

Birchez Foundation Grants

Grant Application
(Applications must be typed)

Internal Use Only
Date received:
CFDC #

ORGANIZATION INFORMATION

Applicant Organization:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	County:
Website:		
Executive Director:		Email:
Contact Name (if different):		Email:
Title:	Phone:	

ORGANIZATION'S MISSION

(Brief statement of organization's objectives and/or activities:

Organization annual operating budget: \$	Organization Audited?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TAX STATUS

(Please fill in and attach a copy of your organization's IRS determination letter)

Tax Status (choose one): <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Faith-based Institution <input type="checkbox"/> Other	
<input type="checkbox"/> Not a nonprofit organization, per IRS; we have a fiscal sponsor.	
<i>Sponsoring Organization*:</i>	
Legal Name, per IRS determination:	
Tax ID #:	Date of incorporation:

*Please submit letter by Sponsoring Organization stipulating they have agreed to serve in this capacity. Please also submit a copy of the Sponsoring Organization's tax determination letter.

SUMMARY OF REQUEST

Project/Program Title:

Total Project/Program Budget:

Amount requested from the Birchez Foundation : \$

Timeframe for Project/Program:

From:

To:

Please attach a detailed budget: (i.e. staff costs, consultant fees, materials, equipment, other revenues, etc.)

PROJECT/PROGRAM SUMMARY

Summary of Project or Program (briefly describe the equipment, training or program, its objectives or significance)

Who will this project/program serve?

(special populations, geographic area, community focus, organizational focus, etc.)

Specific, Measurable Short-Term Outcomes

(changes as a result of what you do, during the life of the grant or as a result of the grant)

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Measurable Long-Term Objectives

(changes that will result based on what you do, beyond the term of the grant)

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COLLABORATIONS AND OTHER SUPPORT

Please tell us if you are collaborating with any other organizations.

Funding Alternatives

(how will you fund this request if partial or no funding is granted)

PROFESSIONAL DEVELOPMENT

Does your organization provide professional development opportunities to the board and staff and if so please briefly elaborate.

COMMENTS

Is there any other information we might need to better understand your request and/or the unique needs of the community that this request will serve?

REQUIRED ATTACHMENTS* (one copy)

- IRS tax determination letter
- Current board list including professional affiliations
- Current year operating budget
- Most recent financial audit (if available)

**For applicants utilizing a fiscal agent, the fiscal agent must submit all the required attachments. The applicant should also submit all available attachments. If your organization has submitted the above organization documents within the past year, new information is not required.*

Signature

Date

Printed Name

Title

ONLY COMPLETED APPLICATIONS WITH ALL REQUIRED ATTACHMENTS WILL BE CONSIDERED

Please submit your completed application to:

**The Birchez Foundation
Community Grant Program
5000 Maple Lane, Suite 100
Kingston, NY 12401
Phone: (845) 888-980-0090
Email: kjmcintyre@Birchez.com**

Applications can be downloaded from our website: www.birchez.com under Foundation Tab

Applications for the fall grant cycle must be postmarked or emailed by December 15, 2016. Awards will be announced in January 2017. Applications for the spring grant cycle must be postmarked by June 15, 2017. Awards will be announced in July. Applications may be hand-delivered to our office. at The Birches at Chambers, 5000 Maple Lane, Suite 100, in the town of Ulster. Please call first 845-888-980-0090