GRANT REQUEST

ORGANIZATIONAL INFORMATION

Organization Name ____________________________

Address ______________________________________

Contact Person ________________________________

Telephone ___________________ Fax ______________

Email _________________________________________

How many unduplicated individuals did your organization place into employment in the previous year? ____________________________

FUNDING REQUEST

On separate sheets, please provide the following information. Please keep your narrative to no more than two (2) pages and use readable font. A copy of your organization’s IRS letter of determination showing 501(c)3 status is also required. Please note that the Speiser Memorial Fund grant can be put towards a larger project that combines other funding sources.

1. Describe the need and the purpose for which the funds are requested.

2. Describe how the proposed project will benefit the clientele being served and how many will be impacted.

3. Please use the attached budget form to show costs associated with the project. If you have applied for support for this project/product/service at another agency, please list the agency and status of request.

4. If the request is for equipment over $500, please provide at least one quotation per item.

_________________________________________  ___________________________________________
name of Executive Director/Authorized Signer (please print)  title

_________________________________________
signature of Executive Director  date

Email this form and the proposal no later than March 6, 2020 at dgill@cnycf.org
For questions, please contact Danielle Gill at 315-883-5554
# Proposed Project Budget

1) **Proposed Project Budget (in whole dollars)**

Please complete the following budget table, and include all sources of income for the proposed project.

<table>
<thead>
<tr>
<th>Expense Item Description</th>
<th>Support from Your Agency</th>
<th>Support from Other Funders</th>
<th>Requested from Speiser Fund</th>
<th>Total</th>
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</table>

2) **Other Funders**

Please list other funders and the support they are providing, including in-kind contributions. Indicate status of the funding (whether pending or secured).

3) **Capital Expenditure**

If you are requesting support for any piece of work or equipment over $500, please include a price quote.