

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.

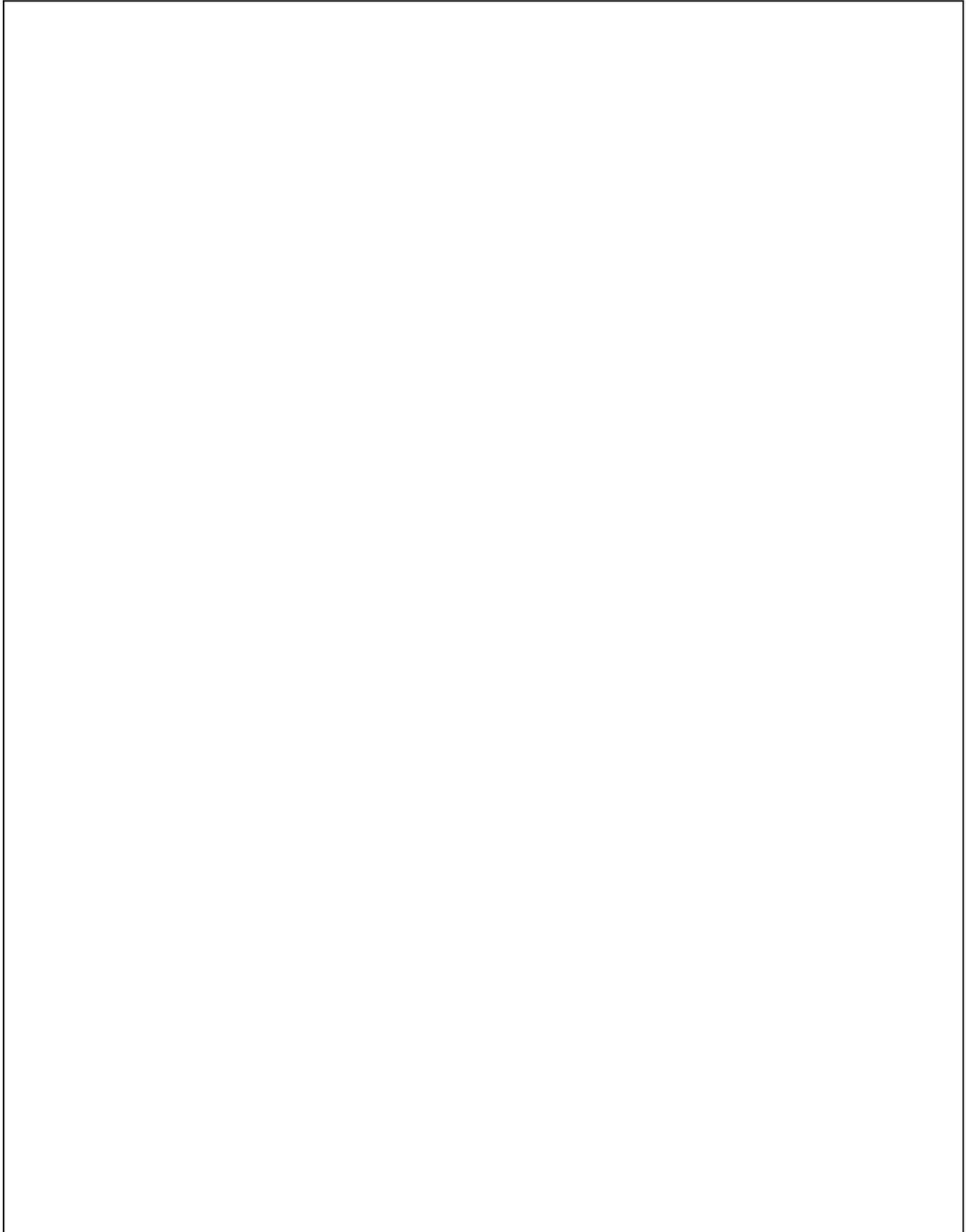
Organization Name					
Executive Director					
Street Address					
City		State	NY	Zip	
Contact Person		Contact Title			
Contact Email		Contact Phone			
Tax ID No.					
DUNS No.					
Plan Priority	Youth Program				
No. of Co-Applicants					
Funding Request					
Prior Funding Received					
Other Funding 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	

A. Activity Description: In the space below, describe your program and state specifically how grant funds will be utilized.



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



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



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

E. 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.

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

New

Existing

Expanded

If the program is existing and/or expanding, in the space below, please indicate how it meets the strategies and guidelines of the City of Poughkeepsie Youth Grant?

G. 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.

EXPENSE ITEM	CD 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. 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	

J. 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)