

# Albany County Legislature Grant Application

**APPLICANT ACKNOWLEDGES:**

- 1) That funding of this grant program is not guaranteed from year to year;
- 2) That it will coordinate with the County Legislature in all publicity for the event or project for which County funds are expended;
- 3) That the Albany County Legislature relies upon the accuracy of the information provided and supporting documentation may, from time to time, be requested by the Albany County Legislature and/or its staff;
- 4) That it will comply with any and all such information requests;
- 5) That any grant funds awarded cannot be used to compensate, in whole or in part, staff members of the applicant; and
- 6) All grant recipients are required to submit receipts showing payment for goods or services funded in whole or in part by this grant award within one year from the date the award is made.
- 7) Applicants that are able to raise funds via taxation are not eligible.

**Legal name of applicant organization:**

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name and address of owner of property (if grant award will fund a capital improvement to property not owned by the applicant):**

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Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Legislative District No.(s):** \_\_\_\_\_

**1. Date of establishment of the applicant organization, a brief history and mission statement:**

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**2. Amount of grant request:** \_\_\_\_\_

**3. Percent of the organization's budget funded by this grant from the County. What will happen to the project/program if it is not funded by the County?**

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**4. What steps are being taken to increase the organization's funding from other sources?**

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**5. List of prior funding received from Federal, State, County or other local sources in the last five years:**

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**6. Please provide a detailed description of and budget for the project/program:**

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**7. Approximately how many County residents will benefit from the project/program? What number or percentage of those residents are low income, handicapped, minorities or the elderly? Describe any special actions you will take to reach these groups.**

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**8. If the project/program is wildly successful, please describe what that success looks like.**

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**9. Please include copies of the following financial information:**

- A. Most recent year end and interim financial statements and tax returns.
- B. List of Board of Directors and affiliations.
- C. Compensation schedule for all staff position(s).
- D. Budget for fiscal year for which grant will be used and the following year (if available).

**Submitted by:**

Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**DEADLINE AND FILING INSTRUCTIONS:**

A completed application must include the application form along with all required attachments (Question 9 A – D).

Completed applications will be considered and formally reviewed as long as funds are available. The first round of reviews will take place in April 2020 for all completed applications received on or before **April 17, 2020**.

Under extraordinary circumstances, a completed application will be reviewed before the deadline.

**Awards will only be made to applicants submitting completed applications that are approved unanimously by the Leaders of the Legislature:**

- Andrew Joyce, Chair, Albany County Legislature
- Dennis Feeney, Majority Leader, Albany County Legislature
- Frank Mauriello, Minority Leader, Albany County Legislature

**The Leaders of the Legislature will, as part of their approval process, consider the extent to which the award:**

- Addresses an emergency or urgent challenge or opportunity for the applicant;
- Provides assistance to disadvantaged people or places;
- Has a funding match from other sources; and
- Has support from more than a single Legislator.

**An original application plus two copies must be filed with the Clerk of the Legislature, Albany County Legislature, Harold L. Joyce, Albany County Office Building, 112 State Street, Room 710, Albany, New York 12207.**