

# Direct Service Application

## *I. Organization Information*

---

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

*Character Limit: 3500*

**B. What does your 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. Please 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: 1500*

**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?\***

If there is no operating reserve, answer 0.

*Character Limit: 20*

**How many months of operating support does this represent?\***

*Character Limit: 3*

### *Endowment Information*

---

**What is the current balance of those funds?\***

*Character Limit: 20*

## *II. Project Description*

---

**A. What is the issue you will address with your project?\***

*Character Limit: 1500*

**B. Who are the participants you will be working with and how many will you work with?\***

*Character Limit: 1500*

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

*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 do you need, besides funding, to be successful, such as materials, staff, expertise, etc.?\***

*Character Limit: 2500*

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

*Character Limit: 2000*

***III. Project Anticipated Results***

---

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

**Guidance:** From 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. As a result of your project activities, what results do you anticipate for your participants?\***

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

[Direct Service Application Results Worksheet](#)

*Character Limit: 2500*

**C How many participants do you anticipate will achieve these results?\***

*Character Limit: 25*

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

*Character Limit: 2000*

***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. It 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: 2000*

## *V. Documentation*

---

Please upload the following documents:

### **A. 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: 2 MB*

### **B. List of Board of Directors\***

*File Size Limit: 3 MB*

### **C. Current Organizational Budget\***

*File Size Limit: 2 MB*

### **D. Audited Financial Statements\***

*File Size Limit: 2 MB*

### **E 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*

Application

The Staten Island Foundation

**Date:\***

*Character Limit: 10*

Direct Service Application