2025 Spring Community Grants Application

Community Foundation for South Central New York

Question Group

Please be aware that based on your answers, additional tabs may appear at the bottom of the page. All tabs shown must be completed before it will allow you to submit your request.

Project Name*

Name of Project.

Character Limit: 100

Counties Served*

Please check all that apply.

Choices

Broome
Chenango
Delaware
Otsego
Tioga
Other

Type of Organization*

Please choose the type of organization you are applying on behalf of.

*Note: if your organization is a 501 c 3 you must have an IRS Determination Letter

Choices

Nonprofit 501 c 3
Municipality
School District
None of the Above but have a Fiscal Sponsor
Church or Parochial School
Other

Organization's Estimated Annual Operating Budget*

Please enter your organizations estimated annual operating budget.

Character Limit: 20

Type of Support Requested*

Please select the type of assistance you will be requesting with this inquiry.

Choices

Capacity Building

Capital Project
Economic/Workforce Development
Operating
Program

Total Cost of Project*

Please provide the total cost of your proposed project. If this is an operating request, provide your total organizational operating budget.

Character Limit: 20

Other Sources of Funding PENDING for Proposed Request*

Please check all that apply related to this project.

Choices

Bank loan
United Way support
Corporate sponsor
Corporate foundation
Private or Family foundation
Donor appeal
Organizational fundraiser
Federal grant support
State grant support
Local municipal support
No other financial support
Other

Other Sources of Funding SECURED for Proposed Request*

Please check all that apply to this project.

Choices

Bank loan
United Way support
Corporate sponsor
Corporate foundation
Private/Family foundation
Donor appeal
Organizational fundraiser
Federal grant support
State grant support
Local municipal support
No other financial support
Other

Amount Requested from the Community Foundation for SCNY*

Please provide the amount of support you are seeking from the CFSCNY for this project.

Character Limit: 20

Letter of Inquiry Narrative*

Please provide a BRIEF response to the following questions. Space is limited to 3,000 characters which translates into 1-page. Once your LOI is reviewed by members of our grants committee, we will let you know if a full application is invited.

What do you want to do? Why do you want to do it NOW? Why are you the best organization to do it? How will you do it? How will you know you've done it successfully? Who will you be working with to do it? How would you allocate the money you are requesting?

Character Limit: 3000

Thank you for your inquiry to the Community Foundation for South Central NY. The Program Officer will be in touch soon to either decline or invite a full application. Please contact Stacy Mastrogiacomo, Program Officer with any questions at: stacym@donorswhocare.org

Counties Served

The counties we serve are Broome, Tioga, Chenango, Otsego, and Delaware. Your organization does not need to be located in one of these counties, however, your project must be conducted in one of the counties we serve. Please return to the question and enter a correct response. If you need further assistance, contact stacym@donorswhocare.org.

Fiscal Sponsor Information

If you are invited to submit a full application, we will need to confirm the relationship with your fiscal sponsor before approval. Please complete the information below.

Fiscal Sponsor Organization Name and Address*

Please provide the name of your sponsoring organization and their mailing address.

Character Limit: 100

Fiscal Sponsor Contact Person Name and Title*

Please proved the name of the person who will be the contact for this sponsorship along with their title.

Character Limit: 100

Fiscal Sponsor Email Address*

Please provide the email address of your fiscal sponsor.

Character Limit: 254

Fiscal Sponsor Phone Number*

Please provide your fiscal sponsor's phone number.

Character Limit: 15

Fiscal Sponsor Confirmed?*

Choices

Yes

Church or Parochial School

When considering granting to faith-based organizations we follow the Federal guidelines which state that the funds may not be used to support "inherently religous" activities. This means you cannot use any part of a grant to fund religious worship, instruction, or proselytization. You may only use the funds to support the non-religious social services you provide.

Examples of what we would consider funding would be support for a free community meal program or food bank. We will not consider projects like putting a roof on your church.

If you are unsure your request falls within the guidelines, please email Program Assistant, Stacy Mastrogiacomo at stacym@donorswhocare.org to discuss it prior to submission.

Annual Operating Budget

Annual Estimated Operating Budget Explanation*

Since the Community Foundation has limited resources at its disposal to grant, we tend to prioritize organizations with small operating budgets. Please explain why this program/project can not be funded internally.

Character Limit: 500

Other Sources of Funding PENDING

Other Sources of Funding PENDING for Proposed Request*

If other, please describe.

Character Limit: 250

Other Sources of Funding SECURED

Other Sources of Funding SECURED for Proposed Request*

If other, please describe.

Character Limit: 250

Amount Requested

The amount you have requested is out of range, please return to the question and enter an amount between $5,001 and $20,000.