

The Community Chest of Port Washington

Grant Application

(Filing Deadline: March 30, 2024)



Thank you for your interest in applying to the Community Chest of Port Washington. We are here to support you and encourage you to contact us if you need assistance or guidance at 516-767-2121.

Grant decisions will be made in June 2024; Funds will be distributed during calendar year 2025.

You may use this application if ALL the following criteria are met:

- You are applying for a non-profit organization that is a 501(c)(3).
- Services provided by the non-profit applicant benefit Port Washington residents. However, the organization need not be located in Port Washington.
- The non-Profit Organization has been in existence long enough to have filed a Form 990,990-EZ or 990-PF with the IRS.
- A grant report was submitted this year if you are a current grantee.
- Funding requested is either for program or operating expenses.

While this application does not cover startups and capital expenditures, please contact the Community Chest for grant funds that might be available for start-ups or capital items at (516) 767-2121. *Grants will not be awarded to individuals, for political action or lobbying, or to organizations for re-granting or to subsidize fundraising events.*

GENERAL INSTRUCTIONS

- Prepare proposal in 12-point font size.
- Submit only materials specifically requested.
- Application should be signed by the Executive Director or Board Chairperson.
- **Email one** (1) digital copy (scan as one PDF and include organization's name in the filename) **and mail one** (1) hardcopy of your grant application and any attachments to the Community Chest by **March 30, 2024**.

The Community Chest of Port Washington
382 Main Street, Port Washington, NY 11050

grants@portchest.org

www.portchest.org

516-767-2121

COMMUNITY CHEST OF PORT WASHINGTON

Grant Application Form Cover Sheet

1. Date of application [] 1a. Grant Request \$ []

2. Is your organization a 501 (c)(3) charitable organization? []

2a. If "no", STOP HERE, you are NOT eligible for a Community Chest of Port Washington grant.

3. Legal name of Organization []

3a. What type of services do you provide? []

3b. Address []

3c. Website [] 3d. Phone []

1. Purpose of the grant (one sentence) []

2. Contact name and title []

3. Email [] Phone []

4. Contact mailing address []

5. Person to whom grant checks would be mailed []

6. Mailing address for grant checks []

7. Executive Director/CEO []

8. Board Chair []

9. Organization's Fiscal Year End (ex/ "June 30") []

10. This request is for [] General Operating Support or [] Specific program support

10a. If specific program support, Program Name []

10b. Total program budget \$ []

10c. Program Start/Completion Dates []

11. Number of unique Port Washington residents served for the last completed fiscal year. []
(What do we mean by "Unique"? If Jane Doe is in more than one program or attends more than one class, she is only counted once.)

12. Number of unique Port Wash. residents projected to be served for the current fiscal year. []

I have reviewed the Grant Application and attachments as submitted to the Community Chest of Port Washington and attest that the information is, to the best of my knowledge, true and complete.

[]

Executive Director or Board Chairperson Signature and Print Name

[]

Date

COMMUNITY CHEST OF PORT WASHINGTON

Grant Application Form Grant Proposal

- I. **PROPOSAL SUMMARY:** one-half page, maximum
Briefly summarize the purpose of your organization. Explain why you are requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.
- II. **NARRATIVE (A – C):** Three pages maximum.
- A. Background** – Describe the work of your organization, addressing each of the following:
1. A brief description of its history and mission.
 2. The need or problem that your organization works to address, and the population that your organization serves, such as socio-economic status, race, ethnicity, gender, sexual orientation, age, physical ability, and language.
 3. Current programs and accomplishments.
 4. Number of paid full-time staff; paid part-time staff; volunteers.
 5. Your organization’s partnerships (if any) with other organizations working to meet the needs of Port Washington residents.
 6. If the organization has undergone any material changes regarding your organization, staffing, management, or board of directors in the past year.
- B. Funding Request** – Describe the program for which you seek funding.
1. If applying for **GENERAL OPERATING SUPPORT**, briefly describe how this grant would be used and include how many *unique* Port Washington residents will be served by your organization.
 2. If your request is for a **SPECIFIC PROGRAM**, please explain the program including:
 - A statement of the program’s primary purpose, the need or problem it addresses.
 - The population that you plan to serve and how this population will benefit.
 - Tell us how many *unique* Port Washington residents will be served by your program.
 - Describe the specific program services you will provide in implementing your program.
 - How many years has the program been operating?
- C. Evaluation** – Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

III. **ATTACHMENTS – Label all attachments.**

A. Financial Information – Applicants must provide the following documents:

1. **Your most RECENT Audited FINANCIAL STATEMENTS**, *if required by law.*
2. Your most recent **BOARD APPROVED OPERATING BUDGET** (revenue and expense).
3. Current list of foundation and corporate supporters (total dollar support).
4. List the foundations, corporations, and other **SOURCES** for which you are seeking funds (total dollar being sought).

In addition, if program funding is being requested:

5. A **CURRENT PROGRAM BUDGET**. This statement is a line-by-line projection of income and expenses for this program.

B. **Required Supporting Materials**

1. A list of your Board of Directors, with their titles and/or affiliations.
2. One paragraph resumes of key program staff, including qualifications relevant to the specific Program request.
3. A copy of your most recent Independent Auditors' report, *if required by law.*

C. **Tax Returns: Documents should be sent **digitally** only.**

1. Your most recent IRS Form 990, 990-EZ, or 990-PF Please include "Form 990 and [your organization's name]" in the file name.
2. Your most recent NYS Form CHAR 500.
Please include "CHAR 500 and [your organization's name]" in the file name.

D. **Other Materials (optional and sent **digitally** only):**

Newsletters, news clippings, annual report, thank you letters from clients, program evaluations or surveys etc.

E. **For NEW applicants ONLY:** A copy of your most recent 501(c)(3) IRS tax determination letter.