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

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

Please note character limits when creating your responses.

Community Grants: Putnam County 2025/2026

*Community Foundations of the Hudson Valley*

# Community Grants 2025/2026

#### 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 (food security, mental health, housing), 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 **Putnam County,** 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](mailto:grants@communityfoundationshv.org)

# 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

Not a nonprofit organization but have a fiscal sponsor Other

## 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*

## 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**

**Putnam County** please provide a more accurate number or information to better understand the resources committed to Putnam County.

*Character Limit: 1500*

## Organization Size/Staffing\*

Indicate the staffing of your organization.

**Choices**

Volunteer Run

* 1. (full or part time) 3-5 (full or part time) 5-10 (full or part time) 11+ (full or part time)

# Grant Request

## Project/Grant Name\*

Think of this as the title for your request. Please ***do not*** repeat the name of your organization here.

*Character Limit: 100*

## Headline\*

Think of this as the primary of purpose of your request. This may be used to share your request information with CFHV fund holders and other potential funders, so be very clear to describe the problem you are addressing, and how funds will be used.

Please ***do not*** repeat the name of your organization in this headline.

*Character Limit: 275*

## Funding Request Description\*

Please share a brief description of your funding request.

Requests can be project/program based, for capacity building, operational or general support. Be sure to address the following as concisely as possible:

* + - What is/are the primary issue(s) you are trying to address with this grant?
    - What is your goal or goals with this funding?
    - What activities will you conduct to accomplish your goal?

*Character Limit: 4000*

## Impact and Outcomes\*

* + - How will funding make an impact on the people or community you serve?
    - What change will occur as a result of funding and your work?
    - If you have measurable outcomes, please include.

*Character Limit: 3000*

## Primary Program Area\*

Indicate the primary programmatic area this grant will serve

**Choices**

Addiction & Recovery Animal Welfare

Arts & Culture

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**

Infant to Pre-school age children 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 Animals

## Population Served by Grant (Description)\*

This area is to expand on the selections made above. Briefly describe the segment(s) of the organization's population that will be affected by ***this grant?***

*Character Limit: 1000*

## Service Area/Geographic Region Covered by Grant (Description)\*

Briefly indicate the geographic area in **Putnam County** that ***this grant*** will specifically impact? (City, Town, All of Putnam, etc.)

*Character Limit: 750*

## Putnam Community Grant Request (Amount)\*

Organizations can ask for a range of $2,500 - $20,000.

#### The majority of grants awarded will be in the $2,500 - $7,500 range.

We anticipate making a limited number of larger grants awards this year.

*Character Limit: 20*

# 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 (this may include Executive Director, Program Staff and Board leadership) includes members of the following communities.

**Choices**

Black People People of Color Indigenous People Rural Communities LGBTQIA+

People with Disabilities Veterans

People Impacted by Poverty Other

## Incorporating DEI into your Organization\*

In what ways does your organization incorporate diversity, equity and inclusion into your practices?

**Choices**

Our work addresses racial, economic, and/or other issues of inequality to overcome disparities. We integrate practices internally (Board governance, hiring practices, trainings, policy change). We involve the people we serve in assessment, program development, and/or decision making. We would like to incorporate DEI into our practices, but don't know where to start.

Concerns of federal funding have impacted our ability to communicate our DEI focus. We have not made this a priority.

Choose not to answer

# 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 2024/2025 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 ask that you provide some additional information here.

We also welcome the opportunity to connect before you submit your application. Please reach out to [grants@communityfoundationshv.org](mailto: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: 3000 | File Size Limit: 5 MB*

# Attachments - Fiscal Sponsor

## 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.

#### Be sure to include any specific payment requirements or processes should you be awarded a grant.

*File Size Limit: 2 MB*

## Leadership/Advisory\*

Please provide any advisory board/committee/leadership information to provide a better picture of how your fiscally sponsored program or organization is led/guided.

*File Size Limit: 1 MB*

# Attachments - 501c3

## 990\*

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

If file is too large email [grants@communityfoundationshv.org](mailto:grants@communityfoundationshv.org)

*File Size Limit: 10 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*

# Attachments - All

## 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](mailto: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-2025-FILLABLE\_1.docx](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcommunityfoundationshv.org%2Fwp-content%2Fuploads%2F2025%2F06%2FBUDGET-TEMPLATE-2025-FILLABLE_1.docx&wdOrigin=BROWSELINK)

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

## Financial Statements\*

Please upload your organization's most recent full year financial statements.

#### Your financial statement should include the most recent year’s Statement of Financial Position and Statement of Activity

* + - The **statement of financial position (balance sheet)** provides a snapshot of an organization’s financial health at a specific point in time. It lists the organization’s assets, liabilities, and net assets.
    - The **statement of activities** shows the organization’s revenue and support, expenses, and changes in net assets over a period of time.

*File Size Limit: 3 MB*

## Attach a Photo (Optional)

We encourage applicants to submit a photograph that helps tell your story/make a case for support, can be shared with other potential donors/funders, and or used for promotional purposes (CFHV social media, website, press and various publications). You can indicate any

photo credit or caption below.

By attaching a photo here, you agree to the following terms:

***You hereby grant to the Community Foundations of the Hudson Valley an irrevocable, perpetual, worldwide, unrestricted license to use and publish your photograph in foundation communications material in any way and all manner and media now know or hereafter devised. You hereby represent and warrant that you have the right to grant the rights granted hereunder. You hereby release the Community Foundations of the Hudson Valley and its employees from any and all claims and/or liability related to your photograph.***

*Character Limit: 500 | File Size Limit: 5 MB*

## Additional Attachment 1

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

*File Size Limit: 3 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*

# Feedback Questions

Your feedback for this section of the application is confidential and will not be shared with the evaluation committee.

Our program team will use this information to develop programming and make improvements to the grant processes for next year.

## Training and Support

What specific training and support needs does your organization currently identify as critical to enhancing its capacity and effectiveness in achieving its mission? Your responses will inform how we plan for future convenings, trainings, and support initiatives for organizations in the region.

*Character Limit: 1000*

## Assessment of Grant Process

With changes to our application, we welcome your suggestions for improving our grant process. Please share any roadblocks, challenges or positive experiences you had with the application.

*Character Limit: 1500*

# 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*