**PLEASE NOTE: This is a working document only. All grant applications must be submitted online through the grants portal.**

Community Grants 2023/2024

*Community Foundations of the Hudson Valley*

**Questions with a “\*” are required.**

# Community Grants Letter of Inquiry

#### Welcome to the Community Foundations' online application process. Important grant guidelines and criteria for all grant programs can be found on the Foundation's web site [communityfoundationshv.org.](http://communityfoundationshv.org/) It is important for you to read and understand the grant program’s guidelines before starting an application to ensure the request meets the specific criteria.

**Direct questions to the Community Foundations at 845-452-3077 or** **grants@communityfoundationshv.org**

**Important dates and deadlines:**

**Letters of Intent/Inquiry (LOI) open**: July 1st

#### Letter of Intent/Inquiry (LOI) submission deadline: August 15th

***Following a review of the LOIs, organizations will be notified by September 1st if they have been invited to submit a full application/proposal.***

#### Full grant application submission deadline: October 1st

**Notification of award:** late November/early December

The Community Foundations **Community Grant Program** is an annual opportunity to provide nonprofits with unrestricted **General Operating Support (GOS)**. GOS grants are flexible and allow funds to support an organization’s ongoing administrative and infrastructure costs and to provide support to maintain existing, effective programs, organizational development, and capacity building.

#### Funding Focus:

Funding will support a broad variety of organizations and programming, including effective and innovative programs in the areas of **human services, arts and culture, education and youth, health, the environment, and civic affairs**. Funding will have a focus on benefiting people who are from historically marginalized and under-funded communities or populations based on their race, ethnicity, age, gender/gender identity, socioeconomic status, health status, abilities, or geographic location.

**General Operating Support grants** will provide unrestricted support to the organization but can include specific support including:

* planning and/or the direct implementation of the program
* technology, equipment, or material costs
* strategic planning, staff/board development and/or succession planning
* management systems (financial, HR)
* marketing and communications
* investments to increase organizational capacity

#### Eligibility:

1. Tax exempt organizations (including faith-based organizations) located in or providing services to residents of **Dutchess, Putnam** or **Ulster Counties**, New York
2. Nonprofit organization with 501(c)(3) status or an established fiscal sponsorship arrangement with a 501(c)(3) nonprofit.

#### Please note that grants (including GOS) are not given to support:

* Individuals
* Political or partisan purposes
* Lobbying activities
* Loan reimbursements for capital projects already underway or completed
* Retroactive expenses that were incurred prior to the grant award
* Endowments
* Religious organizations for sacramental or theological purposes, however, grants may be made to support non-religious community programs provided through these institutions
* Schools, however, grants may be made to support student/teacher community service programs targeted to assist broader community needs
* Private foundations
* For-profit organizations

#### We recognize that the needs far surpass our available resources. An unsuccessful application does not reflect a judgement about the worthiness of an organization or project. Please understand that we will not be able to grant many of the requests we receive.

**Project/Grant Name\***

Name of Project/Grant

*Character Limit: 100*

**Please note character limits when creating your responses.**

**Organization's Purpose or Mission\***

Provide a brief statement of the organization's purpose or mission. The mission statement should be a clear and succinct representation of the organization's purpose for existence.

*Character Limit: 500*

## Tax Status\*

Select the organization's tax status from the list below.

**Choices**

501(c)(3)

Faith-based Institution Educational Institution Governmental Institution Other

Not a nonprofit organization but have a fiscal sponsor

## Operating Budget (Amount)\*

What is the organization's annual operating budget?

### For fiscally sponsored programs indicate the figure for the program, not the fiscal sponsor.

*Character Limit: 20*

## Counties Served\*

Please select the county or counties you provide services in (as related to this request).

**Choices** Dutchess Putnam Ulster

## Primary Program Area\*

Indicate the **primary** programmatic area **this grant** will serve:

### This is for our data collection purposes only and will not impact the grant application process. We recognize there may be overlap or multiple areas, but please select a primary.

**Choices**

Addiction & Recovery Animal Welfare

Arts & Culture

Board Development & Training Community Development & Improvement Disability Services

Domestic Violence Services Education

Environment

Food Security/Hunger Health/Medical

Historical Preservation Housing & Shelter Human Services

Immigration & Refugee Services Legal Services

LGBTQIA+

Mental Health Public Safety Racial Justice

Recreation & Sports Senior Services Social Services

Staff Development & Training Veteran Services

Workforce Development Youth Services

## Target Population\*

Select all populations or communities you are targeting for ***this grant:***

**Choices** Animals 0-5

School Age Teens Adults

Senior/Elderly Parents

BIPOC (Black, Indigenous & People of Color) Rural/geographically isolated

Immigrants Refugees LGBTQIA+

People with Disabilities Low-Income

Homeless Food Insecure Veterans

General Community

## Diversity, Equity and Inclusion and Leadership\*

Funding will have a focus on benefiting people who are from historically marginalized and under-funded communities or populations based on their race, ethnicity, age, gender/gender identity, socioeconomic status, health status, abilities, or geographic location.

#### Please indicate if your leadership team includes members of the following communities. Feel free to elaborate in the narrative section below.

**Choices**

Black People People of Color Indigenous People Rural Communities LGBTQIA+

People with Disabilities Veterans

People Impacted by Poverty Other

## DEI Leadership Narrative

*Character Limit: 500*

## Community Grant Request (Amount)\*

Indicate the amount requested from the **Community Grant** program.

Grants made through this program will not exceed **$5,000.**

*Character Limit: 20*

# Organization/Program Needs and Grant Objectives

## Organization/Program Needs and Goals\*

Please share a brief description of your organization or program's current needs and goals for the coming year.

### ("Coming year" is the year from the date of award.)

This may include administrative, programmatic and/or financial priorities.

*Character Limit: 2000*

## Objective of the Grant\*

Community Grant funds will be flexible and can be used for General Operating Support needs.

Please describe how these funds would impact your organization or program. If you have identified a specific need or purpose for the funds requested, include that information here.

*Character Limit: 2000*

# Wish Book

## Wish Book Application

The Wish Book is a printed book that we mail to our donor community annually as a way to inspire gifts to local non-profits. Donors then support these organizations with grants of up to

$5000 from their Community Foundations of the Hudson Valley funds.

Preference will be given to small non-profits (annual budget of less than $1M) who were not featured in our last edition of the Wish Book. Funding of a wish is not guaranteed.

In order to be considered, please attach a high quality .jpeg image that is representative of your organization's work. This image may be included in the book that is printed and mailed to donors. Please ensure that you own any rights to the image that you are uploading.

Please indicate "yes" in the text box below if you would like to be considered for this year's Wish Book.

*Character Limit: 10*

## Photo

Please attach a high quality .jpeg photo that represents your organization's work.

*File Size Limit: 25 MB*

# Certification

## Additional Information

Please share any additional information about your organization or request here.

*Character Limit: 2500*

## Certification\*

By entering the signature information of the organization's **Executive Director or person authorized to approve this funding request**, and clicking "I Agree" below, you certify that the request was reviewed and approved, and the statements contained in this application are true and correct to the best of your/their knowledge and belief.

**Choices**

Yes No

## Executive Director (or designee) Name, Title, Date certified

*Character Limit: 250*