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

Community Grants 2024/2025

*Community Foundations of the Hudson Valley*

# 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**](mailto: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.

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

**Project/Grant Name\***

Name of Project/Grant

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

If you selected other, describe the

**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

You may expand on what leadership is for your org (Board, Executive Team, Program Leads, Key Staff etc.)

*Character Limit: 1000*

## 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*

# 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*