

# Special Opportunity 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

TSIF Director/Employee Matching Gift

Other Support

### **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*

**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

*1. Organization Information*

---

**1. What is your organization's mission and vision?\***

*Character Limit: 2500*

**2. Organization's current programs and services\***

Please give a brief overview of your organization's current programs and services.

*Character Limit: 2500*

**3. Given the economic downturn, tell us your plan for financial viability going forward.\***

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*

**4. Date established\***

*Character Limit: 10*

**5. Number of full time staff\***

*Character Limit: 25*

**6. Number of part time staff\***

*Character Limit: 25*

**7. Annual operating budget\***

*Character Limit: 20*

**8. 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: 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: 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*

### 4. Project start date\*

Select date with calendar icon.

*Character Limit: 10*

### 5. Project end date\*

Select date with calendar icon.

*Character Limit: 10*

## 6. 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).

## 7. 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*

## 8. Amount requested\*

*Character Limit: 20*

## 9. Project Budget Form\*

Please complete the Project Budget Template and upload it here

*File Size Limit: 2 MB*

## III. Project Information

---

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

*Character Limit: 1500*

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

*Character Limit: 25*

### 3. 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: 3000*

## IV. Anticipated Results

---

### 1. What results do you anticipate achieving with this grant?\*

*Character Limit: 3000*

## 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. Supplemental Financial Information Form\***

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

*File Size Limit: 2 MB*

### **5. 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*