

SYRACUSE SIDS PREVENTION FUND

MINI-GRANT REQUEST

ORGANIZATIONAL INFORMATION

Organization Name _____

Address _____

Contact Person _____

Telephone _____ *Fax* _____

Email _____

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 Syracuse SIDS Prevention 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 individuals 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 program/service/research 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

Please return this form and the proposal by the application deadline listed on our website to:

Danielle Gill

Central New York Community Foundation

500 S. Salina Street - Suite 428 Syracuse, NY 13202-3302

Tel: 315/422.9538 Fax: 315/471.6031



CENTRAL NEW YORK
COMMUNITY
FOUNDATION, INC.

Where the Smart Money Gives.

FINANCIAL HISTORY MOST RECENT FULL FISCAL YEAR ENDING __/__/__
(in whole dollars)

AUDITED

UNAUDITED

STATEMENT OF SUPPORT & EXPENSES

Revenues

contributions

individual

corporate/foundation

government grants

program generated

other (please specify)

Total Revenues

Expenditures

program

administration

fundraising

other (please specify)

Total Expenditures

BALANCE SHEET

Assets

cash

securities

accounts receivable

contributions receivable

property/equipment

other (please specify)

Total Assets

Liabilities

current

long-term

Total Liabilities

Net Assets

restricted

unrestricted

Total Net Assets

**Total Liabilities +
Net Assets**

*note: for your balance sheet to "balance"
total assets = total liabilities + total net assets.*

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.

EXPENSE ITEM DESCRIPTION	SUPPORT FROM YOUR AGENCY	+	SUPPORT FROM OTHER FUNDERS	+	REQUESTED FROM SIDS FUND	=	TOTAL
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
		+		+		=	
TOTAL		+		+		=	PROJECT TOTAL

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.