Small Grants June 2025

Community Foundation for South Central New York

Small Grant Application Narrative

Please be aware that based on your answers to the questions below, 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

Amount Requested

Please provide the amount of support you are requesting from the Community Foundation with this inquiry

Character Limit: 20

Total Cost of Project

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

Character Limit: 20

Organizational Overview*

In the space provided, please let us know about a little about who you are, what you do and how long you have been doing it.

Character Limit: 2000

What do you want to do?*

Please provide a very brief statement about what it is that you are proposing.

Character Limit: 500

Why do you want to do it?*

In the space provided, please let us know how you determined the need for your proposed project. The focus should be on LOCAL need.

Character Limit: 1000

How will you do it?*

In the space provided, please let us know the timeline and activities associated with your project. If it's a program, please include the estimated number of sessions and individuals you will serve.

Character Limit: 2000

How will you know you've done it successfully?*

In the space provided, please let us know how you will be evaluating the success of your project

Character Limit: 1000

How will you allocate the funds you are requesting?*

In the space provided, let us know how you are planning to allocate your ask to your project

Character Limit: 1000

Future of Project*

Will the proposed project continue beyond the grant period?

Choices

Yes
No
I am not sure

Will you be working with anyone to complete this project?*

Choices

Yes
No

Length of Application*

CFSCNY is always looking for ways to streamline our grant-making practices. We are interested in better understanding the amount of time you spent completing this grant application. Your response to this question will solely be used to inform our evaluation of our processes and how we can better serve you and will not impact the consideration of this application in any way.

Choices

Less than one hour
1-2 hours
2-4 hours
5 or more hours

Additional Assistance- Beyond the Grant

As part of our service to the communities we serve, we are committed to providing comprehensive support to our grantee partners and would like to offer assistance in ways that extend beyond the grant. Are there any specific areas in which your organization would benefit from additional assistance, such as capacity-building initiatives, collaborations, trainings, or other resources? Please share any specific needs, ideas, or preferences to help us better understand how we can support your organization beyond the scope of the grant proposal. We value your honest feedback, your response to this question will solely be used to determine areas of common need so we can better serve you and will not impact the consideration of this application in any way.

Character Limit: 3000

Attestation

Who will you be working with?*

In the space provided, let us know who you will be partnering with and in what capacity in order to complete this project.

Character Limit: 100

Attestation*

Attest that you have spoken to the partners/collaborators listed above and they have given their consent to be included in this by **entering your name and title below**

Character Limit: 50

Future of Project

How will the continuation of this project be funded?*

If you are expecting the project to be continued beyond the grant period, please explain how you anticipate it will be funded. If you are unsure about the continuation of the project but would like to provide information regarding the possibility, please explain.

Character Limit: 250

Attachments

Board of Directors*

Please upload a current list of board members. If you are representing a school district, upload your school board. If you are representing a municipality, your local representatives.

File Size Limit: 1 MB

Organizational Operating Budget

If you are representing a school district or a municipality, you do NOT need to provide an operating budget. For everyone else it is MANDATORY.

Please upload your organization's operating budget. At a minimum it should include budget v. actuals for the prior and current budget year. Click here to see an example of a successful organizational operating budget.https://www.dropbox.com/s/wl3dewt0rhhy0k9/Organizational%20Budget%20Example.pdf?dl=0

File Size Limit: 2 MB

Project Budget

Please upload the proposed budget for your project. At a minimum it should include the sources of income and anticipated expenses for the project. **A project budget is not required for operating requests.** Click here to see an example of a successful project budget. https://www.dropbox.com/s/kknhtb26145h3fs/Project%20Budget%20Example.pdf?dl=0
*If this is a capital request, please note that an estimate is NOT an acceptable project budget.

File Size Limit: 2 MB

Audit*

Is your organization required to conduct an audit? This is usually for organizations who have a total revenue of at least one million dollars. This requirement is waived for school districts and municipalities. If you are unsure, please contact stacym@donorswhocare.org.

Choices

Yes
No

Estimates for Capital Requests (2 minimum)

REQUIRED FOR CAPITAL REQUESTS! The system will only allow one file to be uploaded so you will need to scan documents into a single file. If you need assistance, let me know. Please upload at least 2 estimates for your proposed capital project which could include: equipment (computers, carpeting, AC units, refrigerators, etc.) repairs, renovations, capital campaigns, etc...

File Size Limit: 2 MB

Pictures (Optional)

Please upload a photo(s) that support your request.

File Size Limit: 13 MB

Thank you for your application to the Small Grants program. Your application will be reviewed by the Foundation's Special Funds committee and the Program Officer will be in touch to let you know if the application has been selected for funding. Please contact the Program Officer at: stacym@donorswhocare.org or 607-752-2317 if you have any questions.

Audit

Please upload your most recent audit*

File Size Limit: 5 MB