

# Shaping Futures Concept Note

Please fill out **all fields** for your application to be considered complete. You may click the blue question mark to view help text for certain questions. Once you have completed this application, please submit it and the required documents to **Aiyana Marcus** at [amarcus@cacfonline.org](mailto:amarcus@cacfonline.org).

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|--|-----------------|
| <b>Are you a 501(c) 3 organization?</b>  | Yes             |
|  | No              |
| <b>Are you a UVA entity, partisan organization, or faith-based organization?</b> | Yes             |
|  | No              |
| <b>Which area(s), within the CACF service area, will your project benefit?</b>   | Albemarle       |
|  | Charlottesville |
|  | Fluvanna        |
|  | Greene          |
|  | Louisa          |
|  | Nelson          |

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## Contact Information

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**Full Legal Organization Name**

**Street Address**

**City**

**State**

**Zip Code**

**Organization Website**

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**Organization President / Executive Director**

**Phone Number**

**E-Mail Address**

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**Contact Person**  
(if different)

Title

Phone Number

E-Mail Address

## Organization Information

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**Proposal/Project Title**

**Estimated Project Budget**

**Total Organization Budget**

## Proposal Request

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**Select the primary MAPP priority area that you are addressing:**

Promote healthy eating and active living

Address mental health and substance use issues

Improve health disparities and increase access to care

Foster a healthy and connected community

**State the purpose of your request in no more than 3-5 sentences.**

(500 characters or less)

**Who are the people that you are seeking to impact within your priority area? Please describe the demographics of the population.**

(maximum of 2500 characters)

**What would you like to see changed in a 5-year period for this population? How does your 5-year vision for change within the MAPP priority area align with the expressed desires of the community?**

(maximum of 2500 characters)

**Provide an in-depth description of how the MAPP priority area impacts your identified population.**

(maximum of 2500 characters)

**Are you aware of other entities and/or individuals working towards similar change? If so, briefly describe the landscape of this work in the community and why you are uniquely positioned to contribute to this work.**

(maximum of 2500 characters)

**What is your understanding of a clear and targeted strategy to achieve this change? Please include expected goals, outcomes, and impact of the strategy.**

(maximum of 4000 characters)

**What data/evidence supports the selection of your strategy? Please include local data.**

(maximum of 1500 characters)

**Describe the nature and degree to which engagement from the people most impacted by the MAPP priority area have influenced the design of your strategy.**

(maximum of 2500 characters)

**Who are the additional stakeholders needed to achieve success in a 5-year period? Please indicate if they are current or perspective partners and what role they would play.**

(maximum of 1000 characters)

**Describe how you plan to measure success.**

(maximum of 2500 characters)

**Do you have any other funding to help with this project? If so, please list the amount and the source of the funding.**

(maximum of 500 characters)

**Share a list of unanswered questions that you would want the Foundation team to help you explore and answer during further due diligence of this concept.**

(maximum of 500 characters)

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## **Required Documents**

Please upload (attach) the following documents for your concept note submission to be considered complete:

1. 501(c)3 determination letter
2. List of Governing Board and Staff names
3. Proposed project budget. If a draft is not available, please upload a brief budget summary.
4. Current fiscal year operating budget
5. Previous fiscal year operating budget