

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

I. Organization Information

A. What is the purpose of your organization and its primary programs and services?*

Character Limit: 3500

B. What does the organization do well, especially highlighting recent achievements?*

Character Limit: 3500

C. Besides funding, what are the greatest challenges facing your organization or those you serve?*

Character Limit: 3500

D. How does your organization address financial sustainability?*

Character Limit: 2500

E. How does your organization address matters of diversity, equity and inclusion?*

Character Limit: 2500

F. Briefly describe partnerships or collaborations in which your organization participates:*

Character Limit: 3500

G. Date established*

Character Limit: 10

H. Number of full time staff*

Character Limit: 25

I. Number of part time staff*

Character Limit: 25

J. Total number of people served annually unduplicated*

Character Limit: 25

K. Annual organizational budget*

Character Limit: 20

L. List total actual operating income and expenses for the last 3 completed fiscal years.*

Use figures shown on your organization's IRS 990 Form

Example: 2020, Income: \$1,000,000, Expense: \$1,000,000, Difference: \$0

Character Limit: 2500

M. Has your organization ended with a deficit in any of the past three fiscal years?*

Choices

Yes

No

N. Does the organization currently have an operating reserve?*

Choices

Yes

No

O. Does the organization have an endowment or other funds not included in your annual budget?*

Choices

Yes

No

P. List all foundation, corporate supporters, and all other sources of income, with amounts:*

Note: only include sources of income for your current and most recent fiscal year.

Character Limit: 2500

Q. Who is the current chief executive of the organization?*

Character Limit: 100

R. Chief executive's title:*

Character Limit: 100

S. Chief executive's email address:*

Character Limit: 100

Deficit Information

Please provide an explanation for the deficit and indicate how you have compensated for it.*

Character Limit: 3000

Operating Reserve Information

What is the amount of the operating reserve?*

Character Limit: 20

How many months of operating support does this represent?*

Character Limit: 25

Endowment Information

What is the current balance of those funds?*

Character Limit: 20

II. Project Description

A. What is the proposed capital improvement?*

Character Limit: 2500

B. What is the issue you will address with the proposed capital improvement?*

Character Limit: 2500

C. What activities will be part of your project? Please include a timeline.*

Character Limit: 3500

D. Project start date*

Select date with calendar icon.

Character Limit: 10

E. Project end date*

Select date with calendar icon.

Character Limit: 10

F. What does the organization already have available that will be directed to this effort?

Character Limit: 3500

G. What do you need, besides funding, in order for the project to be successful?

Character Limit: 3500

H. Who will lead the work and who will assist, including staff, consultants, project partners?*

Character Limit: 2500

III. Project Anticipated Results

A. Which Foundation Focus Area and Result Outcome does your project align with?*

Guidance: Using the dropdown menus, select 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).

B. What short-term and long-term results do you anticipate for your organization?*

Note: This question pertains to your **organization**.

Click on the link below for a worksheet to help you articulate a clear, measurable and verifiable results statement for your application:

Capital Improvement Application Results Worksheet

Character Limit: 2500

D. What short-term and long-term results do you anticipate for your participants?*

Note: This question pertains to your **participants**.

Click on the link below for a worksheet to help you articulate a clear, measurable and verifiable results statement for your application:

<https://thestatenislandfoundation.org/wp-content/uploads/2021/09/Capital-Improvement-Results-Worksheet-2021.doc>

Capital Improvement Application Results Worksheet

Character Limit: 2500

E. What information will you use to demonstrate that you have achieved these results?*

Character Limit: 2500

IV. Project Budget

A. How will funding for this project be used? (In 20 words or less).*

Character Limit: 250

B. Total amount of 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

C. Amount requested*

Character Limit: 20

D. Project Budget Form*

Please complete the Project Budget Template and upload it here

File Size Limit: 2 MB

E. List foundations, corporations, and other sources of funding you are soliciting for this project:*

***Include amounts and to the best of your knowledge, the status or your proposal with each.

Character Limit: 2500

F. List all sources of income toward the project, actual and prospective with amounts:*

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

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