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

Jeannette F. Schlobach 2024/2025

*Community Foundations of the Hudson Valley*

# Jeannette F. Schlobach 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.**

**The Jeannette F. Schlobach grant program is open to nonprofit organizations serving residents of Dutchess County, New York who are impacted by poverty.**

Organizations involved in providing programs and services to individuals, families and their pets to support and improve economic stability, health and educational opportunities, are encouraged to apply.

This may include, but not be limited to organizations providing:

* comprehensive case management services, including those that work to increase access to public benefits and community resources,
* homelessness prevention and affordable housing services,
* educational opportunities, job readiness and job training services to youth and adults,
* access to critical health services for individuals and children; and
* access to low-cost services to family pets, etc.

#### The goal is to support programs that have proven to be effective, demonstrate increasing demand, and to encourage and support innovative solutions to those facing economic adversity.

**Important:** This grant program is intended to support organizations and programs in achieving enhanced impact. Requests should be structured to demonstrate how a single grant from this program will grow and improve your programs. **Annual funding should not be anticipated.**

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

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

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

**Project Name\***

Name of Project

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

# 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: 2000*

## 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: 2500*

## 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*

## Operating Budget (Amount)\*

What is the organization's annual operating budget?

*Character Limit: 20*

## Operating Budget Narrative

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

*Character Limit: 3000*

# Grant Request

## Grant Request (Amount)\*

#### Indicate the amount requested from this grant program. Grants made through this program will not exceed $20,000

*Character Limit: 20*

## 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 area.

**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

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

* 1. Children

School Age Children 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

## Programs and Services to People Impacted by Poverty in Dutchess County\*

Please describe how your organization/program provides programs and services to individuals, families and/or their pets in Dutchess County to support and improve economic stability, health and educational opportunities.

*Character Limit: 2500*

## Objective of the Grant/Use of Funds\*

Jeannette F. Schlobach funds will be flexible and may be used for General Operating Support needs for either your organization (if the overall mission and population served are people impacted by poverty) or for a specific program which serves people impacted by poverty.

Please use the space below to share how you wish to utilize the funds in the next year, and how they will help people impacted by poverty in Dutchess County.

### We anticipate a variety of needs and responses. Examples include training, staffing, program expansion, equipment, supplies, stipends, technology, planning and more.

*Be sure to connect how the funds will ultimately support the goal to improve economic stability, health or educational opportunities for people in Dutchess County.*

*Character Limit: 2500*

## Service Area Covered by Grant\*

Briefly detail the geographic area of Dutchess County that **this grant will** specifically impact?

*Character Limit: 3000*

## Population Served by Grant (Description)\*

Briefly describe the population to be served by this grant.

*Character Limit: 2500*

## Mid-Hudson Valley Community Profiles

Please add any relevant data related to your community's needs below. If you are seeking data to support your application, please visit the MHV Community Profiles website mhvcommunityprofiles.org which contains comparative data on a variety of topics for our region.

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 around people impacted by poverty in Dutchess may help strengthen your application.***

*Character Limit: 2500*

# Diversity, Equity, Inclusion and Belonging

## Describe your agency's commitment or work related to diversity, equity, inclusion and belonging.\*

CFHV recognizes this work is continuous and will evolve over time. Organizations and programs will be in various stages of engagement with this work (ourselves included!)

Examples of what to share may include but are not limited to:

* + - Board, leadership and staff representation of the community served
		- Outreach and communication to increase board and staff diversity
		- Mechanisms or processes to ensure the voices of the community served are represented and utilized in organizational and programmatic planning and decision making and foster belonging.
		- Educational training, research and engagement around DEI, racial equity, justice and anti-racism.
		- Updating policies, procedures, job descriptions, bylaws etc. to formally incorporate DEI
		- The organization's board approved statement of commitment to diversity, equity, inclusion, belonging, racial equity, racial justice or anti-racism.

*Character Limit: 2500*

# 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*

# History with CFHV

## First time applicant?\*

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

**Choices**

Yes No

## Schlobach History\*

Did you receive a Schlobach grant last year?

**Choices**

Yes No

# 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: 5000 | File Size Limit: 10 MB*

## Board and Leadership\*

Describe the structure, knowledge, engagement and support of your leadership and Board/Directors or Governing Body

*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*

# Prior Year Schlobach Grant

## Prior Year Schlobach\*

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

*Character Limit: 5000*

# Collaboration

## Collaborations\*

Are you collaborating with other organizations as it relates to the funding/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: 3000*

# 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. You may click [here](https://communityfoundationshv.org/CommunityFoundationsOfTheHudsonValley/media/Documents/Grants/BUDGET-TEMPLATE-2023-FILLABLE_1.pdf) to download our budget template.

*For fiscally sponsored programs or organizations please attach the program budget or your own organization budget (not the budget of the fiscal sponsor)*

*File Size Limit: 3 MB*

## Board of Directors (Attachment)\*

Attach a list of the organization's Board of Directors including their professional affiliations.

### If fiscally sponsored, please include a detailed list of leadership or any key advisors guiding your program.

*File Size Limit: 5 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 (Attachment)

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

### If file is too large to attach you may email directly to: grants@communityfoundationshv.org

*File Size Limit: 10 MB*

## 990 (Attachment)

### 501c3s must attach a copy of their 990 here.

*If file is too large to attach you may email directly to:* *grants@communityfoundationshv.org*

*File Size Limit: 10 MB*

## Additional Attachment 1

Attach any relevant materials relating to the grant request here.

*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: 5000*

# 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. Jacinta Smith, Executive Director, 9/15/2024)

*Character Limit: 250*