The Roger Kresge Foundation

Grant Application Packet

Contents:

* Grant Application Checklist
* Grant Application Cover Sheet
* Uniform Grant Application Narrative
  + Program/Project Narrative
  + Budget and Attachments List

***Applicants MUST contact the Roger Kresge Foundation if they are***

***interested in applying, PRIOR to completing the Grant Application.***

***A complete Grant Application submission should include the following in the order indicated:***

1. Grant Application Cover Sheet
2. Uniform Grant Application Narrative
3. Grant Application Budgets and Attachments

The Roger Kresge Foundation Grant Application checklist:

***Please include all information with application submissions:***

\_\_\_ Grant Number received.

\_\_\_ Roger Kresge Foundation Grant application Cover Sheet.

\_\_\_ Uniform Grant Application. Please list Uniform Grant Application question number and entire question at the start of each answer.

\_\_\_ 501 (c) (3) Tax Exempt Status – Copy of IRS Determination Letter stating organization is a qualified non-profit organization under Section 501(c)(3) of the Internal Revenue Code.

\_\_\_ Copy of most recent audited financial statement with management letter.

\_\_\_ Copy of most recent 990.

\_\_\_ A current list of Board Officers and Members, and their affiliations.

\_\_\_ Copy of the organization budgets: format specified on page 6 of the attached grant form, if *previous year* is not complete at date of application please include the last completed year actual figures available and current year budget and year to date.

\_\_\_ Copy of the project or program budget: previous year budget and actuals, and proposed current year, if previous year is unavailable refer to directions above. Include a budget narrative with an explanation of budget line items, specify in-kind expenses, donations or matching funds.

\_\_\_ List of all funding for this project or program, from other sources – list confirmed and anticipated sources of funding.

\_\_\_ Names of qualified and involved personnel and their job title.

***If applicable to the project or program,*** ***please attach the following information with the application submission:***

\_\_\_ For construction or equipment projects a minimum of two bids from viable contractors or supplier must be provided.

\_\_\_ If the project or program will take place or affect more than the Broome County area: Please include, if possible, the approximate percentage of use in Broome County.

If you have any questions or need further assistance, please call or email Carol Kresge.

607.786.0968

kresgefoundation@stny.rr.com

**TheRoger Kresge Foundation**

**A. Grant Application Cover Sheet**

**Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Applying Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tax ID** # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Annual Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Income Expenses**

**Contact Person/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Support Requested: \_\_\_\_\_operating \_\_\_\_\_capital \_\_\_\_\_capacity building \_\_\_\_\_program**

**Project Name: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Cost of Project: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beginning and End Dates of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Geographic Areas to be Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify, to the best of my knowledge, that:**

* The tax-exempt 501(c)(3) or other tax exempt or public charity status of this organization is still in effect.
* This organization does not support or engage in any terrorist activity.
* The proceeds of an awarded grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.
* If applicable, this organization has received email confirmation that required documents have been submitted to and received by NYS Grants Gateway.  Please attach copy of email *or* provide explanation.

My signature further certifies that I am authorized by the governing board of this organization to submit this grant application

To The Roger Kresge Foundation for funding consideration.

**Signatures:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**President, Board of Directors or Board Officer Print Name / Title Date**

**B. Uniform Grant Application Narrative**

***PRIOR to completing the UGA, confirm with the foundation what type of support you are applying for.***

Organizations applying for **specific programs/projects** should complete ***all***sections of the Uniform Grant Application Narrative ***and*** **the required attachments.**

**All applicants should number their responses to match the Section and question numbers.**

* Please refer to guidelines of each foundation you are applying to for specific formatting instructions: font size, margins, etc.

**Section One: Organizational History- (limit response to 1/2 page plus program/service list)**

**1. Provide a brief history of your organization’s development and accomplishments. Please include the**

**mission of your organization and convey your successes.**

**2. Please include a list of current programs and services.**

**Section Two: Program/Project Description - (limit response to 3 1/2 pages)**

**1. Provide a brief summary of the program/project. Include purpose of** **program/project.**

**2. How does this program/project support your mission? Why is your organization the**

**appropriate one to implement the proposed program or project?**

**3. What is/are the long-term goal(s) of the program/project?**

**4. What are the short-term, measurable objectives of your program/project that will meet your stated**

**long-term goal(s)?**

**5. For each short-term objective, describe the specific activities that will be undertaken, including: time**

**frame in which they will occur (timeline), number of people expected to be impacted and**

**responsible staff.**

**6. Who will you be collaborating with to meet your stated goal(s) and in what capacity?**

**7. Please specify how the requested funds will be applied.**

**8. List all other sources of funding for the program/project.**

**9. What impact would a partial funding award or no funding award have on your program/project?**

**How will you proceed, if partial or no funding is provided?**

**10. If your program/project will continue beyond the period funded by this grant, what are your plans**

**to continue its funding?** If applicable, please describe the specific mechanisms and/or sources of

support you are proposing to achieve the sustainability of your program/project.

**Section Three: Need for Program/Project- (limit response to 2 pages)**

**1. Supply evidence that your [organization] *OR* your [program/project] does not duplicate services**

**provided elsewhere in the region you serve.** If similar services are available, please provide an

explanation as to why yours are also needed, or what differences exist between the programs/projects.

**2. Identify the community need your program/project will address.**

**3. How was the need determined? Please site local data to support your needs statement.** Applicant

should include information with how they have engaged their consumers to receive input regarding need.

**4. Discuss the results of your needs assessment relevant to the program/project you are proposing.**

**Section Four: Evaluation** **- (limit response to 1/2 page)**

**1. How will you evaluate the success of your program/project? *Or,* of your organization’s overall**

**goals for the operating year for which you seek funding?**

**2. If requesting general operating funds, how will you know the short-term assistance has improved**

**your long-term sustainability?**

**Section Five: Administrative - (limit response to 1 page)**

1. **How have revenue streams to your organization been impacted by recent local, state and/or nationwide financial developments?**
2. **How have you proactively adjusted operations to manage revenue and expenses?**

***NOTE: See next page for* C. Required Attachments**

**C. Required Attachments**

**Please submit the following attachments in the order indicated:**

**Tax exempt status: Verification of 501(c)(3) tax-exempt or other tax exempt or public charity status (*if***

***requested by foundation)***

**Budget: *Select 1 or 2, to correspond with your request. Both* may be *required. Check with foundation.***

**1**. **Provide an accurate, detailed *program/project budget,* a requirement of all funders.**

**(Exception: if applying for *general operating only,* not *tied to any program, provide only #2.)***

**Supplemental information may be requested. Your total program/project budget should be broken down into items specified below. As long as your budget is typewritten and contains the required information, you may submit it in a format convenient for you. The information requirements are as follows:**

* **Specify the budget period (e.g. January 1, 2012-December 31, 2012)**
* **Specify the requested amount and the total cost of the program/project**

***Revenue:***

**(If requested amount is different from the total cost of the program/project, itemize all confirmed and anticipated sources of revenue, and provide a revenue total. Indicate the amount of funds, if any, for this program/project that will be drawn down from your operating budget and/or reserve fund.)**

***Expenses:***

* **Itemize your expenses and provide an expense total.**

***Narrative (if applicable):***

* **Provide an explanation of any unusual budget items.**
* **Specify in-kind expenses and donations or matching funds, including volunteer hours to be leveraged. If labor, equipment or supplies necessary to the program/project are being donated, include this amount on both the expense and the revenue side.**

**2. Provide an *agency* budget (on one page if possible) that shows line items side by side with the**

**following columns, in order indicated:**

* **Prior year budgeted**
* **Prior year actual**
* **Current year budgeted**
* **Current year-to-date**
* **Next year preliminary or actual budgeted. (If not yet complete, please provide brief**

**statement describing what significant budget changes you anticipate making for the**

**next year)**

**Financial Statements: Bound copy of the most recent audited financial statement, including management**

**letter (if you are required to perform an audit)**

**Board list: A complete list of your current Board of Directors. Be sure to note officers, affiliations and**

**term dates.**

**IRS-990: Full printed copy of most current IRS-990 tax retur**n.