# **GRANT APPLICATION PACKET**

### THE WAYNE C. SPEENBURGH GREENE COUNTY LEGISLATURE GRANT PROGRAM FOR THE YEAR 2023



### A Funding Source for Projects by Youth, Seniors, Veterans and other eligible not-for-profit groups

### Applications accepted at any time until December 1, 2023 FOR THE CURRENT YEAR.

# Applications for the following year should be submitted AFTER January 1<sup>st</sup> of <u>the next year</u>.

This application packet includes funding criteria and application procedures, an application form with a budget summary sheet, and a summary of the information to which all proposals should relate. Assistance will be available to any group wishing to apply. Call Tammy Sciavillo, Clerk of the Legislature at (518)719-3270 or email tsciavillo@greenecountyny.gov for information.

Review or approval of any application is not based on race, religion or nationality of the applicant.

Any applicant/organization which receives Wayne C. Speenburgh Greene County Legislature Fund Grant(s) agrees to defend, indemnify and hold Greene County, its employees, officers and agents, harmless from any liability arising from the organization's actions and/or omissions related to the organization's project and/or event.

# The Greene County Legislature has grant funding available for youth, senior, veteran and other eligible not-for-profit organizations to benefit residents of Greene County.

County funds may be used for projects and events that will enhance the quality of life for residents and provide educational and cultural activities. Other requests will be considered.

#### **Important Information Regarding Grants:**

Grant funds are awarded in any amount up to \$1,000.00. This amount may be increased under special circumstances at the sole discretion of the Legislature.

#### Special Notes:

- Grants can only be given to groups or organizations that can establish accounting procedures to receive funds and document the expenditure of funds.
- The Greene County Legislature should not be seen as a long-term funding source.
- Submitting an application does not guarantee selection. Getting funded one year does not guarantee funding another year.
- Review or approval of any application is not based on gender, race, religion, nationality or any other protected class.

#### SPECIAL ATTENTION WILL BE GIVEN TO NEW PROJECTS.

#### FUNDING GUIDELINES:

Grant money may be used for the following:

- Supplies, materials and expenses that are directly involved with your project and are necessary to making it a success.
- Major equipment purchases that will allow ongoing groups or projects to move forward in successive years.

#### PLEASE NOTE – Grant money may <u>not</u> be used for:

- Religious instruction or conducting worship services (religious organizations may use funds for non-religious programs open and publicized to the public).
- Adult staff salaries or youth wages, except under special circumstances at the sole discretion of the Legislature.
- Travel.
- Donations to other organizations or reallocation of funds.
- For any profit by the organization or individuals.
- Only not-for-profit organizations are eligible.

• If selected, your group, as well as your sponsoring Legislator(s), shall sign an agreement, which will include, without limitation, the following provisions: to begin the project on time; to submit a final report within two weeks of the end of the project; and to defend, indemnify and hold harmless Greene County.

• Applicants must reside in Greene County and all events must take place within the boundaries of the County of Greene.

### DECEMBER 1, 2023 IS THE DEADLINE TO SUBMIT GRANTS FOR THE CURRENT YEAR. Applications for the following year should be submitted AFTER January 1<sup>st</sup> of <u>next year</u>.

MAIL the completed application to:

Tammy Sciavillo Clerk of the Legislature Greene County Legislature 411 Main Street Catskill, NY 12414

#### -OR-

**DELIVER** the application before 4:30 p.m. on any weekday

#### FOR MORE INFORMATION call Tammy Sciavillo, Clerk of the Legislature at 719-3270 or e-mail to tsciavillo@greenecountyny.gov

If you have questions about the grant application, have questions about your project design, or want to know if your idea is one the Greene County Legislature might fund, call the office at 719-3270, or e-mail us at tsciavillo@greenecountyny.gov. or contact your local legislator. **The Greene County Legislature is committed to the success of our grant program.** 

### **Greene County Legislature**



### THE WAYNE C. SPEENBURGH GREENE COUNTY LEGISLATURE GRANT PROGRAM

Answer each question within the space provided. Additional attachments are not encouraged unless they are absolutely essential to our understanding of your project.

| Organization Name:   |                  |                    |                  |          |              |
|----------------------|------------------|--------------------|------------------|----------|--------------|
| Address:             |                  |                    |                  |          |              |
| Street               |                  | City               | State            | Zip Code |              |
| Contact Person:      |                  |                    |                  |          |              |
|                      | Name             | Title              |                  | Phone    | Number       |
| Contact Information: |                  |                    |                  |          |              |
|                      |                  | Reach Contact Pers |                  | Phone    | Number       |
| Total Dollars Reques | ted:             |                    |                  |          |              |
| Do you have a sponse | oring organizati | on? If :           | yes, please tell | us the:  |              |
| Organization Name:   |                  |                    |                  |          |              |
| Address of Organizat | ion:             |                    |                  |          |              |
|                      | Street           |                    | City             | State    | Zip Code     |
| Contact Person:      |                  |                    |                  |          |              |
|                      | Name             | Tit                | tle              |          | Phone Number |

| Do you or your sponsoring organization have tax exempt status from the Internal Revenue Service as a non- |
|---|
| profit group? If yes, please verify your non-profit status by including a copy of your 501(c)(3)          |
| determination letter from the IRS with this application   |

Are you working with any other organizations? \_\_\_\_\_. If yes, who and what part are they playing in your project?

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| What is your project idea? |  |  |
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### **Budget Questions**

| How much will your project cost?  |
|---|
| How much are you asking for from the Greene County Legislature?             |
| Specifically, how would a grant from the Greene County Legislature be used? |

Are there other sources of funds available to you? What are they?

Who will oversee /manage the funds?

| Name             | Title                      | Organization                    | Telephone                |
|------------------|----------------------------|---------------------------------|--------------------------|
| Is this person t | he same as your organiza   | ation contact? If no, why       | ' not?                   |
| Is this a new of | r existing project? (Expla | in)                             |                          |
| How did you f    | ind out about the Wayne    | C. Speenburgh Greene County Leg | gislature Grant Program? |
| Is there anythin | ng else you think we sho   | uld know?                       |                          |

| Who and how many people will benefit from your project?  |
|--|
| How many families will benefit from your project?  |
| How many people will work, plan, and implement this project?   |
| Where will your project take place? (Please be specific)   |
| When will the project start? (Date)  |
| When will the project end? (Date)  |
| Are the participants in your project or program required to pay a program fee? If so, how much is the fee and  |
| what is it used for?   |
| Are you aware of any similar projects / programs currently in existence within the community? If so, please    |
| list?  |
|  |
| How will you accomplish this project? (Use this part of the application to describe your plan and timeline for |
| carrying out your project idea.)   |
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# **Budget Form**

Please break out the costs associated with your project (i.e. materials, advertising, participation costs):

| Items<br>(materials, supplies, flyers, pamphlets, recognition | Amount costs, meeting costs)            |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Total Project Cost  |   |
| Amount Already Identified or Donated                          |   |
| Total Requested from the Greene County Legisl                 | ature                                   |
| Signatures  |   |
| Organization submitting application                           | Sponsoring Organization (if applicable) |
| Contact Name:   | Contact Name:                           |
| Organization:   | Organization:                           |
| Title:  | Title:                                  |
| Signature:  | Signature:                              |
| Date:   | Date:                                   |

### **PROJECT COMPLETION FORM**

This Project Completion form is to be completed by the contact person listed on page 1 of the application. This form is REQUIRED to confirm that the project has been completed. Please complete and submit this form <u>WITHIN TWO WEEKS</u> after completion of the project to: Tammy L. Sciavillo, Clerk of the Legislature, 411 Main Street, Suite 408, Catskill, New York 12414; or by e-mail to: <u>tsciavillo@greenecountyny.gov</u>; or by fax to Tammy L. Sciavillo at fax number (518) 719-3793. Failure to complete and submit this form in a timely manner will result in disqualification of any future requests by your organization.

| GRANT AWA             | ARDED TO:                           | ······                              |
|-----------------------|-------------------------------------|-------------------------------------|
| PROJECT:              |                                     |                                     |
| AMOUNT AV             | WARDED:                             |                                     |
| DATE AWAF             | RDED:                               |                                     |
| DATE FULLY            | Y COMPLETED:                        |                                     |
| TOTAL AMO<br>PROJECT: | OUNT SPENT ON                       |                                     |
|                       | OUNT OF LEGISLATIVE<br>ARD SPENT ON |                                     |
| Date                  | Signature of Grant Recipient        | Signature of District Legislator(s) |
|                       |                                     |                                     |