

Collective Impact Application

The Staten Island Foundation

Admin Only

Meeting Date

Character Limit: 10

Site Visit:*

Choices

Yes

No

Not Necessary

Type of Support:*

Choices

Project Support

General Operating Support

Capital Support

Challenge Grant/Capital Support

Challenge Grant/General Support

Technical Assistance Support

Recovery Funds Support

Emergency Support

TSIF Director/Employee Matching Gift

Other Support

Emergency Funding Focus Area

Choices

Arts & Culture

Community Services

Education

Health

Grant Type:*

Choices

One time

Installment

Matching Grant

Director/Employee Matching Gift

Amount Recommended:*

Character Limit: 20

Source of Funding:***Choices**

Other Funds

Philanthropy New York Funds

The Staten Island Foundation 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 that relate to the content of the collective impact effort.

*Character Limit: 2500***3. What strengths and expertise does your organization have?***

What does your organization do well? This may include

- Knowledge – your organization's unique insight into participant barriers and opportunities.
- Skills – what your organization knows how to do
- Experience – length of time and track record in the proposed focus area.

*Character Limit: 3500***4. Plan for Financial Viability***

Guidance: The Staten Island Foundation Board of Directors seeks to invest in financially viable organizations that are able to focus sufficiently on implementing their projects.

*Character Limit: 2500***5. Date established****Character Limit: 10***6. Number of full time staff****Character Limit: 25***7. Number of part time staff****Character Limit: 25*

8. Annual operating budget*

Character Limit: 20

9. Total number served annually unduplicated*

Character Limit: 25

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: 125

Population served:*

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

Choices

- Youth
- Seniors
- Homeless
- Physically Disabled
- Developmentally/Mentally Disabled
- Psychologically Disabled
- Disaster Victims
- LGBTQ
- People of color
- Immigrants
- General
- Other

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
- LGBTQ
- People of color
- Immigrants

General
Other

3. 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

4. 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: 250

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

5. 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

6. Amount requested*

Character Limit: 20

7. Project Budget Form*

Please complete the Project Budget Template and upload it here

File Size Limit: 2 MB

8. 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).

9. Project start date*

Select date with calendar icon.

Character Limit: 10

10. Project end date*

Select date with calendar icon.

Character Limit: 10

III. Project Information

You should have already reviewed the Proposal Guidance document before attempting to answer any of the following application questions.

1. Please choose which type of funding you are applying for:*

Choices

Backbone organization support

For work to be done as part of or in alignment with an ongoing, formal collective impact initiative

2. Why do you want to serve as backbone or provide services for this effort?*

Character Limit: 2500

3. How does this fit with your existing work or mission?*

Character Limit: 1500

4. What obstacles might you/your organization face in working as the backbone?*

Please enter N/A if applying to provide services for a collective impact effort.

Character Limit: 1500

5. What challenges do you foresee for your organization to implement this collective impact effort?*

Please enter N/A if applying to serve as the backbone organization.

Character Limit: 1500

6. Please detail your background in the following key areas:*

- Topical expertise in the focus area of the initiative
- Relevant functional experience in: strategy development, group facilitation, data analysis, and public and community advocacy and communication
- Knowledge of Staten Island, including level of knowledge, relationships, and partnerships with key stakeholders in the borough
- Cultural competence in working with under-resourced communities of color
- Potential to achieve anticipated outcomes/indicators of backbone effectiveness

Character Limit: 4000

7. If applying for backbone organization support, how would you implement the backbone's functions:*

- How would you launch, staff and sustain the backbone organization functions for which you are requesting support?
- Please include a time estimate for how soon you could staff the effort and begin work if selected.
- If you are not currently located in Staten Island, please indicate how would you establish a physical presence as well as build key relationships in the borough.

If you are not applying for backbone organization support, enter N/A.

Character Limit: 2500

8. How many people do you expect to help or reach with this grant?*

Character Limit: 25

9. Project Description and Activities*

Please tell us what you will do and how you will do it.

Be specific regarding your goals, the people you plan to serve, what services will be provided, what resources are necessary to achieve your goals and any potential project partners.

Character Limit: 3500

IV. Anticipated Results

1. What is the need or problem you are seeking to address?*

Character Limit: 1500

2. What results do you anticipate achieving with this grant?*

Character Limit: 3000

3. Given the constraints of the COVID-19 pandemic, specify how you will accomplish your results:*

Character Limit: 2500

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