

PARK FOUNDATION, INC. GRANT APPLICATION INSTRUCTIONS

PROCEDURES FOR COMPLETING THE APPLICATION:

1. Please complete the Grant Application form in full and attach any required documents (see below).
2. PART ONE of the Application may be printed out and completed on a typewriter or filled out by hand. If you have a full suite of Adobe applications, you may find that you can fill it out on your computer (but not if you only have Adobe reader). Feel free to attach additional sheets as needed.

Note: We are currently working on making the form more user-friendly, but it will likely be a little longer before you can fill it in on-line. In the interim, please feel free to call our office if you are having difficulty with the form, and we will send you an application in Word by e-mail.

3. Complete PART TWO by hand or typewriter (do not recreate it). Please see special instructions on the form. NOTE: **Part Two must be signed.**
4. Please mail the completed application to: **Jon M. Jensen, Executive Director, Park Foundation, PO Box 550, Ithaca, NY 14851.**
5. If more information is needed, we will contact you. Conversely, if you have questions, please call us at (607) 272-9124.

PLEASE INCLUDE ALL OF THE FOLLOWING DOCUMENTS WITH THE COMPLETED APPLICATION:

- Current fiscal year organization budget AND proposed program/project budget for which funding is being sought.
- A copy of the most recent IRS determination letter advising that your organization is exempt from taxes under section 501(c)(3) of the IRS code, and that the organization is not a private foundation as defined in section 509(a).
- General organization and/or program brochures.
- A copy of the organization's annual report and/or the most recent audited financial statements.
- Detailed project proposal.
- If you can provide a copy of your most recent Form 990 and/or a copy of your most recent audited financial statements, this would be very helpful.

Thank you.

**PARK FOUNDATION, INC.
GRANT APPLICATION**

PART ONE (Please refer to Grant Application Instructions on previous page.)

Legal Name of Applicant Organization: _____

Organization Mailing Address: _____

City/State/Zip: _____

Organization Street Address (if different): _____

Phone: _____ Fax: _____ Website: _____

Director's Name/Title: _____

Program Contact Name/Title (if different): _____

Program Contact e-mail Address (if available): _____

General Description of the Organization and its Mission: _____

If your organization does not have tax exempt status from the IRS, and you are using another organization as a fiscal sponsor, please complete this section:

Fiscal Sponsor Legal Name as it Appears on IRS Letter: _____

Director's/CEO's Name: _____

Organization Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ *Fax Number:* _____

General Description of the Organization and its Mission: _____

Total Organization Budget: \$ _____ For Year: _____ Org. Fiscal Year: (mo./day) _____ to _____

Organizational Sources of Support: _____

Total Endowment: \$ _____ As of: _____

ALL APPLICANTS CONTINUE WITH PAGES 2 AND 3 OF APPLICATION.

Project Name: _____

Description of the Project for which Funding is Being Sought: (You may expand to several pages. In addition, a brief executive summary is welcome.)

Amount Requested: _____ Total Project Cost: _____

Project Funds Raised or to be Raised from Other Sources (please specify sources and amounts):

Already Secured: _____

Pending: _____

Total Organization Budget: \$ _____ For Year: _____ Org. Fiscal Year: (mo./day) _____ to _____

Organizational Sources of Support: _____

Total Endowment: \$ _____ As of: _____

Beginning and Ending Dates of the Project: _____

Plans for Continuing Support of the Project: _____

Please Identify the Three Top Measurable Outcomes You Expect to Accomplish: _____

Describe Your Evaluation Plan. How will You Measure Results?: _____

PART TWO (Do not recreate on a computer. Please print out, complete form, sign and date.)

All applicants must complete this form. If your organization does not have tax exempt status from the IRS, and you are using another organization as a fiscal sponsor, this page must be completed and signed by a representative of the fiscal sponsor.

To complete this section, you may wish to refer to your IRS tax exemption letter. In submitting this grant application, the Applicant certifies as follows:

Either Question 1 or 1A Must be Applicable to the (Tax Exempt) Applicant Organization

1. The Applicant was recognized by the Internal Revenue Service (IRS) by letter dated _____ (add date of most recent letter) as an organization described in section 501(c)(3) of the Internal Revenue Code and in the following category (check the appropriate box):

- Sections 509 (a)(1) and 170 (b)(1)(A)(vi)
- Section 509 (a)(1), other than Section 170 (b)(1)(A)(vi)"
- Section 509 (a)(2)
- Section 509 (a)(3)

If you checked the first or third box above, does the amount of the grant or grants you are requesting from the Foundation for the current year exceed twenty (20) percent of the Applicant's aggregate financial support from all sources other than the Foundation in each of the four years preceding the current year?"

_____ Yes _____ No

If this question is answered ""Yes,"" please contact the Foundation at (607)272-9124.

1A. (Alternate to paragraph 1 -- Check here _____) The Applicant is a governmental body or agency of the State, County, or City of _____ (insert name) that is described in section 170 (c)(1) of the Internal Revenue Code, and attached is a statement from the appropriate legal officer, such as the Attorney General or County Attorney, confirming that status.

2. If paragraph 1 above applies, a copy of the most recent letter referred to in paragraph 1, addressed to the applicant from the IRS, is attached to this certification. In addition, the Applicant has not received from the IRS a revocation of, or change in, the determination or ruling contained in that letter.

3. If paragraph 1 above applies, there has been, to the best knowledge of the officers and director or trustees of the Applicant, no proposal, threat or suggestion by the IRS to the Applicant that the determination or ruling referred to in paragraph 1 should be revoked or modified, and they know of no reason why that determination or ruling from the IRS might be revoked or modified.

4. The Applicant is (check correct description): a governmental subdivision _____ or a nonprofit corporation _____ charitable trust _____ organized under the laws of (insert state) _____.

5. Attached is a listing of the Applicant's officers, directors, trustees or other managers. This listing has remained substantially unchanged for the past two years. (If this is not accurate, please strike through the above sentence and include a current listing in a separate attachment to this application.)

6. None of the requested funds will be used by the Applicant to support or oppose legislation, or otherwise engage in grass roots or direct lobbying activities, to conduct any voter registration drive or activities, or to support or oppose any candidate for elective public office. (If this is not accurate, please strike through this paragraph 6 and describe the details of any such anticipated expenditure in an attachment to this application.)

7. The Applicant does not discriminate in conducting its affairs against any person on account of race, color, national origin, sex, religion or age.

8. The Applicant's governing body has authorized the undersigned person to submit this application and certification.

9. The Applicant commits to the Foundation that it will advise the Foundation of any change in the certifications contained in any of paragraphs 1 through 8 above which occur while this grant application is pending or, if a grant is made, during the grant term.

Name and title of person providing certification: _____

Signature: _____ **Date:** _____
 Application & Certification 6/07