****

**PROPOSAL**

|  |  |
| --- | --- |
| Legal Name of Organization |  |
| Also Known As |  |
| Address, City, State, Zip |  |
| Payee address (if different from above) |  |
| Organization’s website |  |
| Executive Director |  |
| Executive Director Phone |  | Email |
| Primary Contact (if different), include title |  |
| Contact Phone |  | Email |
| Board Chair |  |
| Date of IRS Exemption |  | EIN# |
| Date of application |  |
| Total annual operating budget of the organization |  |
| Project Name |  |

|  |  |
| --- | --- |
| Application Date |  |
| Project start and end dates, based on invitation to apply |  |
| Grant Request | $ |
| Total Project Cost | $ |

Please review the Westchester Community Foundation’s website to familiarize yourself with our grant program areas and categories.

**Which program area and category does your project fall under**?

Select one:

\_\_\_\_\_ **THRIVING COMMUNITIES**

\_\_ Arts & Culture

\_\_ Social Justice

\_\_ Conservation and the Environment

\_\_ Technical Assistance

\_\_\_\_\_ **HEALTHY LIVES**

\_\_\_\_\_ **PROMISING FUTURES**

\_\_ Workforce Development and Job Placement

\_\_ Access to Legal Services

\_\_ Basic Human Needs and Self-Sufficiency

\_\_ Youth Development

\_\_\_\_\_ **SPECIAL PROJECTS**

 These are projects undertaken by the Foundation or at the invitation of the Foundation on issues of importance in Westchester.

**How does your proposed work fit within the program area and category specified?**

**DEMOGRAPHICS**

If the program/project is countywide, indicate so here \_\_\_\_\_\_\_\_\_\_\_\_.

What is the U.S. Congressional district of your agency headquarters? \_\_\_\_\_\_\_\_\_\_

Please complete this chart to reflect where the activities of the program/project will take place.

|  |
| --- |
| Top three communities served by the proposed project, by ZIP code: |
| 1. | 2. | 3. |
| U.S. Congressional District? <http://planning.westchestergov.com/images/stories/MapPDFS/uscongdist2012.pdf> |  |
| State Senate District?<http://planning.westchestergov.com/images/stories/MapPDFS/nyssenatedist2012.pdf> |  |
| State Assembly District?<http://planning.westchestergov.com/images/stories/MapPDFS/nysassemblydist2012.pdf> |  |
| County Legislative District? <http://planning.westchestergov.com/images/stories/MapPDFS/CountyLegislativeDistricts.pdf> |  |

**Using a 12-point font, and not exceeding 10 pages, provide program purpose, project description and budget narrative. Your proposal should clearly state what you propose to do, why you’re proposing to do it, who will benefit, and how they’ll benefit.**

*Grant support can be used to solve a problem, or to take advantage of an opportunity. Using clear, concise language, answer the following questions. Please be as specific as possible.*

1. Describe the problem or opportunity your program/project addresses. Provide specifics about the problem or opportunity, and what you intend to achieve with this grant support. Briefly provide any evidence-based research, past experience, or demonstration projects that support your selection of methods.
2. Describe the activities of the project, including staffing and timeline.
	1. If you are working with a particular constituency, explain with specificity who will benefit, how many will benefit, and how they will benefit.
	2. If this is an environmental project, please explain with specificity the indicators you will use to assess results.
3. Describe how you will assess your program/project. You will be asked to report on these in your interim and final reports.
	1. How will you know if the project is succeeding?
	2. What will you be measuring and why?
	3. What is your definition of success for this project?
4. Provide a summary of your organization and explain why it is suited to undertake this project. If your project involves partners and/or collaborators, indicate their role, and include with this proposal a Memorandum of Understanding signed by all partners.
5. Renewal applications only: If you are currently being funded by Westchester Community Foundation for this project, provide an update of progress to date.

BEGIN NARRATIVE HERE (pages will be added as you write):

**BUDGET**

Your budget provides Foundation staff clear information on:

* What it costs your organization to implement the proposed program/project
* Funds/resources your organization already has in hand/committed to support the proposed program/project
* Funds your organization must secure
* How Foundation funds, if awarded, will be used

Your budget needs to be for the period of time that the Westchester Community Foundation grant period will run, as indicated in the emailed invitation to apply that you received from your program officer.

**There are three parts of your proposal budget submission: the Budget Table, the Additional Revenue Detail Table, and the Budget Narrative.**

1. **The Budget Table**

Complete the Excel budget table below (double or triple click to activate Excel, or right-click and EDIT or OPEN object). The yellow budget columns are set to auto-sum. FILL IN ONLY WHITE BOXES. DO NOT FILL IN YELLOW BOXES. See Sample Budget on website for guidance. NOTE: When you are done with the Excel doc, be sure that the top of the budget is visible, and then click anywhere on the Word doc to return to the proposal. You may also save it as a separate file. **SAVE.**

**Budget Table instructions**

* On line 2 of the Budget Table, please fill in the amount you are requesting from WCF in the “requested” column, and be sure to include that amount in your calculations.
* “Personnel Services” refers to staff time expenses spent on program.
* “Other than Personnel Services” refers to all other expenses and must relate specifically to the program for which you are seeking funding, not general administrative costs.

**Administrative costs:** Westchester Community Foundation provides support for administrative costs up to 15% of total program/project costs. Administrative costs include such things as general administration and management expenses (e.g. management staff salaries and benefits), infrastructure costs (e.g. rent and utilities, equipment depreciation, technical licenses), and other costs that are incurred for the benefit of all the programs within the organization (e.g. marketing costs, fundraising expenses), not just the program you’re seeking funding for.

1. **The Additional Revenue Detail Table**

Use this table to provide detail on the revenue sources you listed on lines 1, 3 and 4 of the Budget Table.

1. **The Budget Narrative**

**After completing the Excel Budget Table and the Additional Revenue Detail Table, provide a Budget Narrative.**

1. **BUDGET TABLE**



 **2. ADDITIONAL REVENUE DETAIL TABLE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revenue source: corporation, foundations, government grants** | **Requested amount still pending** | **Amount awarded and in hand** | **Amount to be allocated to this project** |  **Award start/end dates** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **BUDGET NARRATIVE**
* Include a description of all line items marked with an asterisk on the Budget Table form.
* Indicate how earned income and in-kind support will be generated. (Example of in-kind: use of off-site space or outside staff for which you are not paying.)
* If yours is an all-volunteer organization or project, provide the value of the volunteer hours. Refer to the Independent Sector website: <https://www.independentsector.org/resource/the-value-of-volunteer-time/>
* For expenses, describe how costs for a particular item were determined.

Example: Workshop supplies: 10 participants @ $5 per individual for 10 workshops = $500.

**BEGIN BUDGET NARRATIVE HERE:**

Provide information on your board governance and organizational demographics.

**Governance**

Are there two or more paid staff members who are voting members of the board?

Yes \_\_\_ No \_\_\_

Are any of the organization’s officers, board members, or highly compensated employees related to each other?

 Yes \_\_\_\_ No \_\_\_\_

Is any officer, board member, or highly compensated employee related to officers or employees of independent fundraisers under contract to the organization?

Yes \_\_\_\_ No \_\_\_\_

*If you answered yes to any of the above questions, please attach an explanation.*

Does your organization have a conflict of interest policy in compliance with the New York Nonprofit Revitalization Act?

Yes \_\_\_\_ No \_\_\_\_

Is your organization listed on GuideStar?

Yes \_\_\_\_ No \_\_\_\_

*If No, please include a copy of the most recent IRS letter determining your tax status.*

What percentage of your Board gives to the organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the Organizational Demographics table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Number of Professional Staff | Number of Support Staff | Number of Volunteers | Number of Board Members | Percent of Population Served |
| Asian/Asian-American |  |  |  |  |  |
| Black/African-American |  |  |  |  |  |
| Hispanic/Latino |  |  |  |  |  |
| Native American |  |  |  |  |  |
| White, Non-Hispanic |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |

**Signatures**

**I have reviewed this proposal and believe it to be accurate.**

Signature of Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature of Board Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_