

# Community Grant Program

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

## *Grant Program Overview*

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Thank you for completing an application for the **Community Grant Program** grant from the Community Foundation of Elmira-Corning and the Finger Lakes, Inc.

NOTE: This application has many questions identical to other grant applications offered by the Foundation. You can use the **Copy Answers** tool to save time if you've applied for a grant anytime after August 2021. Follow these instructions to do so:

- In this applications screen, click the **Copy Previous Answers** button on the top right of the screen.
- If you've completed a grant application with answers able to be copied, those applications will appear in a list.
- Select the request you would like to copy answers from, and this will copy all answers into identical questions on the new application.
- If no applications appear in the list for you to copy, you are not able to use the copy feature.

Copy and pasting is encouraged! Having identical answers will not negatively affect your chances of receiving a grant.

## *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

### **History, Mission & Current Programs\***

Briefly describe the organization's history, mission, goals, and current programs.

*Character Limit: 7500*

## Subject Area\*

What subject area (s) best describe your organization's work? (Select up to 5.)

### Choices

Agriculture, fishing, and forestry  
Animal Welfare  
Arts and culture  
Community and economic development  
Education  
Environment  
Health  
Human rights  
Human services  
Out of School Time  
Public safety  
Racial Equity & Racial Justice  
Social sciences  
Sports and recreation  
Youth  
Other

## Subject Area - Other

If you selected "other" please type your subject area here.

*Character Limit: 100*

## Geographic Area Served\*

Southeastern Steuben County is defined as the greater Corning area including the towns of Addison, Campbell, and Savona. (Select up to 3.)

### Choices

Chemung County  
Schuyler County  
Southeastern Steuben County  
Steuben County  
Yates County

## Target Populations\*

What target populations best describe who you serve? (Select up to 5.)

### Choices

Adults  
Children and youth  
Ethnic and racial groups  
Caregivers  
Families  
Non-adult children  
Parents  
Widows and widowers  
Heterosexuals

Intersex people  
LGBTQ people  
Men and boys  
Women and girls  
People with disabilities  
People with diseases and illnesses  
Pregnant people  
Substance abusers  
At-risk youth  
Economically disadvantaged people  
Immigrants and migrants  
Incarcerated people  
Nomadic people  
Victims and oppressed people  
Academics  
Activists  
Artists and performers  
Domestic workers  
Emergency responders  
Farmers  
Military personnel  
Retired people  
Self-employed people  
Sex workers  
Unemployed people  
Veterans

### **How are the people you serve involved in planning and decision-making in your organization?\***

Briefly tell us how the people who benefit from your work are 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*

### **Board Governance\***

Briefly describe your organization's leadership (board and staff), governance structure, by-laws, and procedures. (This can be answered in 2-3 short paragraphs.)

*Character Limit: 10000*

### **Board of Directors\***

Upload or type in the names and occupations of your current board of directors.

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

## 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 (JEDI)

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 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 within your organization\*

*We value organizations that demonstrate a commitment to justice, equity, diversity, and inclusion 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 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*

## *Amount Requested from the Community Foundation*

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### **Type of Grant Request\***

You may choose to apply for General Operating Support **OR** for Program Support.

#### **General Operating Support:**

Organizations may request up to 10% of the organization's last completed fiscal year's expenses for a 12-month period (up to \$30,000).

- Located in and providing services within Chemung and/or SE Steuben Counties;
- Not a fiscally sponsored organization
- A minimum five-year operating history after the date of receipt of its 501(c)(3) classification;
- Annual operating expenses greater than \$50,000
- Applied for a Community Grant Program grant within the last five years;
- Successfully completed the scope of work defined in the prior grant application(s) and have submitted any follow-up report due;
- Have at least one full-time paid employee (employed by the organization and working at least 35 hours per week)

#### **Program/Project Support:**

Most program/project grants fall into three categories:

- *Program or Direct Service Grants* – for costs associated with the implementation of the program
- *Capital Grants* – for costs related to building construction, building renovation, or capital equipment
- *Organizational Development and Capacity Building Grants* - for costs related to activities such as strategic planning, board development, program planning, performance management and evaluation, succession planning, or marketing and communications. Other organizational capacity areas under this category include business planning, fund development, facility planning, and management systems (financial, HR, technology)

#### **Choices**

General Operating Support

Program/Project Support

### **Total Amount Requested from the Community Foundation\***

*Character Limit: 20*

### **Total Operating Expenses for your Organization**

Only answer this question if you are requesting a **General Operating Support Grant**.

*Character Limit: 20*

## Total Program/Project Expenses

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

*Character Limit: 20*

## Program/Project Support Budget

Click [here](#) to download the Community Foundation's budget template. Complete this form for your program request only (*this is not your organization's operating budget*).

*File Size Limit: 5 MB*

## Community Grant Program - General Operating Support Questions

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

### Total Number of Clients/Beneficiaries your Organization Serves?\*

*Character Limit: 250*

### Tracking the Number of People Served\*

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

*Character Limit: 1000*

### Objective of 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*

### Challenges due to COVID-19\*

Describe how COVID-19 has continued to challenge your organization to fulfill its mission. If your organization has not been impacted or is no longer being impacted by COVID-19, type N/A.

*Character Limit: 2500*

### 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*

## Sustainability\*

How will you use a general operating support grant to position your organization towards greater financial, programmatic, and operational sustainability? How does the organization plan to support itself financially in the future? List other funding sources or strategies you are developing.

*Character Limit: 5000*

## Community Grant Program - Program/Project Questions < \$5000

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### Grant Program Name\*

*Character Limit: 250*

### Program/Project 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/Project 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/Project End Date\*

*Character Limit: 10*

### Total 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*

### Proposal Overview\*

Tell us about the program/project and what you hope to accomplish with this funding. This is a brief summary. You'll have space to tell us more in other parts of the application.

*Character Limit: 1000*



### Evidence of Need\*

Identify the problem to be addressed and the needs to be met by this program/project.

*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 outcomes. How will your organization know that it has been successful?

*Character Limit: 5000*

### Sustainability\*

If this program/project will be ongoing, how does the organization plan to support it in the future? List other funding sources or strategies you are developing.

*Character Limit: 1500*

## Community Grant Program - Program/Project Questions > \$5000

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### Grant Program/Project Name\*

*Character Limit: 250*

### Program/Project 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

### Project 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*

### Project End Date\*

*Character Limit: 10*

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

Please do not use a comma separator.

*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*

### **Description of the Program/Project\***

Please **briefly describe the program and your organization's funding need** covering the following points:

- Brief program/project description.
- What community challenge(s) does this program address?
- What makes your organization well-positioned to tackle this challenge?
- How does this activity or service relate to the mission of your organization?
- 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: 10000*

### **Evidence of Need\***

What evidence do you have that this approach will work to address the challenge or need your program has identified?

*Character Limit: 5000*

### **Action Steps & Timeline\***

Briefly describe the action steps and timeline for developing and implementing the program/project. Include relevant information including any dates, times, location, vendors, etc.

*Character Limit: 5000*

### **External Support\***

Please describe any support for the program/project from:

- Community members or businesses
- Collaborating organizations
- In-kind support
- Other funding support either confirmed or requested

*Character Limit: 2500*

### **Program/Project Goals & Outcomes\***

Provide 2-3 brief goals and their outcomes.

*Character Limit: 1000*

### Impact of a Program Support Grant\*

If you are awarded a program support grant, what measurable impact will it have on your organizational or programmatic capacity? What kind of impact will it have on your target audience? How will your organization know that it has been successful?

*Character Limit: 5000*

### Sustainability\*

If this program/project will be ongoing, how does the organization plan to support it in the future? List other funding sources or strategies you are developing.

*Character Limit: 5000*

## 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.

### 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*

### Endowments

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

*Character Limit: 1500*

### Private and Parochial Schools

If you are a private or parochial school, please complete and upload the Operating Budget & School Demographics form by clicking [here](#).

*File Size Limit: 2 MB*

### Estimates & Quotes

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

*File Size Limit: 5 MB*

## *Additional Information*

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### **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 [sep@communityfund.org](mailto:sep@communityfund.org).