

# Ulster Savings Charitable Foundation



## GRANT APPLICATION GUIDELINES

*The following guidelines are designed to furnish you with the information necessary to apply for an Ulster Savings Charitable Foundation Grant.*

➤ **What Types of Programs / Projects Are Supported?**

The Ulster Savings Charitable Foundation supports programs in the following areas:

- Health and Human Services
- Housing
- Education

An approved grant application proposal must substantially fulfill one of the above referenced mission areas.

Eligible Program / Project types include:

- Capital Improvement Campaigns
- Programs and Projects with specific needs and targeted outcomes.

Ineligible Program / Project types include:

- Endowments
- Funds for General Operating Expenses.

➤ **Who is Eligible to Receive a Grant?**

- Tax-exempt, not-for-profit organizations so certified by the Internal Revenue Services under Section 501(c) (3).
- Qualified organizations in Ulster, Dutchess and Greene Counties.

➤ **How to Apply**

Grant applications may be requested by mail to Ulster Savings Charitable Foundation, 180 Schwenk Drive, Kingston, NY 12401, by email to [mkelley@ulstersavings.com](mailto:mkelley@ulstersavings.com), or on-line at [ulstersavings.com](http://ulstersavings.com).

➤ **Grant Requests**

Grant requests are reviewed throughout the year on a rolling basis.

Board of Directors Review Schedule:

Applications Received By:	Dec. 15, 2011	Reviewed:	Mid-Feb
	Mar. 15, 2012		Mid-May
	Jun. 15, 2012		Mid-August
	Sep. 15, 2012		Mid-November

➤ **Grant Decision Notice**

Applicants will be notified by the Foundation.

➤ **Submitting an Application**

Organizations applying for funding are required to use the attached proposal form. Please submit one copy of the application and the requested documents as per the attached Application Submission Checklist.

Acknowledgments will be mailed to applicants following receipt of their proposals.

# APPLICATION SUBMISSION CHECKLIST

To apply for funding applicants must submit the following items:

- Cover Letter** signed by the organization's Board President or Executive Director.
- Completed Ulster Savings Foundation Grant Application Form.**
- Organization Background** A one-to three-page description of the applying organization's history, mission and goals.
- Demographic Profile of People Served .**
- Do you anticipate any other funding requests this year?** If so, please include those in the grant application package.
- Project Overview** A one-page overview on why this project is needed in our community.
- Funding Request** (2-3 pages). An overview of the following items: (1) Program budget (one page) (2) Anticipated length of this project (3) Project objectives (4) Other funding sources for this project and how funds will be used should the full grant request not be awarded, (5) Contingency plans should the goal not be reached and (6) How the project will be sustained.
- Program Evaluation** (1-2 pages). An overview on: (1) How will you measure the results and outcomes? (2) What results do you expect to receive from this project? (3) How do you plan to communicate this information to your funders? (4) Who are they key staff responsible for the success of this project?
- The name of a contact person** for questions and response.
- Attachments** Please include the following attachments:
  - A copy of the organization's 501 (c) (3) determination letter.
  - List of your board of directors and schedule of board meetings. Please, indicate if your board members are paid or volunteer their time and services.
  - Most recent year-end financial statement.
  - Who else are you approaching to fund this project?
  - Up to three examples of supporting documentation (letter, articles, etc.).

*Send all of the above in one packet to:*

**Ulster Savings Charitable Foundation**  
**180 Schwenk Drive**  
**Kingston, NY 12401**

# Ulster Savings Charitable Foundation



## FUNDING APPLICATION

<b>General Information</b>	
LEGAL NAME OF ORGANIZATION	NAME OF EXECUTIVE DIRECTOR
ADDRESS	
CONTACT	TITLE
PHONE	TOTAL NUMBER OF BOARD MEMBERS
FAX	TOTAL NUMBER OF STAFF    FULL TIME    PART TIME
E-MAIL	TOTAL NUMBER OF VOLUNTEERS
TOTAL ANNUAL ORGANIZATION BUDGET \$ FISCAL YEAR END	
IRS 501 (C)(3) NONPROFIT? (PLEASE CIRCLE)    YES    NO	
IF NO, IDENTIFY YOUR FISCAL AGENT AND ATTACH THE WRITTEN AGREEMENT FROM THE FISCAL AGENT	
<b>About Your Proposal</b>	
AMOUNT REQUESTED \$	PROGRAM, PROJECT OR CAPITAL BUDGET \$
TYPE OF REQUEST (PROGRAM, PROJECT, CAPITAL, OTHER)	
SUMMARIZE THE PROPOSAL	
LIST THE PROPOSAL'S TARGET POPULATION, CONSTITUENTS, AND GEOGRAPHIC COMMUNITIES	
LIST ANY PREVIOUS SUPPORT FROM ULSTER SAVINGS CHARITABLE FOUNDATION IN THE LAST FIVE YEARS, AND USE OF THOSE FUNDS.	