



# SCHENECTADY COUNTY'S 2019-2020 COUNTY INITIATIVE PROGRAM GRANT APPLICATION FORM

*Application must be typewritten or printed; illegible applications will not be considered.*

## I. ORGANIZATION INFORMATION

Legal Name \_\_\_\_\_

D/b/a (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Principal Officer / Title \_\_\_\_\_

Project Contact Person/Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

Briefly Describe the Purpose and Activities of your Organization (please use space provided; do not use attachments):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Organization was Formed \_\_\_\_\_ No. of Members or Subscribers \_\_\_\_\_

Estimate of Total Volunteer Hours per Year \_\_\_\_\_

Organization's total income and expenses for most recent completed fiscal year:

Income \$ \_\_\_\_\_ Expenses \$ \_\_\_\_\_

## II. SUPPORT DOCUMENTATION

**(Only one copy should be supplied, attached to original. DO NOT attach to photocopies.)**

*The organization must be an established association or institution whose earnings do not benefit any individual. Evidence of this status must be presented in the form of ONE of the following (applications will be considered incomplete without one):*

**Please check one:**

\_\_\_\_ IRS letter of tax-exempt status - 501(c)(3) classification

\_\_\_\_ Charter issued by the Board of Regents under Section 216 Education Law

\_\_\_\_ Letter on official letterhead, signed by the appropriate county, city, town or village executive or departmental official, verifying the organization's status as an official agency thereof

**For Office Use Only:**

Date Received: \_\_\_\_\_

18/19 Final Report Received: \_\_\_\_\_

Support Documentation Received: \_\_\_\_\_



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## III. PROPOSED PROJECT DESCRIPTION

Name of Project \_\_\_\_\_

Date(s) and Time(s) of Project \_\_\_\_\_

Location of Project \_\_\_\_\_

Number of People expected to participate in or attend the event: \_\_\_\_\_

***IN THE SPACE BELOW (do not use attachments), give a complete description of the proposed project, event or activity for which funds are requested (please use additional sheets if necessary, and attach behind this page). Include how County tourism, the arts and/or historic preservation will be incorporated into the project, description of collaboration with other agencies, how the County Initiative Program award would be used, the likely impact of the project on Schenectady County, and how the program has experienced growth (or its potential for future growth). (Please refer to Section B, "GENERAL PROGRAM GUIDELINES").***



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### IV. COUNTY OF SCHENECTADY SPECIAL EVENTS CONSIDERATION

Additional consideration will be given to projects that are proposed as part of an existing 2018 County of Schenectady Special Event (events specifically sponsored and presented by Schenectady County – Please refer to Section B, “GENERAL PROGRAM GUIDELINES” for a listing of events). **If you believe that your proposed project meets this criterion, you must contact the Schenectady County Director of Special Events to discuss your proposal and get approval prior to submitting this application.** Additional consideration WILL NOT be given if approval from the Special Events Director is not received prior to submission of application.

***In the space below, please describe how your proposed project will be integrated into an existing or proposed Schenectady County Special Event for 2019.***



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## V. PROPOSED PROJECT BUDGET (please note format change from previous year)

Within the spaces provided, indicate anticipated total income (ticket sales, admission fees, other grant funding, etc.) for the proposed project only. It is not necessary to submit an organizational budget; only the project budget is required. Additional in-kind/other support (volunteer time, donated goods & advertising, etc.) must also be included. List each item of expense, total project cost and total County Initiative Program request. If this space is insufficient to detail the project budget, please attach a separate sheet (behind this page) with the project budget.

<b>A PROJECTED PROJECT INCOME</b>			
Ticket sales, admission fees, ad sales, other grants and funding sources, etc. Please DO NOT include projected CIP Grant Funding in this section			
Source	Amount	Source	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Section A (PROJECTED INCOME) Total</b>			\$

<b>B PROJECT EXPENSES</b>			
Cost for all aspects of presenting project (artist fees, advertising, space rental, printing, etc).			
Source	Amount	Source	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Section B (PROJECT EXPENSES) Total</b>			\$

<b>Section B (Expenses) Total</b>	\$
<b>Subtract Section A (Income) Total</b>	- \$
<b>Total CIP Program Request *</b>	\$

\*Total request MUST equal Section B minus Section A.

<b>Other IN-KIND (NON-CASH) DONATIONS</b>			
In-Kind Contributions, donations, donated advertising, volunteer time, and other support. The estimated dollar value of volunteer time determined by Independent Sector for 2018 is \$24.69 per hour.			
Source/Description	Value of Donation	Source/Description	Value of Donation
	\$		\$
	\$		\$
<b>IN-KIND DONATIONS Total</b>			\$



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## VI. CERTIFICATION

The undersigned certifies that he/she:

1. Is a principal officer of the applicant organization with authority to obligate it; and
2. Has knowledge of the information presented herein and attests to its accuracy.

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Signature

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Title

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Name (*Please Type or Print*)

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Date