The New York Community Trust

NORTH FORK SIDE BY SIDE
Helping Nonprofits Thrive

NORTH FORK SIDE BY SIDE
GRANT APPLICATION

NOTE: This form is PDF fillable. You must download and save on your computer.

Organization_____

Address _____

City/State/Zip _____Phone_____

Township where the program will be implemented: ☐ Riverhead ☐ Southold

Executive Director _____ Email _____

Contact Person for this Proposal (if other than Executive Director)

Name_____Title_____

Phone _____ Email_____

Is your organization a 501(c)(3)? ☐ YES ☐ NO

- if no, is your organization a public agency/unit of government? ☐ YES ☐ NO
- if no to both questions, a Fiscal Sponsor is required. For information on Fiscal Sponsors, click here: http://fw.to/MIJLCXB

Total Program/Project Budget $_____ Organization's Total Operating Budget $_____

GOVERNANCE

Attach a list of current board members and officers, and their professional affiliation.

(a) Are there two or more paid staff members on the board? ☐ YES ☐ NO

(b) Are any of the organization's officers, board members, or highly compensated employees related to each other? ☐ YES ☐ NO

If you answered YES to any of the above, please provide an explanation:

_____

_____

(c) Do you have a written conflict of interest policy in compliance with the New York Nonprofit Revitalization Act? ☐ YES ☐ NO

If you answered NO, please explain and indicate what steps are being taken to be in compliance.

_____

_____

PROPOSAL SUMMARY

1. Describe the need, problem, or situation that exists, which this project seeks to address.

2. Describe the nature of the project and overall goals and objectives. Include the community(ies) being targeted, the population served, and who will carry out the activities.

3. Provide a budget summary and a time frame for how the funds will be used.

4. Describe the organization's capacity/expertise for carrying out the proposed project.

5. Provide a clear statement of the overall impact you expect to achieve and how this will help strengthen the neighborhood.

_____

Date