



**ROCKLAND COUNTY LEGISLATURE
FUNDING APPLICATION FOR
COMMUNITY SERVICE ORGANIZATIONS**

Agency:

2025

GRANT APPLICATION INSTRUCTIONS

I. Guidelines for Requesting a Grant - Each year, the Rockland County Legislature (the “Legislature”) awards county-based non-profit organizations funds for a variety of program services pursuant to County Law § 224/225. The following categories are examples of activities eligible for grant awards:

- a. Armistice, memorial, or other recognized national patriotic observance;
 - b. Commemoration programs of historical events of county-wide interest and concern;
 - c. Prevention of cruelty to children and animals;
 - d. Grounds and buildings for the improvement of agricultural conditions in the county, when owned and operated by a county agricultural society;
 - e. Administration expense of organizations rendering a service, training, or aid to the indigent blind;
 - f. County Extension service associations;
 - g. Private legal aid bureau or society;
 - h. Maintenance and operation of a public museum;
 - i. Maintenance and operation of a professional symphony or philharmonic orchestra, music festival, or vocal, dance, drama, or performing arts troupe, group or activity of any kind or nature;
 - j. Maintenance and operation of an educational television station;
 - k. Maintenance of a planned parenthood association;
 - l. Maintenance of a comprehensive area wide health planning corporation; or
 - m. Maintenance and operation of day care coordinating councils or their equivalent.
- [For a complete list refer to County Law § 224/225]

II. Grant Application –

- a. Please complete the attached PDF fillable form. Application must be typed.
- b. Completed application must be uploaded to the document portal.
- c. Completed applications are **due no later than 5:00 p.m. on May 10, 2024**.
- d. Incomplete or late applications will not be accepted or reviewed.
- e. Completing this grant application does not guarantee a grant award.

III. Required Attachments - **ALL agencies must attach the following to the Grant Application:**

1. Copy of the most recent IRS Form 990
2. Copy of most recent NYS filings
3. Copy of the most recent audited financial statements, if applicable, or a profit & loss statement
4. Copy of current liability insurance policy naming the County of Rockland as additionally insured
5. List of Board of Directors

New agencies MUST also submit the documents listed below. For existing agencies, the documents listed below should already be in the portal; please check the portal to confirm.

6. Copy of IRS Determination Letter confirming 501(c)(3) tax status
7. Conflict of interest policy
8. Non-Discrimination policy
9. Diversity/ Equity/ Inclusion statement, if applicable
10. W9 Form

A. Applicant Information

Organization Name:	_____
Federal ID #	_____
Phone Number:	_____
Physical Address:	_____
Mailing Address:	_____
Website:	_____
Agency's Total Annual Operating Budget Amount:	_____
Requested Legislature 224 Funding Amount:	_____
Identify Category of Eligible Activity:	_____

1. Is your organization current on all payments for real property tax and payroll taxes?

NO

YES

Not Applicable (N/A)

2. Is your organization current on all payments for rent or mortgage, if applicable?

NO

YES

N/A

3. Is there any actual, pending or threatened litigation or judgment within the past five (5) years against your organization or any individual in your organization? If yes, please explain.

NO

YES _____

4. Per your organization's by-laws, how many Board meetings are required annually?

Required Annual Meetings: _____

5. How many Board meetings were held in prior (2) fiscal years?

2023: _____

2022: _____

6. Per your organization's by-laws, how many individuals serve on your Board of Directors? How many positions are currently vacant?

Positions: _____ **Vacancies:** _____

7. Are there any Board members employed by the County of Rockland? If so, please list name and capacity.

NO

YES _____

8. Do any Board members receive compensation? If yes, please explain.

NO

YES _____

9. Does the CEO/Executive Director receive salary and/or compensation from the organization submitting the proposal? If yes, please list total amount below.

NO

YES, CEO/Executive Director's Total Salary and/or Compensation: _____

10. If answered yes to Question 9, what is the percentage of your organization's total budget spent on general and management expenses/administration? [Please use figure for total functional expenses from most recently filed IRS Form 990, Part IX, Line 25, Column C]

Total functional expenses: _____

N/A

11. Is percentage, from question 10, greater than 15%? If yes, please explain.

NO

YES _____

N/A

12. What are the unique characteristics of your organization that allow you to successfully meet the goals and outcomes as described in this grant application?

13. What is the relevant experience and qualifications of employees and staff carrying out the activities for the proposed program?

B. Contact Information

Please provide contact information for three individuals.
You need to provide an updated CONTACT FORM each time there is a change in AGENCY LEADERSHIP.
CONTACT FORM is available on the Legislature's website.

1. Grant Contact

Name: _____

Title/Position: _____

Phone Number/Best Contact: _____

Email: _____

2. Additional Contact

Name: _____

Title/Position: _____

Phone Number/Best Contact: _____

Email: _____

3. Additional Contact

Name: _____

Title/Position: _____

Phone Number/Best Contact: _____

Email: _____

C. Grant Proposal

1. Applicant Mission Statement

2. Proposal Description

2.1 Describe the need for the service/program and the anticipated impact on the Rockland County community. **Be specific and concise.**

2.2 Describe the projects or programs for which you are requesting funding. Include goals and performance outcomes.

Goals are broad statements that are usually general, abstract, issue-oriented with realistic priorities, with programs and activities geared to accomplish those goals.

Goals should be listed in priority order and ranked.

Performance Outcomes are benefits or changes for participants during or after participating in service/program activities. Outcomes are based on service/program goals.

GOALS AND SUPPORTING ACTIVITIES:

PERFORMANCE OUTCOMES:

2.3 Within the timelines listed below, **briefly describe the activities (work, projects, or programs) the organization will undertake to achieve the goals and outcomes listed above.** Please include all stages of planning and execution.

List timeline of activities during the grant period.

January 1, 2025 thru June 30, 2025:

July 1, 2025 thru December 31, 2025:

D. Impact

Avoid inflated numbers, and do not double-count number of individuals served.

1a. **Total number of individuals who will be served by your proposed program.** _____

1b. **Total number** of families who will be served by your proposed program, if applicable: _____

2. **Education and/or Outreach (Maximum 1,500 characters)**

Include a description of your proposed education and/or outreach activities.

What are your marketing and promotional plans as related to your proposed education and outreach activities?

E. Program Budget for Anticipated Legislature 224 Funding

1. Detail estimated proposal expenses in the budget categories listed below. Include only expenses that are specifically related to the requested Legislature 224 funding.

Budget Summary total expenses must equal the anticipated Legislature 224 funding request amount of _____ that you entered on page 2.

Program Budget Summary for Legislature 224 Funding Request	
Expense	Amount
Contractual/Consultants/Vendors	
Space Rental, Rent or Mortgage	
Travel	
Marketing	
Equipment	
Supplies	
Personnel	
Other	
Total Expenses for Legislature 224 Funding Request	

2. Provide a detailed explanation/justification for each of the program budget categories listed above.

Contractual/Consultants/Vendors

Equipment

Space Rental, Rent or Mortgage

Supplies

Travel

Personnel

Marketing

Other

3. Detail the anticipated agency's total annual program funding in the revenue categories listed below.

Total amount must equal the agency's total annual operating budget amount of _____ that you entered on page 2.

Agency's Total Annual Operating Budget Amount	
Funding Source	Amount
Fundraising	
Private Support: Corporate	
Private Support: Foundation	
Private Support: Other	
Government Support: Federal	
Government Support: New York State	
Government Support: Other Rockland County funding	
Government Support: Anticipated Legislature 224 funding	
Other	
Agency's Total Annual Operating Budget Amount:	

4. Briefly describe your organization's overall fundraising plan. Include Board of Directors role in meeting these fundraising goals.

F. Accessibility

1. Describe how the facilities and proposal activities are physically, culturally, and economically accessible to all participants and any plans that are in place to improve accessibility.

Physical Accessibility describes the steps the Agency takes to ensure people with disabilities have access to the Agency's programs.

Cultural Accessibility describes the steps the Agency takes to ensure audiences from diverse backgrounds have access to the Agency's program.

Economic Accessibility describes the steps the Agency takes to ensure that its programs are accessible to all regardless of economic status.

Physical Accessibility:

Cultural Accessibility:

Economic Accessibility:

SUPPORTING DOCUMENTATION CONFIRMATION

AGENCY NAME:	DUE DATE:
AGENCY PHONE:	DATE SUBMITTED:
INDIVIDUAL SUBMITTING:	PHONE:
TITLE:	EMAIL:

Enclosed are the following **REQUIRED** attachments:

**** Required Financials Need To Be Current – If Your Fiscal Year Is Not Annual You Must Provide Most Current Available And Provide Expected Date Of Updated Financials. ****

By checking the boxes below, you are confirming that the documents are being provided now or have previously been uploaded to the portal. Be sure to label documents correctly (see Guide Sheet).

<input type="checkbox"/>	2023 IRS Form 990 (or most recent)
<input type="checkbox"/>	2023 NYS filings (or most recent)
<input type="checkbox"/>	2023 audited financial statements, if applicable, or 2023 profit and loss statement (or most recent)
If not yet completed, the expected date of 2023 financials:	
<input type="checkbox"/>	Current liability insurance policy naming the County of Rockland as additionally insured
<input type="checkbox"/>	List of Board of Directors
<input type="checkbox"/>	IRS Determination Letter confirming 501 (c) (3) tax status
<input type="checkbox"/>	Conflict of Interest policy
<input type="checkbox"/>	Non-Discrimination policy
<input type="checkbox"/>	Diversity, inclusion, equity statement (if applicable)
<input type="checkbox"/>	W9

I certify and represent to the Rockland County Legislature as follows:

- I have the authority to sign on behalf of this organization.
- I am completely familiar with all information contained in this document and attachments.
- This document and all attachments are complete and accurate and that no false, fictitious, fraudulent, or inaccurate information is being submitted.
- The organization has not partaken in any prohibited political activities and does not participate in or intervene in (including the publishing and distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.
- The information contained herein and attached to this document is true and correct to the best of my knowledge.
- I hereby acknowledge that any funding received from the County of Rockland must be expended as represented in our proposal and according to any requirements set by the County.
- **I understand if I do not complete the scope of services contained in our application, funding may be reduced accordingly.**

Signature _____

Print Name _____

Title _____

Date _____

The electronic signature appearing herein was inserted by the individual whose name appears above.