

Great Chesapeake Bay Schooner Race Grant Application 2026

Dear GCBSR Grant Applicant:

In our fourth year of the **Great Chesapeake Bay Schooner Race** (GCBSR) Grant program, we wish to inform you of our process in evaluating grant applications for 2026.

Priorities for funding applications will be based on the following GCBSR mission attributes in order of priority:

- 1. Encourage youth and young adult sailing programs including increasing participation in the GCBSR,**
- 2. Support Chesapeake Bay education and awareness of the Bay's maritime heritage,**
- 3. Support environmental and conservation efforts in the Bay.**

We will rank the applications based on merit as interpreted by the grants committee based on grant responses. Applicants will be assessed without regard to location other than the grant activity must be in the Chesapeake Bay watershed.

GCBSR typically awards grants in the amount of \$500-3,000. 2026 Grants are for **programs** planned for June-December 2026.

Applications received will be reviewed without regard to past grant awards.

If you have any questions or compliments please contact **education-va@schoonerrace.org**.

2026 Grant Applications must be received by Friday, May 1 at 11:59 PM (EST) to be considered.

Sincerely,

GCBSR Grants Committee

* Indicates required question

1. I understand that the 2026 grant period is for projects taking place between June and December 2026. *

Mark only one oval.

Yes

No

Organizational Information

Please provide information about the organization you are applying on behalf of.

2. What nonprofit organization are you applying on behalf of? *

3. Please provide a link to a website or webpage that showcases the organization. *

4. What geographical area does your program predominantly serve? *

Mark only one oval.

- Baltimore Metro Area
- DC Metro Area
- Eastern Shore
- Hampton Roads Metro Area
- Maryland at Large
- Virginia at Large
- All of the above
- Other:

5. Name of individual preparing the application: *

6. Position of applicant with the organization: *

7. Mailing address of organization: *

8. Best contact email address: *

9. Best contact phone number: *

10. Is your organization on-file with the appropriate state regulatory agency to receive contributions? (i.e. the Virginia Department of Agriculture and Consumer Services or Maryland Charitable Organizations Division) *

Mark only one oval.

Yes

No

Other:

Program Details

GCBSR provides grants for program support. In this section you will share details about the specific project/program you would like us to consider.

11. What is the title of the program or project you wish to fund? *

12. GCBSR grants typically range from \$500-\$3,000. How much are you requesting? *

13. Please provide a rough program budget narrative describing the **top 3** anticipated expense areas GCBSR funds will be used to support i.e. staffing, program supplies, tuition, marketing, travel, etc.

14. The mission of the Great Chesapeake Bay Schooner Race is broad. *

Which of these mission areas does your program support?

Please check all that apply.

Check all that apply.

- promote awareness of the Chesapeake Bay's maritime heritage;
- encourage preservation of the Bay's resources;
- support Chesapeake Bay education and clean-up efforts;
- bring historic schooners to the Bay;
- encourage boating and access to the Chesapeake Bay (and its tributaries).

15. How does your program support the mission areas you've identified? *

16. Please describe the problem, need, or opportunity that your program will address. *
Essentially, why is this program necessary.

17. Does your program contribute to improving diverse representation in maritime activities? *

Mark only one oval.

Yes

No

Other:

18. How many individuals will benefit from this program? *
Anticipated number of program participants.

Mark only one oval.

1-10

11-20

21-40

41-75

75-150

more than 150

19. In a paragraph, please describe your program: What specific audiences will your program serve? What services, benefits, or programming will you provide to these audiences? *

20. How will the program be delivered? (Describe # of program offerings, location, anticipated timeline, etc. Please be specific; but we understand that things can change.) *

21. How will you know that your program is successful? What are the metrics used to gauge success? *

22. Outcomes—What change are you anticipating in program participants as a result of participating in your program? *

Final Approval and Submission

23. If you have other documents you'd like to share in support of your proposal, please upload them here.

Files submitted:

24. I certify that I have the authority to submit a grant application on behalf of this organization *

Mark only one oval.

Yes

No

Other:

25. I certify that the information in this application is true to the best of my knowledge. *

Mark only one oval.

Yes

No

26. Typed name of applicant constitutes digital signature for this application:

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