

## **Enhanced Capacity Building (ECB) Project Materials**

## Enhanced Capacity Building (ECB) How to Apply and Timeline

Due to the economic effects of COVID-19 on the Virginia economy, beginning in April 2020, DHCD will allow the submission and approval of ECB projects on a rolling basis. These projects must still be approved by the Region 6 Council and therefore the following timeline will apply to ECB projects received during the period in which DHCD's policy is in effect. These projects also have updated match requirements; grants will require match equal to 50% of the GO Virginia request, to be from any non-state source, with no local match required. This policy is in effect until further notice.

### How to Apply

\*Staff highly encourages applicants meet with staff to discuss their project idea, prior to submission.

1. Complete the attached "Enhanced Capacity Building Application" and submit it to Jennifer Morgan, [morgan@gwregion.org](mailto:morgan@gwregion.org).
2. Within 1-week, staff will schedule an initial project review call to discuss the application and suggest changes.
3. Applicants will have 10 days to make edits to the application.
4. Applicants will submit their final application for review by staff and two Council members.
5. Applicants will have 1 week to respond to any questions and submit a final application with tracked changes.
6. Staff will write final comments and submit to the Regional Council/Executive Committee for review.

Recommended Call/Meeting with Region 6 Staff							
Applicant Submits Draft Application	May 1, 2020	June 1, 2020	July 3, 2020	August 7, 2020	August 31, 2020	October 2, 2020	October 30, 2020
Initial Project Review Call	May 4 – 8, 2020	June 2 – 10, 2020	July 6 – 10, 2020	August 10 – 14, 2020	September 1 – 9, 2020	October 5 – 9, 2020	November 2 – 6, 2020
Applicant Works on Application	May 11 – 20, 2020	June 10 – 19, 2020	July 13 – 22, 2020	August 17 – August 26, 2020	September 9 – 18, 2020	October 12 – 21, 2020	November 9 – 18, 2020
Applicant Submits Final Application	May 20, 2020	June 19, 2020	July 22, 2020	August 26, 2020	September 18, 2020	October 21, 2020	November 18, 2020
Review by Staff and Two Council Members	May 20 – June 3, 2020	June 22 – July 3, 2020	July 22 – August 5, 2020	August 26 – September 2, 2020	September 21 – October 2, 2020	October 21 – November 4, 2020	November 18 – December 2, 2020
Applicant Responds to Questions; Sends Final Application with Tracked Changes	June 3 – 10, 2020	July 6 – 10, 2020	August 5 – 12, 2020	September 2 – 9, 2020	October 5 – 9, 2020	November 4 – 11, 2020	December 2 – 9, 2020
Staff Writes Final Comments	June 10 – 12, 2020	July 13 – 14, 2020	August 12 – 14, 2020	September 9 – 11, 2020	October 12 – 13, 2020	November 11 – 13, 2020	December 9 – 11, 2020
Application Sent to Regional Council/Executive Committee	June 15, 2020	July 14, 2020	August 17, 2020	September 14, 2020	October 13, 2020	November 16, 2020	December 14, 2020
Regional Council/Executive Committee Meeting	June 19, 2020	July 20, 2020	August 21, 2020	September 18, 2020	October 19, 2020	November 20, 2020	December 18, 2020



## Enhanced Capacity Building (ECB) Application

**Project Name:**

**Date:**

**Project Applicant**

Legal Name:

EIN/TIN:

Address:

Website:

**Application Contact**

Name:

Title:

Phone:

Email:

**What Growth and Diversification plan priority industry cluster/s is your project in?**

- Aquaculture/Seafood/Commercial Fishing/Marine Industries
- Forestry/Wood Products/Paper
- Manufacturing
- Distribution/Logistics
- Information/Data Centers
- Professional, Scientific, and Technical Services

**What category does your project fall into?**

- Entrepreneurial Activities
- Site Development
- Workforce Development

**Participating Localities (Minimum 2 Required)**

Projects must have at least two participating localities. "Participation" can include financial participation, in-kind contribution, participation on a project advisory team, and/or administration of the project.

Caroline County		King William County		Spotsylvania County	
Essex County		Lancaster County		Stafford County	
City of Fredericksburg		Mathews County		Westmoreland County	
Gloucester County		Middlesex County		Other (specify):	
King and Queen County		Northumberland County		Other (specify):	
King George County		Richmond County		Other (specify):	

**Please define the level of participation by each of the localities.**



**Proposed Localities to be Served by Project**

Caroline County		King William County		Spotsylvania County	
Essex County		Lancaster County		Stafford County	
City of Fredericksburg		Mathews County		Westmoreland County	
Gloucester County		Middlesex County		Other (specify):	
King and Queen County		Northumberland County		Other (specify):	
King George County		Richmond County		Other (specify):	

**Other Proposed Partners and Collaborators:**

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**Project Description**

Provide a one-page summary of the proposed project. This should convey your project concept(s) assuming no prior knowledge of the project, including:

1. The expenses that GO Virginia funding and match will pay for,
2. Project activities,
3. The expected output/final product(s) of this project,
4. And how this project will create higher paying jobs (or line of sight for potential jobs for an enhanced capacity building grant)?

**Statement of Need**

Describe how the project aligns with the region’s Economic Growth and Diversification plan and why this project should be a priority for the Regional Council.

**Project Timeline and Milestones**

Describe the project timeline and the specific project milestones that will be utilized to track project progress and fund disbursement.

\* GO Virginia is a reimbursement-based grant and funds will only be disbursed after funds are expended. Match funds must be expended prior to or in proportion to GO Virginia funds.

\*\*Milestones are project activities and deliverables; in the order they are completed.

**Future Grant Applications**

Discuss how these capacity building efforts lead to a future GO Virginia Implementation grant.



**Proposed Budget:**

GO Virginia Request:	\$
Total Match:	\$
Total Project Cost:	\$

Please explain in the chart below your proposed sources of revenue and how you plan to expend these funds. These totals must match.

**Project Revenues**

\*Any amount of funding coming from a state source (Community College, University, Other Grant, must show it is from a non-state source or not count as match but additional leverage towards the project

Source of Revenue	Amount	Type of Revenue (Cash or In-Kind)	Type of Match (Local, Regional, Federal, Private, Non-Profit, Other)	If other, specify	Source of Match	Status of the Match
GO VA Funds	\$0.00	Cash				
	\$0.00					
	\$0.00					

**Project Expenditures**

**Line Items include:** Acquisition, Administration, Architectural and Engineering Fees, Clearance and Demolition, Construction, Contract Services, Equipment, Fringe Benefits, Legal Expenses, Machinery/Tools, Planning/Assessment, Rent/Lease, Salaries, Site Work, Studies, Training, Travel, and Other

Line Item	If other, specify	Cost Estimate	Description	Funding Source(s) from Revenues Above	Type of Expenditure (Cash or In-Kind)
		\$0.00			
		\$0.00			
		\$0.00			

**Required Attachment Forms**

1. Letters of Financial (Cash) Commitment (cover sheet attached; Must clearly state amount committed)
2. In-Kind Contribution Forms (if applicable; cover sheet attached; template attached)
3. Letters of Support (if applicable; cover sheet attached)

**Optional Attachments**

- Project Manager Resume
- Other Supporting Documentation



- Memorandums of Understanding between all project partners detailing roles and responsibilities

**Letters of Financial (Cash) Commitment Cover Sheet**

(Must clearly state amount committed). Please place letters in order behind this section of the application.

Partner Name	Amount of Cash Contribution	If Letter Pending, Date Expected
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	



### In-Kind Contribution Forms Cover Sheet

\*If applicable; template attached. Please place in-kind forms in order behind this section of the application.

Partner Name	Amount of In-Kind Contribution	If Form Pending, Date Expected
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	



**In-Kind Contribution Form**

**In-Kind Contribution Form**

Support Organization: George Washington Regional Commission  
Regional Council: Mary Ball Washington Regional Council (Region 6)

**Contributor Information**

Name of Business/Individual: \_\_\_\_\_  
Name of Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contributed Goods or Services**

Description of Contributed Goods or Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Contributed: \_\_\_\_\_  
Real or Estimated Value of Contribution: \$ \_\_\_\_\_  
How was the value determined?: 

Actual Value	Appraisal	Other
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Please explain: \_\_\_\_\_

Who Made this Value Determination?: \_\_\_\_\_

Is there a restriction on the use of this contribution?: 

No	Yes
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If yes, what are the restrictions?: \_\_\_\_\_

Contribution Obtained or Supported with State funds?: 

No	Yes
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If yes, please provide the name of the State agency and grant/contract number: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Contributor*

\_\_\_\_\_  
*Date Contributed*

(Excel version available at <https://govirginia6.org/apply/>)





### Letters of Support Cover Sheet

Letters from organizations not providing financial or in-kind contribution. Please place letters of support in order behind this section of the application.

Partner Name