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

Community Grants 2024/2025

*Community Foundations of the Hudson Valley*

# Community Grants 2024/2025

#### 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.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.**

**Direct questions to the Community Foundations at 845-452-3077 or** [**grants@communityfoundationshv.org**](https://www.grantinterface.com/Form/Update?form=852245)

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.

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

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

**Project/Grant Name\***

Name of Project

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

# Grant Request from LOI

## Primary Program Area\*

Indicate the primary programmatic area this grant will serve

**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

## Population Served by Grant (Description)\*

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

*Character Limit: 2000*

## Counties Served\*

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

**Choices** Dutchess Putnam Ulster

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

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

*Character Limit: 1500*

## Community Grant Request (Amount)\*

*Character Limit: 20*

## Organization/Program Needs and Goals\*

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

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

*Character Limit: 2000*

## Objective of the Grant\*

Community Grant funds will be flexible and 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*

# 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*

## 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. If you are fiscally sponsored, specify the name of the organization that acts as a fiscal sponsor for the applicant organization.

*Character Limit: 500*

## 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 or fiscally sponsored program has been in operation.

*Character Limit: 250*

## 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*

## Operating Budget Narrative

Please provide any additional information or context regarding your organization's budget. If you are a **regional serving organization and your total budget includes areas outside of Dutchess, Putnam or Ulster** region please provide a more accurate number or information to better understand the resources committed to CFHV's region.

*Character Limit: 3000*

# Diversity, Equity, Inclusion and Leadership

## 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: 1000*

# Collaboration

## Collaboration

If applicable, please describe any collaborations relevant to your overall work or program(s).

*Character Limit: 750*

# History with CFHV

## Grant History with CFHV\*

Did you receive a community grant from CFHV last year?

**Choices**

Yes No

## First time applicant?\*

Is this your first time applying to a competitive grant through CFHV?

**Choices**

Yes No

# Community Grant 2023/2024 Follow Up

## Prior Year Community Grant Funds

Please briefly describe the impact and use of the Community Grant funds your organization or program was awarded last year.

*Character Limit: 1000*

# Organizational Capacity for New Applicants/Grantees

Welcome! As a new applicant to CFHV's grant programs we have a few additional questions to help our staff and committee to better understand your organization or program.

We also welcome the opportunity to connect before you submit your application. Please reach out to grants@communityfoundationshv.org to schedule a call or visit.

## History and Current Programs

Please detail a brief history of your organization and describe your current program(s).

### If you have materials that address this you may attach below.

*Character Limit: 1500 | File Size Limit: 6 MB*

## Board and Leadership\*

How does your Board/Directors or Governing Body contribute to the function and work of your organization.

***You will be asked to upload the names of current Board of Directors/Trustees/Governing Body and their occupations/affiliations later in the application.***

*Character Limit: 5000*

## Staff\*

Describe the current staffing structure of your organization/program including the current number of staff (full and part time).

*Character Limit: 5000*

## Volunteers\*

Describe the role of volunteers at your organization.

If your organization/program is run entirely by volunteers or they play a key role in service

delivery, please detail the number of volunteers and how they perform the core functions for the organization to operate.

*Character Limit: 5000*

# 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 here.

**Choices**

Yes No

## Audit (Attachment)

Please attach a PDF of your most recent audit (if applicable)

If file is too large email grants@communityfoundationshv.org

*File Size Limit: 8 MB*

#### Please attach the following documents here:

**Operating Budget (Attachment)\***

Attach the current year operating budget. Budget narratives may also be included.

*File Size Limit: 4 MB*

## If you do not have a budget, please download our template.

[BUDGET-TEMPLATE-2023-FILLABLE\_1.pdf (communityfoundationshv.org)](https://communityfoundationshv.org/CommunityFoundationsOfTheHudsonValley/media/Documents/Grants/BUDGET-TEMPLATE-2023-FILLABLE_1.pdf)

*Character Limit: 250 | File Size Limit: 3 MB*

## Board of Directors (Attachment)

Attach a list of the organization's Board of Directors/Trustees/Governing Body including their professional affiliations.

*File Size Limit: 1 MB*

## Fiscal Sponsor (Attachment)

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

*File Size Limit: 2 MB*

## 990

For 501c3 organizations, please attach a PDF of Form 990

If file is too large email grants@communityfoundationshv.org

*File Size Limit: 15 MB*

## Additional Attachment 1

Attach any relevant materials relating to the grant request, program or organization here

*File Size Limit: 7 MB*

## Additional Attachment 2

*File Size Limit: 3 MB*

## Additional Information

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

*Character Limit: 2500*

# Certifications

**IMPORTANT:** Before submitting your completed application, we strongly suggest that you click on **"Application 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.**

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. Jane Sanchez, Executive Director, 9/15/2022)

*Character Limit: 100*