



2024-2025 Ongoing Education Funds

Ongoing Education Funds

1. A total of \$30,000 is available for Ongoing Education during the Foundation's fiscal year, which ends June 30, 2025.
2. \$15,000 of the \$30,000 will be used to cover the cost of the Legislative Breakfast, the Faith Forum, the Entrepreneurial Thinking Sessions and other local workshops.
3. A nonprofit is eligible to receive a total of \$1,500 during the Foundation's 2024-2025 fiscal year.
4. Funding is available to nonprofits, (501(c)(3) tax exempt status, who have applied for and received Form 102 recognition. Copies of these two documents must be on file at the Foundation's office.
5. The funds may be used to pay
 - the **registration fee** for a specific local, state, national training/workshop/conference/class
 - the **travel** to a specific local, state, national training/workshop/conference/class
 - The nonprofit's Executive Director must approve staff attendance at a local, state, national training/workshop/conference/class.
 - a nonprofit's membership(s) in a local, state, national organization(s)

6. A nonprofit applying for funding must complete and submit the attached form, which can be mailed, faxed or scanned to the Foundation.
7. **Proof of attendance** at a workshop/conference/class or the completion of training must be submitted to the Foundation within a **month** from the date of the training/workshop/conference/class.
8. **Proof of travel expenditures** to attend a training/workshop/conference/class must be submitted to the Foundation within a **month** from the date of the training/workshop/conference/class.
9. **The invoice(s)** for a nonprofit membership(s), must be submitted to the Foundation within a **month** after the funds were received.



APPLICATION
ONGOING EDUCATION FUNDS 2024-2025
2 BERNARDINE DRIVE
NEWPORT NEWS, VA 23602
ATTENTION: SISTER DAVID ANN NISKI
Fax: 757-886-6881; E-mail: david_niski@bshsi.org

Nonprofit _____

Name of the person applying for the funds

Contact information for person applying for funds (email address & telephone number)

Nonprofit mailing address

Name, date and location of the training/workshop/conference/class

Means of transportation to the training/workshop/conference/class _____

Amount requested - **fee** _____ Amount requested - **travel** _____

Please attach a copy of the material, which describes the training/workshop/conference/class.

Name of the organization(s) to which the nonprofit is applying for/renewing membership

Amount requested _____

Executive Director's Signature _____