

Community Foundation Tampa Bay Competitive Grant 2026

Community Foundation Tampa Bay

Acknowledgment

ACKNOWLEDGMENT*

I understand that in order to apply for a competitive grant from Community Foundation Tampa Bay, my organization must:

- be tax-exempt under section 501(c)(3) of the Internal Revenue Code;
- be up to date with Internal Revenue Service 990 filings and have filed for at least one fiscal year;
- be able to apply under the organization's own tax exempt Employer Identification Number (EIN);
- be serving Hillsborough, Pinellas, Pasco, Hernando, or Citrus counties;
- be in compliance with all requirements of previous funds awarded through Community Foundation Tampa Bay, including reporting requirements; and
- have read and understand the guidelines and criteria provided on Community Foundation Tampa Bay's website.

****Organizations may be asked to verify their eligibility prior to receiving an award.***

Choices

No

Yes

Organization Information

Questions that contain the yellow Candid logo allow information to be pulled directly from your organization's Candid profile. You will have the ability to edit the information that is downloaded from Candid. Click on the logo to begin. Alternatively, you may enter the mission statement on your own.

Mission Statement*

Enter your organization's mission statement below or click the yellow Candid logo to import the mission statement from your organization's Candid profile.

Character Limit: 400

Revenue*

Enter your organization's total revenue for the most recently completed fiscal year (indicated on line 12 of IRS Form 990, or line 9 of IRS Form 990-EZ). *Please note that you may be asked to provide your most recently submitted IRS Form 990 or audited financial statement prior to receiving an award.*

Character Limit: 20

Website Address*

Please enter your organization's website address. This should include http:// or https://. For example, the website address of Community Foundation Tampa Bay is <https://cftampabay.org/>. You may provide a social media site such as Instagram or Facebook if your organization does not have a website.

Character Limit: 250

Project Information

Focus Area*

Select the primary focus area of **your project**. *Please note that Focus Area III has three subcategories.*

Choices

- I. Economic Opportunity
- II. Environmental Resiliency and Sustainability
- III. Physical Health and Mental Wellbeing: A. Basic Needs
- III. Physical Health and Mental Wellbeing: B. Health and Wellness
- III. Physical Health and Mental Wellbeing: C. Mental Health and Trauma Services
- IV. Quality Childhood and Youth Education
- V. Vibrant and Engaged Communities

Geographic Area(s)*

What geographic area(s) will **your proposed project serve**? Your selection should only include area(s) that support individuals who will be served **by the project**. The project must serve one or more of the geographic areas listed below.

Choices

- Citrus
- Hernando
- Hillsborough - North (north of the Alafia River)
- Hillsborough - South (south of the Alafia River)
- Pasco
- Pinellas

Project Title*

Enter the title of your project.

Character Limit: 250

Project Summary*

Provide a brief summary of **your project** that may be used in marketing materials and shared with high-level reviewers such as council members and donors. Please detail:

- goal of the project;
- how the funds will be used; and
- intended impact.

Character Limit: 1000

Need*

Describe the specific community need that **your project** is addressing using data and/or research to support the need for the programming **in the community being served**. Visit our Data Resources webpage for possible localized data sources to utilize when developing this section.

Character Limit: 2000

Collaboration*

List the parties you will be collaborating with on **this project**. This should include entities such as nonprofits, for profits, governmental, community and/or private organizations. *You do not need to describe the details of the collaboration at this phase of the process.*

Character Limit: 400

Collaboration Letter Confirmation*

I understand that I will be required to provide a letter of collaboration from each of the organizations listed above if I am invited to submit a full application.

Choices

No

Yes

Number Served*

Enter the number of individuals estimated to be **served by your project**.

Character Limit: 10

Population Served*

Describe the population served by **this project AND** include a brief summary describing the impact of **your project** on the target population.

Population served can include vulnerable groups such as veterans, foster youth, opportunity youth, etc., AND/OR be based on gender, age, race, socio-economic status, disability, or sexual orientation.

Character Limit: 1500

Project Status*

Is this a new project?

Choices

No

Yes

Budget Information

Project Budget*

Enter the total budget for **your project**. This should include costs for this **project only**, and should not comprise the organization's operating budget.

Character Limit: 20

Amount Requested*

Enter the amount of the grant you are requesting. The average grant amount awarded for fiscal year 2025 was approximately \$28,700, and grants ranged from \$5,000 - \$55,000.

In addition, the amount requested should not exceed 30% of the revenue earned for the organization's most recently completed fiscal year (the amount entered for the revenue question in the Organization Information section above).

Character Limit: 20

Fund Use*

Please provide a summary (3-5 sentences) describing how the funding requested will be expended for **this project** such as personnel, equipment, additional programming elements, participant recruitment, etc.

Character Limit: 1000

Funds Disbursement Date Acknowledgment*

Please acknowledge that if your organization is selected to receive a grant, funds will not be disbursed until June, 2026.

Choices

No

Yes

Eligibility Criteria Not Met

You are seeing this message because you indicated that you do not meet all of the eligibility criteria above. If you feel you have received this message in error, please review your answer above and adjust if appropriate.

Please note, you may be asked for additional documentation to illustrate all eligibility criteria has been met.

If you are not eligible for Community Foundation Tampa Bay's Annual Competitive Grant process this year, you may become eligible next year or in future years. This does not exclude your organization from being eligible for other grant opportunities that we facilitate. Please view our [Grants webpage](#) to learn about other opportunities that are currently available or will be soon.