complete?

5. Please describe (in more detail) the project purpose selected above.

6. Why is this project a need for your organization right now?

7. What are your goals around this project (people trained, volunteers managed, type of deliverables, etc.)?

8. How would receiving this funding (and completing the project outlined above) improve your organization's capacity (including the capacity to recruit, retain, and/or manage volunteers)?

Demographics

1. For the current fiscal year, what is your revenue budget?
 - a. Less than \$25,000
 - b. \$25,000 – \$75,000
 - c. \$75,001 - \$150,000
 - d. \$150,001 - \$250,000
 - e. \$250,001 - \$500,000
 - f. \$500,001 - \$750,000
 - g. \$750,001 - \$1,000,000
 - h. More than \$1,000,000

2. How many paid staff does your organization employ?
 - a. No paid staff
 - b. 1-5
 - c. 6-10
 - d. 11-20
 - e. 21-50
 - f. 51+

3. How many years has your organization been in existence?

4. Does your organization work towards one of the following priority areas as a PRIMARY part of its mission? Please choose only one
 - a. Mental Health
 - b. Food Security
 - c. Affordable Housing
 - d. None of these

5. What county(s) does your organization serve (choose all that apply)?
 - a. We operate statewide
 - b. Belknap
 - c. Carroll
 - d. Coos
 - e. Cheshire
 - f. Grafton
 - g. Hillsborough
 - h. Merrimack
 - i. Rockingham
 - j. Strafford
 - k. Sullivan

6. On average, how many volunteers does your organization engage annually?

7. Has your organization received federal funding in the last five years?

8. Has your organization received any of the following grants from Volunteer NH?
 - a. NO, we have never received a grant from Volunteer NH
 - b. AmeriCorps Planning Grant
 - c. AmeriCorps Operational/Program Grant
 - d. Volunteer Generation Fund (VGF) Mini-Grant
 - e. Volunteer Generation Fund (VGF) Cohort Grant
 - f. Other

9. Does your organization provide services to historically underrepresented or underserved populations?