

# SAG HARBOR PARTNERSHIP GRANT APPLICATION

## COVER SHEET

### APPLICATION CHECKLIST

1. \_\_\_\_\_ COVER SHEET
2. \_\_\_\_\_ ORGANIZATION OR PROGRAM DESCRIPTION
3. \_\_\_\_\_ ORGANIZATION OR PROGRAM BUDGET
4. \_\_\_\_\_ FINANCIAL DATA
5. \_\_\_\_\_ PROOF of 501(c)3 STATUS
6. \_\_\_\_\_ MOST RECENT 990 FILING

RETURN ONE COMPLETED COPY: by email or mail to:

mollybishop@sagharborpartnership.org or Sag Harbor Partnership, PO Box 182, Sag Harbor, NY 11963

**DEADLINE: FRIDAY, APRIL 30, 2021**

Date of application: \_\_\_\_\_

Name of organization to which grant would be paid. Please list exact legal name:

\_\_\_\_\_

Purpose of grant (one sentence): \_\_\_\_\_

\_\_\_\_\_

Address of organization: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Executive director: \_\_\_\_\_

Contact person and title (if not Executive Director): \_\_\_\_\_

\_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit? (yes or no): \_\_\_\_\_

If no, please explain: \_\_\_\_\_

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## ORGANIZATION OR PROGRAM DESCRIPTION

1. How will the requested funding support your annual budget or provide an additional service that you would otherwise not be able to do?

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2. What main issue does this request hope to address?

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3. What target population will this program serve or your organization serve?

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4. How many participants will be served by this grant request?

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5. Describe your agency's service record.

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Grant request: \$\_\_\_\_\_

Check one (based on the organization's priorities and the funder's guidelines):

General support\_\_\_\_\_

Project support\_\_\_\_\_

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## FINANCIAL DATA

Total organizational budget (for current year): \$ \_\_\_\_\_

Dates covered by this budget (mo/day/year): \_\_\_\_\_

Raised to date (for current year): \$ \_\_\_\_\_

Total project budget (if requesting project support): \$ \_\_\_\_\_

Dates covered by project budget (mo/day/year): \_\_\_\_\_

Raised to date for project (if requesting project support): \$ \_\_\_\_\_

Source of additional funds for project support: \_\_\_\_\_

\_\_\_\_\_

Project name (if applicable): \_\_\_\_\_

Please provide a breakdown of costs associated with the requested funding.

\$ \_\_\_\_\_ Description: \_\_\_\_\_

\$ \_\_\_\_\_ Description: \_\_\_\_\_

\$ \_\_\_\_\_ Description: \_\_\_\_\_

\$ \_\_\_\_\_ Description: \_\_\_\_\_

\$ \_\_\_\_\_ Description: \_\_\_\_\_

If requesting project support, include personnel costs for proposed program:

\$ \_\_\_\_\_ ANNUAL SALARY PERCENTAGE TO OPERATE PROGRAM TOTAL

\$ \_\_\_\_\_ TOTAL

PLEASE INCLUDE PROOF of 501(c)3 STATUS and MOST RECENT 990 FILING

Please contact Molly Bishop at [mollybishop@sagharborpartnership.org](mailto:mollybishop@sagharborpartnership.org) with any questions.