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

Cleopatra Fund Grants 2024/2025

*Community Foundations of the Hudson Valley*

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

# Project Name\*

Name of Project

## *Character Limit: 100* Please note character limits when creating your responses.

If you selected other, describe the

**Instructions**

Welcome to the Community Foundation's online application process. Guidelines for grant programs can be found on the Foundation's web site in the "For Grant Seekers" section. **It is important for you to read and understand the grant program’s guidelines before starting an application**.

Please follow the instructions below in order to correctly complete the application. We also recommend that you familiarize yourself with the online application before you begin.

You will be asked to attach several documents. If these documents exist in electronic format (Excel, Word or PDF) you may attach them using the Browse button.

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 Foundation at (845) 452-3077 or email grants@communityfoundationshv.org

**Cleopatra Fund: Funding Focus**

The focus of the Cleopatra Fund is to support organizations involved in providing programs or services that promote animal welfare. When awarding grants, programs or services that benefit the groups below will be given preference:

* cats;
* dogs;
* retired circus animals;
* and retired farm animals.

**Organization Information:**

**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. (City, County(s), Region, etc.). The Cleopatra Fund Grant program is only for organizations in the Hudson Valley involved in providing programs or services that promote animal welfare. (The Hudson Valley includes Columbia, Dutchess, Greene, Orange, Putnam, Rockland,

Sullivan, Ulster and Westchester counties.)

*Character Limit: 250*

# Population Served (Description)\*

Briefly describe the primary animal population(s) served by the organization.

*Character Limit: 500*

# Population Served (# of Animals Served)\*

How many animals are directly served by the organization's services?

*Character Limit: 10*

# Operating Budget (Amount)\*

What is the organization's annual operating budget?

*Character Limit: 20*

# 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)

If you selected other, describe the organization's non-profit status.

*Character Limit: 250*

# 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 this application.

**Choices**

Yes No

# Date of last Audit

*Character Limit: 10*

# Date of Incorporation

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

*Character Limit: 10*

**Grant Request:**

This section pertains to the project/program for which funding is requested

# Grant Request Type\*

Indicate the primary type for the grant requested.

**Choices** Building/Renovation Equipment

New Program Development Program Support

Care/ Feeding Expenses Transportation

Other

# Grant Request Summary (Short Description)\*

Provide a concise (one to two sentence) description of your grant request. The description should include the specific use of the funding and the primary expected outcome of the grant.

Example: "Purchase of feed for retired farm animals in our care. The funding will feed 100 animals for 3 months."

*Character Limit: 500*

# Grant Request (Description)\*

Describe the equipment, training, program or other request and its objectives and significance to the organization.

*Character Limit: 2000*

# Grant Request (Amount)\*

Provide the amount requested from this grant program. Grants made through this program will not exceed **$3,000**.

*Character Limit: 20*

# Service Area (Description)\*

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

*Character Limit: 250*

# Population Served (Description)\*

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

*Character Limit: 500*

# Population Served (# of animals directly served)\*

How many animals 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: 500*

# Project/Program Timeframe (Description)\*

Provide a description or date(s) indicating the timeframe for this grant request. Requests for projects/programs that have occurred in the past will not be accepted or funded.

*Character Limit: 250*

**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:*

* *Dog Collars: 5 @ $20 each = $100*
* *Strategic planning consultant: 10 hours @ $200 per hours =$2,000*

*Character Limit: 500*

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

*Character Limit: 500*

**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: 500*

# 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: 500*

# 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: 500*

# 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*

**Collaboration**

**Collaborations\***

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

**Choices**

Yes No

# Collaborations (Description)

If yes, what organizations are you collaborating with and briefly describe the nature of the collaboration with this grant request.

*Character Limit: 500*

**Impact and Outcomes**

**Impact\***

Describe the overall impact you anticipate if you receive funding.

*Character Limit: 2500*

# Outcomes & Evaluation

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

*Character Limit: 2500*

**Attachments**

**Additional Attachment #1**

If you have relevant materials relating to the grant request you may attach them here. Examples of relevant materials are product sheets for equipment requested, materials from speakers or professional development programs, proposals from consultants, etc.

*File Size Limit: 2 MB*

# Additional Attachment #2

*File Size Limit: 3 MB*

# Operating Budget (Attachment)

Attach the current year operating budget. (Required for 501(c)(3) organizations.) Click [BUDGET-TEMPLATE-2023-FILLABLE\_1.pdf](https://communityfoundationshv.org/CommunityFoundationsOfTheHudsonValley/media/Documents/Grants/BUDGET-TEMPLATE-2023-FILLABLE_1.pdf) [(communityfoundationshv.org)](https://communityfoundationshv.org/CommunityFoundationsOfTheHudsonValley/media/Documents/Grants/BUDGET-TEMPLATE-2023-FILLABLE_1.pdf) 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: 3 MB*

**Certification**

**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 and grammar.

# Organization Executive Authorization (Electronic Signature)\*

Enter the organization Executive's full name, business title and the date of submission (e.g. Mary Smith, Executive Director, 9/15/2020)

*Character Limit: 100*

By entering the signature information of the organization's Executive above 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