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

John T. Sloper Community Fund Fall 2024

*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.

Welcome to the Community Foundations' online application process. Guidelines for grant programs can be found on the Foundation's web site. **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 may find it helpful to prepare some of the longer answers in a word processing document and then cut and paste that text into the application. At the top of each application there is a “Print Packet” or "Application Packet" icon/button. Clicking on it will create a PDF of the application questions which you can then copy, cut and paste into a word processing document.

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. 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 and/or for you to share with others. You will also see if all of your attachments display the information requested correctly. **Please check spelling and grammar**.

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

## John T. Sloper Community Fund Grants: Funding Focus

The John T. Sloper Community Fund is requesting applications to promote programs

in **Southern Dutchess and Putnam counties,** areas previously served by the Sloper-Willen Community Ambulance Service, by providing training and emergency medical equipment to enhance the delivery of emergency medical services to residents of those communities to improve accessibility to emergency health services in order to save lives.

Through additional resources available from the Cardiovascular Fund, **a very limited number** of requests from all of Dutchess County may be considered for the same purposes outlined.

Acceptable grant proposals include:

* Automatic External Defibrillator Devices (AED), including materials and training;
* Support for organizations to become First Responders in areas where none exist;
* Equipment and training to enhance delivery of emergency medical services

# 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: 1000*

# Geographic Service Area (Description)\*

Briefly describe the geographic service area of the organization. (City, County(s), Region, etc.)

*Character Limit: 250*

# Population Served (Description)\*

Briefly describe the primary population served by the organization. (At-risk youth, senior citizens, general public, etc.)

*Character Limit: 250*

# Population Served (# of People Served)\*

How many people 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 Agency 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*

# Date of Incorporation\*

What is the date the organization was founded?

*Character Limit: 10*

# Grant Request (Description)\*

Describe the equipment to be purchased, training program or other request. What is it and how will it benefit your organization and/or your target population?

*Character Limit: 5000*

# Grant Request (Amount)\*

Provide the amount requested from this grant program. It is anticipated that up to ***$3,500*** per grant will be provided for AEDs, training and support materials.

*Character Limit: 20*

# Total Project/Program Budget (Amount)\*

Provide the total budget amount needed in order to accomplish the project/program. (May be equal to or greater than the grant request.)

*Character Limit: 20*

# Total Project/Program Budget (Attachment)\*

Attach a detailed budget which indicates all expense items and revenue sources for this request (including this grant request). Provide details on firm funding commitments.

*File Size Limit: 6 MB*

# Grant Request Type\*

Indicate the primary type for the grant requested.

## Choices

AED Program Medical Equipment Program Support Training

Other

# Project/Program Timeframe (Description)\*

Provide a description or date(s) indicating the time frame for this grant request. Projects/Programs that have occurred in the past will not be funded.

*Character Limit: 250*

# Service Area (Description)\*

What geographic area will this grant impact? (City, County(s), Region, etc.) (Note that it must benefit some or all of Dutchess County and/or Putnam County. **A majority of the grants will be directed to organizations serving Southern Dutchess County and Putnam County**.)

*Character Limit: 100*

# Population Served (Description)\*

What segment of the organization's population will be affected by this grant? (At-risk youth, senior citizens, general public, etc.)

*Character Limit: 100*

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

How many people will be directly impacted by this grant?

*Character Limit: 10*

## SHORT-TERM OUTCOMES:

**Short-Term Outcome #1\***

Provide a specific, measurable outcome that will occur as a result of this program/project.

*Character Limit: 250*

# Short-Term Outcome #2

Provide a specific, measurable outcome that will occur as a result of this program/project.

*Character Limit: 250*

## LONG-TERM OUTCOMES

**Long-Term Outcome\***

How will this program/project impact the organization over the long-term?

*Character Limit: 250*

# 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*

## SUSTAINABILITY

**Ongoing Training**

If requesting an AED, how will your organization ensure ongoing training for the use of the device?

*Character Limit: 500*

# Other AED's

If your already own an AED, please state its age and how you acquired it:

*Character Limit: 500*

# Other Information

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

*Character Limit: 500*

# Additional Attachments

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: 7 MB*

## ATTACHMENTS

**Operating Budget (Attachment)**

Attach the current year operating budget. (Required for 501(c)(3) organizations) (If attaching an Excel spreadsheet only include information relevant to the budget that you want submitted and preview the file before attaching it.) If you don't have a budget you can download our template here

*File Size Limit: 6 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) (If attaching an Excel spreadsheet only include information relevant to the Board of Directors and preview the file before attaching it.)

*File Size Limit: 3 MB*

# Fiscal Sponsor (Attachment)

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

*File Size Limit: 3 MB*

# 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, 9/15/2016)

*Character Limit: 100*

By 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