



The Niskayuna Community Foundation Grant Application

SUBMISSION INSTRUCTIONS:

Please email the following information to grants@niskayunacf.org:

1. A copy of this application form.
2. A copy of a budget for current (fiscal or calendar) year of organization.*
3. A copy of a project budget for program.*
 - a. Project budget is needed if applying for project/program dollars
 - b. No project budget is needed if applying for general operational support
4. A list of the Board of Directors. Please include the total amount of monetary donations and total amount of time the board contributes to operation of the organization. For example, "X" percentage of the Board of Directors contributed a total of "X" dollars **AND** "X" percentage of the Board of Directors volunteered a total of "X" hours.
5. Organization's audit for the last complete fiscal year or IRS Form 990.
6. (Optional) Letters of support may be included.
7. IRS 501(c)(3) Determination Letter

***Include all revenues and expenses and all sources of financial support (pending and received) and any qualifications, along with termination dates on any financial support.**

ORGANIZATION INFORMATION:

1. Please enter the following requested general information:

Organization's legal name: _____

Also known as: _____

Address: _____

EIN #: _____

Telephone: _____ Fax: _____

Website: _____

Number of personnel who are:

____ Full-time ____ Volunteers (full-time or part-time) ____ Part-time ____ Interns

2. Briefly describe purpose of organization (you may attach a lengthier summary to supplement this section, maximum 1 page):

3. Please indicate population served (percentage / county; total percentages should add up to 100%):

____ Niskayuna ____ Schenectady ____ Saratoga ____ Albany ____ Rensselaer

____ Other: _____

**** Please note: Majority of funds have to be used for Niskayuna residents.**

4. Please enter the following requested financial information:

	<i>F/Y Income</i>	<i>F/Y Expense</i>	<i># Individuals Served</i>
Current Budget Year	_____	_____	_____
Past Year	_____	_____	_____
Second Past Year	_____	_____	_____

PROJECT INFORMATION:

5. Please enter the following information:

Program/Project Title: _____

Amount requested: _____ to be spent between _____ and _____

Number of individuals to be served: _____

Are matching funds available / will this grant leverage other dollars? Yes No

If yes, from: _____

Please describe basis: _____

Do you plan on partnering with other organizations/businesses to make this project a greater success?

Yes No If yes, please name: _____

6. On a separate page, please describe (maximum 3 pages):

- a) How specifically grant funds will be used.
- b) The benefits of the project.
- c) The measurable outcomes of the project.
- d) The proposed staffing for the project and the names and titles of the key staff involved in the project.

7. Please list names and locations of other agencies which do comparable work, if applicable (you may attach a separate page and/or narrative summary to supplement this section; maximum 1 page):

8. On a separate page, please describe continuing funding arrangements for the program/project for which this grant is sought, if applicable (maximum 1 page):

Signature of principal officer

Title

Date

Please print name above

Project contact person: (please print)

Name: _____

Email: _____

Telephone: _____

Title: _____