Capital Improvement Application

The Staten Island Foundation

Admin Only

Meeting Date
Character Limit: 10

Site Visit*
Choices
Yes
No
Not Necessary

Type of Support:*  
Choices
Capital Support
Challenge Grant/Capital Support
Other Support

Grant Type:*  
Choices
One Time
Installment
Matching Grant
Director/Employee Matching Gift

Amount Recommended*  
Character Limit: 20

Source of Funding:*  
Choices
The Staten Island Foundation Funds
Philanthropy New York Funds
Other Funds

Notes:  
Character Limit: 10000
1. Organization Information

1. What is your organization’s mission and vision?*
   Character Limit: 2500

2. Organization's current programs and services*
   Please emphasize those programs and services related to the grant request.
   Character Limit: 2500

3. Date established*
   Character Limit: 10

4. Number of full time staff*
   Character Limit: 25

5. Number of part time staff*
   Character Limit: 25

6. Annual organizational budget*
   Character Limit: 20

7. Total number served annually unduplicated*
   Character Limit: 25

8. What strengths and expertise does your organization have?*
   Guidance: What does your organization do well? This may include:
   a) Knowledge – your organization’s unique insight into participant barriers and opportunities
   b) Skills – what your organization knows how to do
   c) Experience – length of time and track record in the proposed focus area
   Character Limit: 2500

9. Past achievements*
   What has your organization achieved in the past three years that most relates to this request?
   Character Limit: 2500

10. Given the economic downturn, tell us your plan for financial viability going forward.*
   Guidance: The Staten Island Foundation seeks to invest in financially viable organizations that are able to focus sufficiently on implementing their projects.
   Character Limit: 2500
II. Request Snapshot

1. Project title*
Provide a title for the project for which you are requesting funding. The title should be no longer than ten words.

NOTE: Title should not contain the name of the organization.

*Character Limit: 100

2. Population served*
Please select the population (only one) that will be served with this grant:

Choices
Youth
Seniors
Homeless
General and disadvantaged
Physically disabled
Developmentally/mentally disabled
Psychologically Disabled
Disaster Victims
Other

3. Diversity, Equity & Inclusion*
For each category give us, or estimate, your percentage of people of color who are Board Members, Staff Members and Clients:

*Character Limit: 1500

Tell us your organization's thinking about racial equity and how it informs development and implementation of programs:*

*Character Limit: 2000

Are clients and other constituents involved in the work and/or decision-making of your organization?*

*Character Limit: 1500

Geographical Area Served:*
Please select the geographical area that will be served with this grant:

Choices
Staten Island
Staten Island, Mid-Island
Staten Island, North Shore
Staten Island, South Shore
Greater New York Area
4. Overall project budget*
Please indicate the total, overall budget for this project. This must equal the dollar amount stated in the required project budget attachment.

*Character Limit: 20

5. Amount requested*

*Character Limit: 20

6. Project Budget Form*
Please complete the Project Budget Template and upload it here

*File Size Limit: 2 MB

7. Focus Area and Result Outcome for project

*Guidance: Choose your Focus Area and then select the ONE Result Outcome you are seeking to achieve. (If you are uncertain, see The Staten Island Foundation Guidelines).

8. Project start date*
Select date with calendar icon.

*Character Limit: 10

9. Project end date*
Select date with calendar icon.

*Character Limit: 10

III. Project Information

1. Project summary*
Please provide a brief description of the project for which you seek support, including the overall goal of the project, use of The Staten Island Foundation funds, total anticipated number of people or places to be served and geography served by the project.

*Character Limit: 1500

2. Challenge or opportunity*

*Guidance: Please explain why you need this capital improvement to increase your efficiency and/or effectiveness for those you serve.

*Character Limit: 2500
3. Describe the steps/milestones and a timeline for when each milestone will be achieved:*  
**Guidance:** Describe the 3-5 key organizational milestones you will use to manage progress, the critical activities you or others will take to accomplish each milestone, and a timeline of when those milestones will be achieved.

*Character Limit: 5000*

4. What cost-saving steps have you taken?*  
**Guidance:** What have you done to get costs to their lowest level?  
*Character Limit: 3000*

5. Who will be responsible for guiding this project?*  
*Character Limit: 2500*

**IV. Anticipated Results**

1. What is the capital improvement that you want to make?*  
**Guidance:** Be specific in such terms as kinds of equipment, square feet of space, etc.  
*Character Limit: 3000*

2. What results do you anticipate achieving with the capital improvement in place?*  
**Guidance:** Explain in detail the ways in which this capital improvement makes you more efficient (e.g., reducing time and costs) and/or effective (increasing the gains from your program and/or the persons who get them.)  
*Character Limit: 3000*

3. What are the implications of this improvement for revenues and for costs?*  
**Guidance:** Please briefly explain how increased operations costs will be raised or covered in the future, as part of your annual operating budget.  
*Character Limit: 2500*

4. Will the new capital require a change in organizational approach or change in behavior by staff?*  
**Guidance:** The change may be programmatic, a change in the way staff works with participants, a change in the way you use this particular capital, compared to other similar capital. If so, tell us what specifically you will implement to address these needed changes. If there will be no changes, enter N/A in text field below.
V. Documentation

Please upload the following documents:

1. Cover Letter signed by organization CEO or Executive Director*
The cover letter should be addressed to the Foundation's Executive Director and should contain anything that is not addressed in the application.

File Size Limit: 1 MB

2. List of Board of Directors*

File Size Limit: 2 MB

3. Current Organizational Budget*

File Size Limit: 2 MB

4. Audited Financial Statements*

File Size Limit: 2 MB

5. Supplemental Financial Information Form*
Please complete the Supplemental Financial Information Form and upload it here.

File Size Limit: 2 MB

6. Authorized Signature
By typing in your Name, Title and Date in the fields below, you confirm that you are authorized to submit this application on behalf of your organization.

Name:*
Character Limit: 75

Title:* 
Character Limit: 75

Date:*
Character Limit: 10