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

Ann and Abe Effron Grants 2023/2024

*Community Foundations of the Hudson Valley*

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

# Organization Information

## 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

## If Other Status (Description) Please note character limits when creating your responses.

If you selected other, describe the organization's non-profit status. If you are fiscally sponsored, specify the name of the organization that acts as a fiscal sponsor for the applicant organization.

*Character Limit: 500*

## 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*

## Geographic Service Area (Description)\*

Briefly indicate the geographic service area of the organization as a whole. (City, Counties, Region, etc.)

*Character Limit: 1000*

## Population Served (Description)\*

Briefly describe the primary population served by the organization.

*Character Limit: 1500*

## Population Served (# of People Served)\*

How many people are directly served by the organization's services (in total)?

*Character Limit: 10*

## Operating Budget (Amount)\*

What is the organization's annual operating budget?

*Character Limit: 20*

## Date of Incorporation

What is the date the organization was incorporated? (\*Required for 501(c)(3) organizations)

*Character Limit: 10*

## Years in Operation

Please provide how many years your organization has been in operation.

*Character Limit: 250*

# Ann and Abe Effron Donor Advised Grants 2023/2024

**Welcome to the Community Foundations' online application process. Important grant guidelines and criteria for all grant programs can be found on the Foundation's website** [**communityfoundationshv.or**](http://communityfoundationshv.org/)**g. 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.**

**FUNDING FOCUS:**

Funding priority will be given to organizations serving Dutchess County involved in arts, culture and education with special consideration being given to grants that would make facilities and events more available to young people and senior citizens.

**ELIGIBILITY:**

The following organizations are eligible to apply for grants:

* Tax exempt organizations located in Dutchess County, New York
* Tax exempt organizations providing services to residents of Dutchess County, New York (***the organization must be able to clearly document the number of residents in Dutchess County being served*)**

Please note that grants **are not** given to support:

* Individuals
* Debt reduction
* Underwriting of special events (fundraising events)
* Equipment, unless expressly tied to program support
* Fundraising campaigns, such as endowment, capital or annual campaigns
* Projects related to partisan politics or elections
* Schools – However, grants may be made to support student/teacher community service programs targeted to assist community needs or for professional development opportunities at schools targeting disadvantaged populations
* Religious organizations. However grants may be made to support non-religious programs provided through these institutions

Expenses that have occurred prior to the expected announcement dates of the grant awards.

To avoid losing work, click on the "Save As Draft" button located at the top and bottom of the page at least once per hour. We recommend saving your application after attaching each document to the application.

If you have questions please contact the Community Foundations at (845) 452-3077 or email [grants@communityfoundationshv.org](mailto:grants@communityfoundationshv.org)

**Project Name\***

Name of Project

*Character Limit: 100*

# Grant Request

## Grant Request Type\*

Indicate the primary type for the grant requested.

**Choices**

Marketing Support

New Program Development Program Support

Student Financial Aid Transportation

Program Fee/Event Subsidies Other

## Grant Request (Short Summary)\*

Please begin your request with a clear and concise description of the grant request. The description should include the ***specific use of the funding and the primary expected outcome of the grant.***

#### **Example:** "Funds will support transportation and admission costs for seniors to attend a performance of "

*Character Limit: 2000*

## Grant Request (additional details)

Now provide additional details, purpose of the proposed project/request, how this will build your organization or program capacity, the issues that will be addressed, the significance of those issues, and the impact on your organization and/or the community.

*Character Limit: 2000*

## Grant Request (Amount)\*

Indicate the amount requested from this grant program. Grants made through this program will not exceed $3,000.00. The average grant awarded is $1,500.00.

*Character Limit: 20*

## Project/Program Timeframe (Description)\*

Provide a description or dates indicating the time frame for implementation of this grant request.

### Project/Program requests that have occurred in the past, or are for past expenses/reimbursement will not be accepted.

*Character Limit: 250*

## Service Area Covered by Grant (Description)\*

Briefly indicate the geographic area that ***this grant*** will specifically impact? (City, County(s), etc.)

*Character Limit: 250*

## Population Served by Grant (Description)\*

Briefly describe the segment(s) of the organization's population that will be affected by ***this grant?***

*Character Limit: 500*

## # of people directly served by this grant\*

How many people will be directly impacted by this grant request?

*Character Limit: 10*

## Provide any additional information related to the number served (un-duplicated, duplicated etc.)

*Character Limit: 250*

## Mid-Hudson Valley Community Profiles

Please add any relevant data related to your community's needs. If you are seeking data to support your application, please visit the MHV Community Profiles website [mhvcommunityprofiles.org](http://mhvcommunityprofiles.org/) which contains comparative data on a variety of topics for Dutchess, Orange,and Ulster counties.

This data can explain the need for the project/program and how the project/program addresses community needs.

### This section is not required, however, including data related to community needs may help strengthen your application.

*Character Limit: 1000*

*Budget*

In order to streamline our grant application, we have moved away from a required grant budget template. Instead, we have provided several narrative questions and prompts to guide you through the key project/program budget components our committee will need to review.

Please read and answer carefully, and look to the examples provided to see the level of detail and format desired. If you do have a program budget form already created and feel it adds to the application, you may attach it as well.

## Total Grant Project/Program Budget\*

Provide the total amount needed in order to accomplish the overall project/program.

### May be equal to or greater than the grant request.

*Character Limit: 20*

**Expenses**

**Expense - Community Foundations Grant Request\***

**List the items and/or use of funds you are requesting from CFHV. Include the dollar amounts for each.**

*Example:*

* *Office cubicles: 5 @ $1,000 each = $5,000*
* *Strategic planning consultant: 10 hours @ $200 per hours =$2,000*

*Character Limit: 1000*

## Expenses - Other\*

**If program/project expenses exceed the amount requested from CFHV, detail here:**

*(enter n/a if this is not applicable to your request)*

*Example:*

* *Laptops: 5 @ $1,000 each = $5,000*
* *XYZ Software: 4 licenses @ $500 each - $2,000*
* *Wages & other program expenses (see attached) = $45,000*

*Character Limit: 1000*

**Income**

**Income - Confirmed\***

**List any other committed/secured sources of support for this program/project. Detail source and amount.**

*(enter n/a if this is not applicable to your request) Example:*

* *XYZ Foundation: $1,500*
* *Membership Fees: $2,000*

*Character Limit: 1000*

## Income Pending or Anticipated\*

**List any other grants applied to, or anticipated sources of support for this program/project. Detail source and amount.**

*(enter n/a if this is not applicable to your request)*

*Example:*

* *Pending: ABC Corporation: $750*
* *Fall Fundraiser: $2,000*

*Character Limit: 1000*

## In-Kind Support\*

**List all in-kind support and estimated value (if known) for this program/project.**

*(enter n/a if this is not applicable to your request)*

*Example:*

* *Installation of equipment by ABC Hardware: Estimated value $800*
* *Beverage and snacks: Estimated value $200*

*Character Limit: 1000*

## Total Project/Program Budget (Attachment)

**Budget details must be listed above.** Should you wish to submit a detailed program budget, you may attach here. This may be helpful for larger programs/projects where you are only asking for a portion of the funding from CFHV.

You will be asked to submit your full agency operating budget at the end of this application.

We encourage attachments of any estimates, quotes or proposals related to your anticipated expenses (in the additional attachment sections of this application) to ensure pricing is reasonable and appropriate.

*File Size Limit: 4 MB*

## Funding Alternatives\*

How will you fund this request if partial or no funding is granted?

**Choices**

Will look for other grant/funding sources Will use operating budget dollars

Will not do program/project Other

## Funding Alternatives – Additional Information

If you indicated “other grant/funding sources” or other, please briefly describe. If using operating dollars, please describe what you will not fund in order to fund this project/program.

*Character Limit: 2000*

# Collaboration

## Collaborations\*

Are you collaborating with other organizations in this program/ project?

**Choices**

Yes No

## Collaborations (Description)

If yes, detail the organizations you are collaborating with and briefly describe the nature of the collaboration, and how the funding may help expand or complement existing services (if applicable)

*Character Limit: 2500*

# Impact and Outcomes

## Impact\*

Describe the overall impact you anticipate if you receive funding.

*Character Limit: 2000*

## Outcomes & Evaluation

Detail any anticipated measurable outcomes and your plan or method for evaluation.

*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.

*Character Limit: 20 | File Size Limit: 25 MB*

# Attachments

## Audited?\*

Is your organization annually audited? If you answer "Yes" you will need to attach a copy of the organization's most recent audit later in the application.

**Choices**

Yes No

**Please attach the following documents here:**

**Operating Budget (Attachment)**

Attach the current year operating budget. (Required for 501(c)(3)

organizations.) Click [BUDGET-TEMPLATE-2023-FILLABLE\_1.pdf (communityfoundationshv.org)](https://communityfoundationshv.org/CommunityFoundationsOfTheHudsonValley/media/Documents/Grants/BUDGET-TEMPLATE-2023-FILLABLE_1.pdf) http://BUDGET-TEMPLATE-2023-FILLABLE\_1.pdf (communityfoundationshv.org)to use our budget template.

*File Size Limit: 3 MB*

## Board of Directors (Attachment)

Attach a list of the organization's Board of Directors including their professional affiliations. (Required for 501(c)(3) organizations)

*File Size Limit: 1 MB*

## Fiscal Sponsor (Attachment)

If utilizing a Fiscal Sponsor, please submit a letter by the sponsor stipulating that they have agreed to serve in this capacity.

*File Size Limit: 3 MB*

## Audit or Form 990 (Attachment)\*

Please attach a PDF of your most recent audit (if audited) or most recent Form 990 if not audited.

*File Size Limit: 6 MB*

## Additional Attachment 1

Attach any relevant materials relating to the grant request here. Examples of relevant materials are product sheets/ price quotes for equipment requested, materials from speakers or professional development programs, proposals from consultants, etc.

*File Size Limit: 5 MB*

## Additional Attachment 2

*File Size Limit: 3 MB*

## Other Information

Is there any other relevant information we might need to better understand the request?

*Character Limit: 500*

*Certifications*

**IMPORTANT:** Before submitting your completed application, we strongly suggest that you click on "Print Packet" at the top of the page. This will allow you to create and save a PDF of your application and all attachments for your records. You will also see if all of your attachments are displaying the information requested correctly. Please check spelling, grammar and math.

By entering the signature information of the organization's Executive and clicking "I Agree" below, you certify that the Executive of the organization has reviewed and approved this application and the statements contained in this application are true and correct to the best of your/their knowledge and belief.\*

**Choices**

I Agree

I Do Not Agree

**Organization Executive Authorization (Electronic Signature)\***

Enter the organization Executive's full name, business title and the date of submission (e.g. John Smith, Executive Director, 9/15/2015)

*Character Limit: 100*