

**Start:** Nov 13, 2023   **Deadline:** Jan 26, 2024   **Grace Period:** None

**Application Fee (USD):** \$0.00 ?

**Applications:** 2 in progress

**Share:** <https://impact100westchester.slideroom.com/#/pern>

## Grant Application - 2024 Grant Cycle

Deadline: Jan 26, 2024

### Forms

#### *Start here...*

1. To help us properly identify this application, the SlideRoom account profile should indicate the organization's name. Before proceeding any further, please confirm that the SlideRoom profile reflects the organization name.

Contact SlideRoom support at [support@slideroom.com](mailto:support@slideroom.com) if you need help updating your account profile.

2. Please confirm that you have reviewed our Eligibility Guidelines in detail, which can be found on our website at: <http://impact100westchester.org/eligibility/>

Choose one of the following:

3. **Executive Director Name:**

4. **Executive Director Email:**

5. **Executive Director Phone Number:**

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6. **Upload your 501(c)(3) Determination Letter confirming you are a charitable organization exempt from Federal Income Taxes.**

7. **Has the organization's 501(c)(3) status been in full force and effect throughout the past 3 years?**

By answering "yes" to this question, you are confirming that your organization has had uninterrupted 501(c)(3) status for at least the past 3 years.

*\* This question has conditional followup questions.*

## **Organization**

1. **Legal name of the organization applying for the Impact100 Westchester grant:**

2. **Is your organization applying for this grant under its own 501(c)(3)?**

If you are applying under a fiscal sponsor, answer "No" and explain below.

*\* This question has conditional followup questions.*

3. **Site address where the main activities are located:**

If you are unable to answer this question, please explain why.

4. **Mailing address, if different from site address:**

5. **Website:**

6. **When did the organization begin operations?**

Enter the date (mm/dd/yyyy)

*\* This question has conditional followup questions.*

7. **When does your Fiscal Year end?**

Provide your fiscal year end date in 2023 in mm/dd/yyyy, e.g. 06/30/2023

8. **In the past 2 years, has your CPA or auditor expressed any concerns regarding your organization's financial health and/or ability to continue to operate as a going concern?**

*\* This question has conditional followup questions.*

9. **Has your organization ever received an Impact100 Westchester Transformational Project Grant (\$80,000 or greater)**

Please choose one of the following:

*\* This question has conditional followup questions.*

10. **Please indicate how you would prefer to provide the following information regarding your Board of Directors: Name, Board Position, Professional Affiliation, City/State, # of Years Served**

*\* This question has conditional followup questions.*

11. **What % of your board members donate to your organization?**

Enter whole number (e.g., for 100%, enter "100")

12. **Number of Employees (FTE)**

Enter the number of full-time equivalent employees on your payroll (rounded to the nearest integer)

13. **Number of Volunteer Staff**

Enter the number of volunteers who work for your organization - do NOT convert to full-time equivalent.

14. **In the past three years has your organization received any judgements or faced any pending or threatened litigation?**

*\* This question has conditional followup questions.*

## ***Mission/Major Programs***

1. **Provide your organization's mission statement.**

2. **Describe the major programs that support your organization's mission.**

## ***Project***

1. **Project Title:**

Enter the title of the project.

2. **What is the nature of this project?**

Choose one of the following:

3. **Project Overview**

Provide a clear description of the project, including specific project goals and objectives.

4. **Describe the project logistics, including timing, key personnel, facilities and other resources required for the project to succeed.**

5. **Will this project involve other organizations?**

*\* This question has conditional followup questions.*

6. **Who is the target population for this project? Why and how will this project be transformational for the target population?**

Use bullet points to be as specific as possible. Include data to describe the target population and the transformational impact on this population.

**7. Where will activities for this project take place?**

Describe the venue/location/facility and specific Westchester location(s). If you are unable to answer this question, please explain why.

**8. What percent of the people to be served by this project are Westchester residents?**

Enter number (eg "80%") and optional description.

**9. How does this project fit in with the organization's mission?**

Please include: Why this project? Why now?

**10. Provide brief bios or qualifications of key staff responsible for project implementation.**

**11. When do you expect the project to start?**

If the project for which you are requesting Impact100 funds is part of a larger project, please indicate when the specific Impact100 portion of the project will start. Enter date in mm/dd/yyyy format.

**12. Provide the timeline when you will need the requested Impact100 funds.**

Describe the anticipated timing (e.g. 50% August 2024, 50% November 2024, project expected to be complete by 11/30/2024). Note that Transformational Project Grants will not be distributed before August 2024.

**13. Are there any critical permits, approvals or deliverables by third parties required for the project to succeed?**

*\* This question has conditional followup questions.*

**14. Describe your contingency plans for cost overruns and any other potential hurdles which might impact project feasibility and implementation.**

**15. Does your project involve renovation or construction of a facility?**

*\* This question has conditional followup questions.*

**16. For CONSTRUCTION OR RENOVATION PROJECTS ONLY: Do you own the facility being constructed or renovated?**

*\* This question has conditional followup questions.*

**17. Additional Information: PDF (OPTIONAL)**

If you would like to submit any plans, photos, or other documents that are relevant to your project, please upload them as a single PDF file (note: 10 MB size limit).

## ***Project Budget***

1. **Upload your completed Project Budget Worksheet ("PBW").**

Your file should be uploaded in Excel format exclusively using the Project Budget Worksheet provided by Impact100 and the filename should match the name of your organization.

2. **What is the total cost of the project?**

Enter the amount as a whole number without commas.

3. **Is the total cost of the project greater than the Impact100 Grant Award amount?**

*\* This question has conditional followup questions.*

4. **Existing Staff Expenditures**

Enter the amount as a whole number without commas from the Project Budget Worksheet.

*\* This question has conditional followup questions.*

## ***Project Budget Data***

1. **Supplies / Services**

Enter the amount as a whole number without commas.

2. **Transportation**

Enter the amount as a whole number without commas.

3. **Technology**

Enter the amount as a whole number without commas.

4. **Incremental Staff Expenditures**

Enter the amount as a whole number without commas.

5. **Organizational Overhead**

Enter the amount as a whole number without commas.

6. **Other**

Enter the amount as a whole number without commas.

## ***Financial Documents - Grant Cycle 2024***

1. **Is your AUDITED or REVIEWED financial statement for fiscal 2023 available?**

Note: this question requires you to upload 2 years of full financial statements, including

independent accountant's opinion. The initial question refers to the fiscal year ended during calendar 2023 (eg fiscal year ended 6/30/23).

*\* This question has conditional followup questions.*

**2. Is your Form 990 for fiscal 2023 available?**

*\* This question has conditional followup questions.*

**3. What is the Name of the Organization per the uploaded Form 990?**

**4. Does this name exactly match the name of the grant applicant?**

Please refer to Question1 in the Organization section of this application.

*\* This question has conditional followup questions.*

**5. Enter the "Total Revenue for the Current Year", according to the uploaded Form 990 Part 1 Line 12:**

Enter the amount as a whole number without commas.

*\* This question has conditional followup questions.*

**6. Is your Operating Budget for the FY 2024 available to upload?**

*\* This question has conditional followup questions.*

**7. Upload your FY2023 Operating Budget vs. Actuals.**

**8. Short-term Liquidity- how many months of unrestricted cash and other liquid funds do you have to cover operating expenses?**

Provide information on cash on hand and availability under credit facilities. E.g., we have \$XX in cash, \$XX available under our credit line, and a remaining #XX available under our term loan. These resources are expected to cover operating expenses for x months.

**9. Financial Contact Person:**

Provide the name/title/role/position of the person we can contact if we have questions regarding financial information or documents included with this application.

**10. Financial contact phone number:**

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**11. Financial Contact Email:**

## **Grant Application Authorization**

**1. Has the Board of Directors authorized submission of this Grant Application?**

*\* This question has conditional followup questions.*

**2. Executive Director certification:**

By typing the Executive Director's name below, you are certifying that the Executive Director attests to the accuracy and completeness of this Full Proposal.