

CITY OF POUGHKEEPSIE YOUTH GRANT APPLICATION

Please review the application instructions to verify that your organization and program are both eligible. A checklist is available at the end of the application to help confirm that your application is complete. Following the selection, Youth Grant recipients will be notified and required to attend a Recipient Training Session, to be held at 11 a.m. Thursday, April 21 at City Hall, Common Council Chambers, 62 Civic Center Plaza, Poughkeepsie.

Organization Name					
Executive Director					
Street Address					
City		State	NY	Zip	
Contact Person			Contact Title		
Contact Email			Contact Phone		
Tax ID No.					
DUNS No.					
Plan Priority	2022 Youth Activities and Opportunities Program				
No. of Co-Applicants					
Funding Request	(**Maximum award amount is \$15,000.00**)				
Prior Funding Received					
Other Funding Sources & Amounts					

CERTIFICATION: I hereby certify that all of the information stated herein is true and accurate; I have read and understand the program policies and procedures; and I am authorized to submit this application on behalf of the applicant.

Check for Certification:

Name	
Date	

APPLICATION DEADLINE: APRIL 1, 2022

A. Non-Profit Organization: Is your organization registered as a nonprofit Section 501(c)(3) organization?

Yes

No

B. Activity Description: In the space below, describe your program and state specifically how Youth Grant funds will be utilized. Please use a Program Budget format.

A large, empty rectangular box with a thin black border, occupying the upper two-thirds of the page. It is intended for the user to write their program objectives.

C. Program Objectives: In the space below, describe who your program will benefit and the ages of those individuals.

A large, empty rectangular box with a thin black border, intended for the user to describe how their program will directly benefit children in the City of Poughkeepsie.

D. Program Benefits: In the space below, describe how your program will directly benefit children residing in the City of Poughkeepsie.

A large, empty rectangular box with a thin black border, intended for the user to describe how their organization will monitor and track the progress and benefits of their program.

E. Program Monitoring: In the space below, describe how your organization will monitor and track the progress and benefits of your program.

F. Organization Members/Staff: In the space below, list all of the members/staff of your organization who will be directly involved in the program and indicate their titles and qualifications.

G. Program Status: Please indicate the current status of your organization's program:

- New
- Existing
- Expanded

In the space below, please explain if your current program could expand and how, if additional funding was available.

H. Total Program Budget: If you have a Budget in comparable format, you may submit that as an attachment or use the Expenditure Claim Form (Excel format) provided by the City.

****The Grant will award salary expenses directly associated with the program in an amount not to exceed 25% of the total program award, unless otherwise specified in the contract agreement.****

EXPENSE ITEM	YOUTH GRANT FUNDS REQUESTED	OTHER FUNDING SOURCES	TOTAL PROJECT COST
Salaries/Wages			
Fringe Benefits			
Contractual Fees			
Advertising Fees			
Program Supplies			
Office Supplies			
Fixed Costs (Utilities, Occupancy, Maintenance, Storage)			
Equipment Rental/Maintenance			
Equipment Purchase			
Program Transportation			
Uniforms/Team Shirts			
Insurance			
Telephone			
Other (Specify)			
Total Project Expenses			

I. Schedule: In the space below, please detail the activity, tasks and schedule of your organization’s proposed program/project (**including when the proposed program/project will begin and end**). If you have a schedule in comparable format, you may submit that as an attachment.

TASK	START DATE	END DATE

J. Co-Applicants (if applicable):

Co-Applicant #1	
Contact Person	
Contact Person Title	
Contact Phone Number	
Contact Email	
Co-Applicant #2	
Contact Person	
Contact Person Title	
Contact Phone Number	
Contact Email	
Co-Applicant #3	
Contact Person	
Contact Person Title	
Contact Phone Number	
Contact Email	

K. Completion Checklist:

- Completed Application
- Attachment 1 – Budget in comparable format or use the Expenditure Claim Form (Excel format) provided by the City (if applicable);
- Attachment 2 – Schedule in comparable format (if applicable)