 **The Community Foundation of Tompkins County Library Grant Cycle**

## *\*Please review the Grant Guidelines and Tips before completing the online application at* [*https://cftompkins.communityforce.com/Funds/Search.aspx*](https://cftompkins.communityforce.com/Funds/Search.aspx) *.*

## Library Information

1. Library Name:
2. Library Mission:
3. Mailing Address:
4. Phone #:
5. Fax #:
6. Website address:
7. Library Director:
8. Phone # (if different from above):
9. E-mail address:
10. # of paid Full-time Equivalents (F.T.E.):
11. Org.’s total budgeted revenue:
12. Org’s total budgeted expenses:
13. Dates of current fiscal year:
14. Please provide a general description of your library (i.e. kinds of programming, description of the population served, the principal geographic area of service, hours open to the public, socio-economic status of population served, etc.):
15. Collaborating Libraries on this Application?

## Project/Program Information

1. Project Title pertaining to this proposal:
2. Contact person for this proposal:
3. Title:
4. Phone number:
5. Email Address:
6. Total Estimated Project Cost:
7. Amount Requested (between $200-$16,000):
8. If the Community Foundation is unable to fund the fully requested amount,
	1. Will you accept partial funding?
	2. If so, specify amount:
9. Will this project be completed by June 30th, 2018?
10. Timeframe/duration of project:
11. The intent for these funds is to supplement and enhance current library resources, rather than replace existing library revenues. Is this grant being used to replace existing library revenues?
12. Please indicate in which area funding is being requested (choose one):
	1. Summer Reading Program
	2. Story time
	3. Youth Engagement
	4. Other (please specify):
13. This is (choose one or more):
	1. a new project
	2. an expansion of a currently existing project
	3. a project previously funded by the Rosen Fund
		1. Year(s) funded:
		2. Name of project:
14. Please provide a brief summary (no more than 2 sentences) of the project or purpose for which funding is requested. Note that this summary information is shared with fund representatives as a brief description of your request:
15. Please provide a more thorough description of the program for which funding is requested.
16. Describe the need for this project/program and provide evidence of community support:
17. Who will be served by this program/project and what is your target number of those served by it?
18. What informs your target number? (An increase or decrease in need? More specialized services?)
19. Please describe collaborative efforts on this project. Include opportunities and/or limits regarding collaboration. This might include collaborations with local businesses, schools, or other entities:
20. How will this grant meet the grant making objectives, to promote genuine intellectual curiosity and a lifelong love of reading and learning by promoting greater and easier access by youth to local libraries?
21. What desirable outcomes have you identified for this project? How do you define success of the program?
22. What evaluative measures are you using and what results will you be looking for?
23. If you have carried out this program in the past, please upload the evaluated results.
24. If you are unable to obtain a grant from this or another granting body, will this project still be carried out? How has this project/program been funded in prior years?
25. What are other sources of support that you expect for this project (financial, in-kind, volunteer, etc.)?
26. Would you like to upload a letter of support (you may upload up to 3 letters of support)?
27. Would you like to upload photos or public relations information here for reviewer reference?

 **Program/Project Budget Sheet**

Provide the following information regarding the program or project for which you seek funds.

|  |  |  |  |
| --- | --- | --- | --- |
| **Revenue** | **A). Total Anticipated Rev. for this program** | **B). In-kind Support for this program** | Budget any in-kind expenses and revenue. They should be equal with no surplus/deficit. For example, if you receive a donation of supplies and materials valued at $300, include it on line "6. Other:supplies and materials - $300" in the income section and list "supplies and materials - $300" in the expense section.   |
| 1. Amount requested in this grant: |   |   |
| 2. Government (grants, contracts) |   |   |
|   | a. City: |   |   |
|   | b. County: |   |   |
|   | c. State: |   |   |
|   | d. Federal: |   |   |
|   | e. School & Tax District: |   |   |
| 3. United Way: |   |   |
| 4. Membership: |   |   |
| 5. Program Service Fees: |   |   |
| 6. Other (Please Specify): supplies and materials |   |   |
| **Total Support / Revenue** |  **$ -**  |  **$ -**  |
| **Expenses** | **A). Total anticipated Exp. for this program** | **B). In-kind Exp. for this program** | **C). Exp. covered by requested grant**  |
| 1. Professional Salaries: |   |   |   |
| 2. Support Staff Salaries: |   |   |   |
| 3. Employee Benefits: |   |   |   |
| 4. Purchased Services (including contracted services): |   |   |   |
| 5. Collection Expenditures |   |   |   |
|   | a. Print (books, magazines, newspapers, graphic novels): |   |   |   |
|   | b. Electronic (downloadable titles, databases): |   |   |   |
|   | c. Other (audio books, playaways, etc.): |   |   |   |
| 6. Telecommunications (phone, fax, etc.): |   |   |   |
| 7. Supplies & Materials: |   |   |   |
| 8. Indirect Cost: |   |   |   |
| 9. Travel & Meetings: |   |   |   |
| 10. Equipment: |   |   |   |
| 11. Miscellaneous Expenses (Please Specify): |   |   |   |
| **Total Expenses** |   |  $ -  |  $ -  |  $ -  |
| Surplus/deficit |  $ -  |  $ -  |  |

Please provide a budget narrative to provide details for the attached figures:

Electronic Signature request from Library Director and Board Officer. The application can be submitted when the signatures have been “requested”.