



Community Investment Program Application

Application Must Be Typed

Grant # _____

Grant Amount Requested: \$ _____

Date: _____

Specific Purpose For Grant: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: Mr./Mrs./Ms. _____ Title: _____ Phone: _____

Is your organization...

A Federal Tax exempt 501 c3 or equivalent org? Yes _____

Employer Identification No. (9 digits) _____

Affiliated with a national organization? Yes _____ No _____

(If yes, amount remitted to national) \$ _____

A recipient of Federal, State or local government funding? Yes _____ No _____

A United Way agency? Yes _____ No _____

A tax supported entity? Yes _____ No _____

A government agency? Yes _____ No _____

A taxing authority? Yes _____ No _____

Type of Funding Requested:

Program Specific _____

Other _____

Special Event or Sponsorship _____

Date of Event (if applicable) _____

Location of Event _____

Category of Application:

Educational _____ Community Support _____

Environmental _____ Arts & Culture _____

Civics _____

Other (Specify) _____

Budget Information for Program/Project for Which Funding is Requested:

a. Funds raised to date _____

b. Total funds needed to complete project _____

c. Total Program/Project Costs (a+b) _____

Is administrative and clerical staff paid? Yes _____ No _____

Number of volunteers: _____

Has a 501(c)(3) Federal tax exemption letter or its equivalent been attached and the organizations W-9 form or Page 1 of 990? Yes _____

Has a detailed budget for this program been attached? Yes _____

Organization's Annual Budget Information:

Expenses

a. Management/Admin Expenses _____

b. Fund Raising _____

c. Program Services _____

d. Other (Please specify) _____

e. Total Expenses (a+b+c+d) _____

Revenues

f. United Way _____

g. Government Support (Explain) _____

h. Tax Funding _____

i. Fund Raising _____

j. Other (Please specify) _____

k. Total Revenue (f+g+h+i+j) _____

Operating Surplus/Deficit (K-E) _____

Net Assets

(Fund Balance or surplus a beginning of the year) _____

Restricted Funding (must explain) _____

Unrestricted Funding (must explain) _____

The undersigned agrees that the following conditions will be met if a grant is awarded:

The grant must be used for the purpose stated in the grant award letter and is considered to be restricted to use for that purpose. The grant must be used in a 12 month period from the receipt of the funding: failure to use grant will be subject to return of monies. The grant must be spent within the Orange & Rockland service territory. After the program/project for which you receive the grant for has been completed, copies of related bills, press releases, receipts and any promotional materials recognizing Orange & Rockland's contribution must be forwarded to the Committee.

Note: All items requested, along with program budget, must be attached.

Officer's Signature: _____

Date: _____

Officer's Title: _____

Please attach a copy of the letter from the Internal Revenue Service confirming your organization's status as a Federal tax exempt 501(c)(3) or equivalent entity, Page 1 of the Organization's 990 Form and W-9 Form.

O&R Use Only

Type of Grant

Educational: _____

Comm. Support: _____

Environmental: _____

Arts & Culture: _____

Civics: _____

Other (Specify): _____

Amount Approved: _____

Date: _____

Chairperson's Signature: _____

Follow-up by: _____

Please attach typed responses on a separate sheet to each of the following questions using the titles on each of the categories. All items must be answered.

1. Provide your organization's mission statement (MISSION STATEMENT)
2. Describe in detail the program/project and specific purpose for which you are requesting funding. Describe the need for and the benefits of this program/project. (PROJECT/BUDGET DESCRIPTION)
(Include Budget – If not included grant will be denied)
3. Describe the past history of the program (if any). (PROGRAM HISTORY)
4. Explain your organization's restricted and unrestricted funds.
5. Describe how you will evaluate the program/project at its conclusion. (PROGRAM EVALUATION)
6. Describe how you plan to promote/advertise your program/project. (PROMOTION)
7. Describe how O&R will be recognized for supporting your program or project. (RECOGNITION)
8. Describe the population served (i.e. elderly, youth, etc.) by the program, and the geographic areas in which they reside for which funding is requested. How many people has this served in the last five years? Also detail the anticipated number of people to be served by this year's grant request. (POPULATION SERVED)
9. Provide a list of the Board of Directors, their business affiliation, if any, and their county of residence. (BOARD OF DIRECTORS)
10. List the past history of contributions from Orange & Rockland (include the program/project, year and amount). (PAST O&R CONTRIBUTIONS)
11. List any other contributors to this program (include donor name, amount and year). (OTHER CONTRIBUTORS)
12. Will the funds requested from O&R be matched by another funding source? If so, include matching organization's name. (MATCHING FUNDS)