

# 2025 S. Roberts Rose Fund - Rose's Youth Philanthropists

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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 **S. Roberts Rose Fund also known as Rose's Youth Philanthropists (RYP)** from the Community Foundation of Elmira-Corning and the Finger Lakes, Inc.

RYP is a regional youth grants committee that accepts proposals from organizations that impact youth in a wide variety of fields in Chemung and Southeastern Steuben counties. The S. Roberts Rose Fund was established at the Community Foundation of the Elmira- Corning and the Finger Lakes, Inc. in order to give youth a voice at the grantmaking table.

**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:**

February 1 - Application Deadline

April - 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).

## *General Application Questions*

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### **Program Name\***

This is not the name of the organization.

*Character Limit: 100*

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

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. (Select up to 3.)

#### 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. youth development, arts and culture, economic mobility, human services.

*Character Limit: 250*

### Purpose of the Organization\*

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

*Character Limit: 2000*

### Board of Directors\*

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

*Character Limit: 2000 | 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+B 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+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*

## 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.

### Total Amount Requested from Rose's Youth Philanthropists\*

Grant awards are typically between \$500-\$2000.

*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 and 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*

### Partial Funding\*

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

*Character Limit: 500*

## Program Support Questions

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### 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 youth this program will serve\*

*Character Limit: 250*

### 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 youth development need does this program address?
- Describe the process and timeframe to develop and implement the program.
- Provide 2-3 brief goals and their outcomes.

*Character Limit: 5000*

### Youth Involvement\*

Rose's Youth Philanthropists committee members encourage organizations to receive input from youth within their program.

- How does the organization collect input from the youth it serves?
- How have youth been involved in grant writing, program planning and development?
- How will youth be involved in implementing the program?

*Character Limit: 5000*

### Previous Grant Award\*

If the organization received a grant from Rose's Youth Philanthropists in the previous year, briefly (2-3 sentences) describe the impact it has had. Type N/A if the organization did not receive a grant.

*Character Limit: 500*

## *Supporting 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!**

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