

Application: 0000000002

Kim Downen - kdownen@pwcgov.org
FY26 Standard Community Partners Application

Summary

ID: 0000000002

Community Partners Standard Grant Application

Completed - Feb 19 2026

Community Partners Standard Grant Application

Funding Request Up To \$50,000

Organization Name

Happy Corp

Grant Contact

Name:	Kim Downen
Phone:	703-689-1374
Email:	kdownen@pwcgov.org
Website	pwcva.gov/communitypartners

Mailing Address

Address Line 1	1 County Complex
Address Line 2	Suite 250
City	Woodbridge
State	Virginia
ZIP	22192

Organizational Structure

Executive Director

Buddy Kell

Board of Directors

	Director Name
1	Sadie Kell
2	Bailey Kell
3	
4	
5	

Where can the Community Partners Team validate the above information:

Other

Please Specify:

Website

Does your organization meet the following criteria:

Has the organization been in existence for at least one year (either calendar or fiscal year), unless it is an ad hoc group formed to address a specific issue with the intention of disbanding upon project completion (i.e., for one-time funding).

Is the organization or association wholly or partially controlled by any church or religious society, in accordance with Virginia Code § 15.2-953*

No

Organization Information

Total Organization Budget

(This total should match as closely as possible to the current FY financial statement)

\$ 1000000

Program being provided by Organization to the residents of Prince William County:

Happy Corp will provide sunshine and rainbows

Organization Mission Statement:

Sunshine and rainbows

Briefly describe purpose of funding request:

Creating smiles where ever you go

Please identify the community partner program's linkage to the County's 2021-2024 Strategic Plan.

The County's Strategic Plan can be accessed via the County's Website: <http://www.pwcgov.org/strategic-plan>

Goals 3 and key strategy 2

Program Budget Information

Program or Service Budget	5000
Is your organization able to leverage funding from other sources if PWC provides funding?	Yes

Please identify those sources and provide a dollar figure of the amount to be leveraged.

Please do not include symbols or commas in the "dollar amount" column.

***Dollar column should equal funding Secured amount: \$Yes**

	Source	Dollar Amount	Secured/In-Kind
1	Kohls	250	Secured
2	Joann Fabrics	250	Secured
3	Storage USA	250	Secured
4			
5			
6			
7			
8			
9			
10			
Total		750.0	

Funding Request from the Community Partner Program*

This is an annual process and funding is for one fiscal year (July 1 - June 30)

New Funding Request (\$)

Not to exceed \$50,000

*Please do not use Commas or Symbols in this field

15000

What will the new funding be used for?

Direct Services or Goods

Funding Details

Current Budget: \$5000

Total Sourced: \$750.0

Requested Amount: \$15000

% of Total Program/Service Budget: 300.00%

* Financial information requested is weighed and the County funds are to augment services not fully support new programs or services.

Please identify the community partners program's performance measures

Example of a measure & target: Residents Served - 50

	Measure	Target
1	How many rainbows	10
2	How much sunshine	100%
3		
4		
5		
6		
7		
8		

*Performance measures will be used to evaluate the effectiveness and impact of each community partners request. These measures are meant to communicate the community partners ability to foster meaningful engagement, promote collaboration, and deliver tangible benefits to the community.

IRS 990 Information: provide three (3) years of tax information (2022, 2023, 2024, and 2025)

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[test taxes](#)

Filename: test taxes.pdf Size: 13.0 kB

Current FY compiled, reviewed or audited financial statements

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[Test Financial Statement](#)

Filename: Test Financial Statement.pdf Size: 13.1 kB

Current Year Organization Operating Budget

Completed - Feb 19 2026

[Test Operating Budget](#)