

# 2024 Community Grant Program Application

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*Community Foundation of Elmira-Corning and the Finger Lakes*

## *General Application Questions*

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### **Organization Name\***

*Character Limit: 100*

### **Are you using a fiscal sponsor?\***

If yes, please note that an additional group of questions will appear.

#### **Choices**

Yes

No

### **Are you a private and/or parochial school?\***

If yes, please note that an additional group of questions will appear.

#### **Choices**

Yes

No

### **Primary County(ies) that the organization serves\***

*Southeastern Steuben County is defined as the greater Corning area including the towns of Addison, Campbell, and Savona.*

#### **Choices**

Chemung County

Schuyler County

Southeastern Steuben County

Steuben County

Yates County

### **Program Area\***

What program area best describes your organization's work? e.g. arts and culture, economic mobility, human services.

*Character Limit: 250*

### **How are the people/community you serve involved in decision-making for your organization?\***

How are the people involved in informing your work, guiding the creation of programs, assisting your staff, and/or other ways that are instrumental to your organization, (For example, serving on Boards/committees, assisting in program design, serving as interns, etc.).

*Character Limit: 1000*

## Organization Information

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### Date of Nonprofit Incorporation\*

*Character Limit: 10*

### Purpose of the Organization\*

**Briefly** describe the organization's history, mission, vision and values.

*Character Limit: 5000*

### Board of Directors\*

Upload a file or type in the names and professional affiliations of your current board of directors.

*Character Limit: 5000 / File Size Limit: 5 MB*

### Board Governance\*

Briefly describe your organization's leadership (board and staff), governance structure, by-laws, and procedures. (Short Answer - This can be answered in 1-2 short paragraphs.)

*Character Limit: 5000*

### Nondiscrimination Policy\*

Community Foundation of Elmira-Corning and the Finger Lakes, Inc. follows an equal opportunity employment policy and employs personnel without regard to race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, pregnancy, veteran status, military obligations, and marital status. This policy applies to hiring, internal promotions, training, opportunities for advancement, and terminations.

No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, marital or parental status, political affiliation, military service, physical or mental ability, or any other improper criterion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available by the community foundation, and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the community foundation.

**Does the organization confirm that its philosophy is consistent with this policy? Please note that if you are a fiscally sponsored organization, you are responding for your organization AND your fiscal sponsor.**

#### Choices

Yes

No

**Commitment to Justice, Equity, Diversity, Inclusion and Belonging (JEDI+B)**

The mission of the Community Foundation is to leverage the power of philanthropy to create a great place to live, give, and thrive for all people. It is critical that we address the inequalities and injustices within our organization and through our work in communities. The Community Foundation is committed to JEDI+B and we see an ongoing need to gather information and invite conversation with our grantees.

Please assist us by providing the information requested below to the best of your ability.

**JEDI+B within your organization\***

We value organizations that demonstrate a commitment to justice, equity, diversity, inclusion, and belonging as reflected by the individuals who serve as board members.

Please describe how your board of directors and staff reflect the people and communities you serve in terms of race, ethnicity, class, gender, and/or lived experiences. If the board and/or staff currently do not reflect the people and communities you serve, please share the policies and procedures you have in place to promote JEDI+B in your organization. As you consider your response, please know that there are no "correct" answers. Every organization is different and we recognize that advancing equity is an ongoing process. We appreciate your honest reflections. (Short answer - no more than 2 paragraphs.)

*Character Limit: 1000*

## *Fiscal Sponsor*

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**Instructions for Organizations Using a Fiscal Sponsor**

The organization acting as the fiscal sponsor should be the organization whose profile is being used to submit this application. You may email the Vice President of Programs to add a user for the sponsored organization so that login information does not need to be shared.

The financial questions in this section only should be answered using the fiscal sponsor's information.

All other questions in this application regarding organizational information, program information, and financials should be answered using the fiscally sponsored organization's information.

**Organization Name\***

Sponsored Organization Name

*Character Limit: 250*

**Fiscal Sponsor Name\***

This is technically the applicant organization, so this should match the organizational profile under which this application is being submitted.

*Character Limit: 250*

### Why are you using a fiscal sponsor at this time?\*

#### Choices

- Seeking 501c3 status and not yet awarded
- Lost 501c3 status
- Not seeking 501c3 status
- Other

### Letter of Support\*

Please upload a letter of support from the sponsoring organization or MOU outlining your fiscal sponsorship agreement.

*File Size Limit: 2 MB*

### Fiscal Sponsor Financial Information\*

Please upload the fiscal sponsor's current operating budget.

*File Size Limit: 2 MB*

## *Private and/or Parochial Schools*

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### Private and/or Parochial Schools

If you are a Private and or Parochial School applicant, please complete the following questions:

#### School Building Use

Tell us about community based organizations that use the school building and their frequency. For example, The Alzheimer's Support Group meet in our cafeteria, 2 times per month.

*Character Limit: 500*

### Total Number of Students Enrolled Current Fiscal Year

*Character Limit: 250*

### Total Number of Students Enrolled Previous Fiscal Year

*Character Limit: 250*

### Percentage of Enrolled Students Receiving Financial Assistance

*Character Limit: 250*

## Financial Information

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### File Uploads:

If you have multiple files, please combine them into 1 document, save it as a PDF and upload it into the application.

### Type of Grant Request\*

You may choose to apply for Unrestricted -General Operating Support **OR** for Program Support. Refer to the grant guidelines for eligibility and criteria for each grant program.

#### Choices

Unrestricted - General Operating Support  
Program Support

### Amount Requested\*

If the organization is requesting general operating support, refer to the grant guidelines>grant size. Enter the two-year total award, e.g. Operating Budget < \$500K = \$40,000 Total Award. Enter \$40,000. Total Awards will be distributed over a two-year cycle (\$20,000/year).

*Character Limit: 20*

### Total Annual Operating Budget\*

*Character Limit: 20*

### Operating Budget\*

Please upload a copy of your organization's current FY operating budget. The budget should include all expenses and revenue for the organization.

*File Size Limit: 5 MB*

### Total Program Amount

Answer this question if you are requesting a **Program Support Grant**. This is the total cost for the program you are seeking funding for.

*Character Limit: 20*

### Program Support Budget

Upload a detailed grant program budget, which includes all sources of income and expenses for the program you are requesting funds for. Include in-kind gift/services, other grants requests (committed or pending). Clearly identify the expense(s) that you would like the Community Foundation to support. **Use only Word, Excel, or .pdf files.**

*(Note - this is not your organization's operating budget).*

*File Size Limit: 2 MB*

### Budget Narrative\*

Briefly describe how the Community Foundation grant will be spent. (2-3 sentences.)

*Character Limit: 500*

## Partial Funding

In the case that the grant is partially funded, how will the organization implement the program?

*Character Limit: 500*

## Estimates & Quotes

For building renovations, repairs, or large equipment/technology purchases, please include at least two quotes.

*File Size Limit: 5 MB*

## Endowments

If your organization has an endowment, briefly describe its purpose and whether it's restricted/unrestricted.

*Character Limit: 500*

# Program Support Questions

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## Program Type\*

Grants funded by the Community Foundation typically fall into three categories. If you're unsure, refer to the Community Grant Program Grant Guidelines for descriptions.

### Choices

Capital (renovation, repair, equipment/technology purchase)

Organizational Development/Capacity Building

Program or Direct Service

## Program Start Date\*

Please tell us the date you anticipate launching the program/project. **NOTE: This grant cannot pay for expenses incurred by the program/project prior to award notification.**

*Character Limit: 10*

## Program End Date\*

Organizations have 1 full year to utilize grant funds.

*Character Limit: 10*

## Total Unduplicated Number of Clients/Beneficiaries this program will serve\*

*Character Limit: 250*

## Tracking the Number of Clients/Beneficiaries Served\*

Briefly tell us how you track the number of people your organization serves.

*Character Limit: 1000*

## Program Description\*

Provide a **brief and concise description of the program** that the organization is seeking funding support for and that also answers the following questions:

- What community need does this program address?
- How do you know this approach will work?
- Include any external support, partnerships, and/or collaborations.
- For technology support, describe how technology will improve program delivery.
- For organizational development/capacity building/capital support, describe how the project will address organizational challenges or needs?

*Character Limit: 5000*

## Action Steps, Goals & Outcomes\*

Briefly describe the process and timeframe to develop and implement the program. Provide 2-3 brief goals and their anticipated outcomes. How will your organization know that it has been successful?

*Character Limit: 5000*

## Previous Grant Award\*

If the organization received program support in the previous year, briefly (2-3 sentences) describe the impact it has had. Type N/A if the organization did not receive program support.

*Character Limit: 500*

## Unrestricted - General Operating Support Questions

Please answer the following questions that will describe your funding need(s).

### Objective of the General Operating Support Grant\*

Describe the challenge or need that will be addressed by receiving a general operating support grant.

*Character Limit: 5000*

### Strategies to Address Challenges\*

Describe any short and long-term strategies for addressing identified organizational challenges.

*Character Limit: 5000*

### Impact of a General Operating Support Grant\*

If awarded, what measurable impact will a general operating support grant have on organizational and programmatic capacity?

*Character Limit: 5000*

**Full-time Equivalents\***

Enter the number of full-time employees working for the organization.

*Character Limit: 250*

**Strategic Plan\***

Upload the organization's current strategic plan.

*File Size Limit: 5 MB*

**Previous Grant Award\***

If the organization received general operating support in the previous year, briefly (2-3 sentences) describe the impact it has had on operations. Type N/A if the organization did not receive general operating support.

*Character Limit: 500*

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***Supporting Information*****Optional Supporting Documentation**

If you have any additional information you'd like to share about the work you are doing - photographs, publications, etc. - - please upload it here.

If there's anything else you would like to briefly share that was not addressed in the questions above, you may do so here.

*Character Limit: 1000 / File Size Limit: 3 MB*

**Thank you for completing this grant application!**

**Notice of Grant Decision:** Applicants will be notified of approval or declination by email following the approval of grants by the Community Foundation Board of Directors. An unsuccessful application does not reflect a judgment about the worthiness of a particular project. The Community Foundation routinely receives more requests than it can fund. If your request is denied, we encourage you to contact the Vice President of Programs to discuss specific reasons.

**Deadline & Decision Schedule:**

July 1 - Application Deadline

End of August - Notification

If you have any questions before or after submitting, please contact the Vice President of Programs at [ses@communityfund.org](mailto:ses@communityfund.org).

## *Applicant Feedback*

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Our foundation is a learning organization. The following questions seek feedback from applicants that will assist us in our learning. We encourage honesty! Answers will not affect your organization's chances of being awarded a grant through the Community Foundation.

### **Application Completion\***

How long did it take you to collect the information requested and complete this application?

#### **Choices**

- Under 3 hours
- 3-6 Hours
- 6-9 Hours
- 9-12 Hours
- 12+ Hours

### **Openness and Transparency\***

Choose the top three practices that would improve our openness effectiveness and transparency of our foundation.

#### **Choices**

- Meet with potential new applicants and organizations
- Provide specific funding priorities and other criteria in grant guidelines
- Provide specific feedback after grant decisions
- Seek input on applications from grantees annually
- Share information about how grant decisions are made
- Assist grantees with problem solving and learning

### **Process Improvement\***

What can we do to make our grant process easier for your organization? Mark all that apply.

#### **Choices**

- Allow for general operating costs related to program support grants
- Ask about challenges of programs
- Clear statement of mission/funding priorities
- Extend grant reporting timelines
- Include a minimum and maximum request limit
- Include eligibility check lists in applications
- Provide larger grant amounts
- Provide more information on level of funding available
- Provide more opportunity to ask questions
- Shorten application
- Combine multiple grant cycles into one application
- Share scoring criteria

**Thank you for helping us learn through your experiences.**