



Organization Information

*Organization Legal Name

*Employer Identification Number (EIN)

(Format: 12-3456789)

*Attach: IRS Nonprofit Designation or Determination Letter

(10 MB Maximum File Size)

Browse...

*Name of Your Executive Director/Chief Executive Officer

*Executive Director/Chief Executive Officer Email Address

*Name of Application Point of Contact

*Application Point of Contact Email Address

*Organization Street Address

(Enter Street Address for Organization - No PO Box)

*Organization City

*Organization State

(Two Letter Abbreviation)

*Organization Zip Code

*Organization Phone Number

(Office Main Line Phone Number)

*Organization's Website Address

(Must Start with http:// or https://)

*Organization's Mission Statement

(500 Characters)

***What county/counties are you serving with this grant request?**

(Check All That Apply)

Agencies that apply for funding in more than one county (Jefferson, Lewis and St. Lawrence County) will only complete **ONE** application.

Jefferson County Lewis County St. Lawrence County

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If your organization is a current recipient of Community Impact funding (2023), please indicate whether your mid-year report was submitted.

Yes No N/A

***Attach: List of Board of Directors**

(Must Use UWNNY Board List Form)

(10 MB Maximum File Size)

 Browse...

UWNNY Grant Board of Directors Form.210510.v01.xlsx

***Attach: Cover Letter for This Grant from Your Executive Director, Chief Executive Officer and/or Chairperson/President of the Board of Directors**

(10 MB Maximum File Size)

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Funding Request

***Program or Project Name**

(100 Characters)

Please select the area of focus that most closely aligns with the program / project for which you seek funding.

Social Determinates of Health (SDoH) Supporting Children Employment Supports

***Amount Requested**

(No Commas)

 \$

***Brief Program/Project Summary**

(500 Characters)

This is a concise synopsis of your program/project. Think of it as your "elevator speech."

***List all other revenue sources for proposed program/project.**

(500 Characters)

For grants, please include status (denied, pending or awarded) and dollar amount. Examples: US Department of Agriculture Rural Food Grant - Pending - \$10,000; Northern New York Community Foundation - Awarded - \$5,000.

Organization Details

***Attach: Current Organizational Fiscal Year Budget**

(Must Use UWNNY Budget Form)

(10 MB Maximum File Size)

 Browse...

UWNNY Grant Organization Budget Exhibit.07.01.2023.xlsx

***What specific efforts has your organization made in the past 12 months to improve performance, outcomes, organizational effectiveness and/or financial efficiency?**

(750 Characters)

Examples: Conduct quarterly brainstorming sessions to review performance and to research and introduce other best practices into operations; and invested resources to train 20 personnel to improve grant writing and fundraising efforts.

***Describe how your board and staff reflect the diversity and key interests of the population(s) you serve.**

(750 Characters)

*** Number of Paid Full Time Employees**

*** Number of Paid Part Time Employees**

*** Number of Annual, Unduplicated Volunteers**

(No Commas)

Program or Project Details

*** Describe the program/project in detail**

(2,000 Characters)

Include the community need that the program/project is addressing, unique individuals served, geographic area, and program/project operations.

*** Age Groups Served by this Program/Project**

(Select All That Apply)

- Children (infant - 12) Teens (13 - 17) Young Adults (18 -29)
 Adults (30 - 62) Seniors (63+)

*** Race / Ethnicity of Groups Served by this Program/Project**

(Select All That Apply)

- White Black Hispanic
 Asian Native Hawaiian or Pacific Islander American Indian/Native American or Alaska Native

*** Identify Demographic Subgroups Served by this Program/Project**

(Select All That Apply)

- Individuals Living in Poverty ALICE Veterans
 Individuals with Disabilities Individuals Experiencing Homelessness / Housing Insecurity

*** Program/Project Start Date**

(If this is an ongoing program or project, use January 1, 2024 as the Start Date)



Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 07/28/2023 format).

*** Program/Project End Date**

(If this is an ongoing program or project, use December 31, 2024 as the End Date)



Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 07/28/2023 format).

*** Articulate your outcome statement(s) for the project/program.**

(500 Characters)

Outcome statements are specific, measurable statements that let you know when you have reached your goal(s). Outcome statements describe specific changes you expect to occur as a result of your program/project.

Examples:

By the end of the grant period, 25 individuals will gain / maintain employment as a result of transportation assistance.

70 households in crisis will be stabilized through case management / coaching.

15 individuals will improve literacy / language skills as a result of tutoring services.

*** List your activity metric(s).**

(750 Characters - List and describe up to 3 activity metrics)

These are measures that help you know if you are doing the things that you planned to do, if you are doing them well and if you are completing them within the proposed timeframe. Examples: Number of clients seen by social workers each week; number of participants in financial management workshops; and number of clients referred to partner agencies.

*** List your outcome metric(s).**

(500 Characters - List and describe up to 3 outcome metrics)

These are the measures that will track your progress toward your desired outcome(s). Outcome metrics will help you know if you are getting the results you expected within the proposed time frame. Examples: Meals served - 5,500; number of clients receiving financial assistance - 400; 95% of food provided is within USDA's "MyPlate" Standards; and repair 20 vehicles to assist consumer with maintaining employment.

*** How will your agency utilize UWNKY funds?**

(750 Characters)

If you are applying for funding in **more than one county** (Jefferson, Lewis and St. Lawrence County), break down the funding request between counties and indicate how you're going to use the funds in each county.

Attach: Program/Project Budget

(Must Use UWNKY Program/Project Budget Form)

(10 MB Maximum File Size)

* If your organization has one program (i.e., a small food pantry) and your program budget is the same as your organization budget, skip this step

Browse...

Program Budget.200721.v01.xlsx

*** Describe your plans for financially supporting the program/project in the future.**

(500 Characters)

List other current and future revenue sources that you will use to sustain this program.

*** How would the program/project be impacted by partial funding from UWNKY?**

(500 Characters)

Explain how the Program/Project would operate if funded at 75% of the requested amount. Could you still offer the program/project? How would outcomes be impacted by partial funding?

Attach: Additional Information Relevant to this Application

(For Applicants requesting \$5,000 or less, attach any additional information you feel is pertinent to your application.)

(10 MB Maximum File Size)

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Additional Information

*** List other organizations in your service area that provide similar programming. Explain how your organization is different.**

(750 Characters)

*** List organizations that you regularly collaborate with and describe how you work together to improve the probability of success for your clients.**

(750 Characters)

*** Describe your organization's innovative and entrepreneurial efforts to better address community challenges.**

(750 Characters)

What is your organization doing - i.e., thinking "outside of the box" - to enhance community outcomes?

*** Attach: Letter of Support #1 (From Organizations that Collaborate with Your Agency)**

(10 MB Maximum File Size)

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*** Attach: Letter of Support #2 (From Organizations that Collaborate with Your Agency)**

(10 MB Maximum File Size)

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*** Attach: Letter of Support #3 (From Organizations that Collaborate with Your Agency)**

(10 MB Maximum File Size)

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*** Attach: Most Recent Certified Audit**

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*** Attach: Most Recent IRS Form 990**

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*** Attach: Previous Fiscal Year Profit and Loss (P&L) Statement**

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*** Attach: Previous Fiscal Year Balance Sheet**

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Attach: Additional information That You Feel is Relevant to This Application

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