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**The Center for Family Support Foundation**

**Grant Application Form**

The Center for Family Support Foundation invites all staff from CFS New York, CFS New Jersey, and CFS SDS to submit grant requests to the Foundation to benefit the lives of those we support.

**Application Process**

The Foundation will review grant requests at quarterly Board meetings. Requests must be submitted two weeks prior to the Board meeting.

The submitting staff member – and their supervisor, if desired – are to attend the Board meeting when the application is being reviewed by the Board to answer questions or clarify content within the application. The Board will decide whether to vote on the application at the meeting, or if the applying staff must revise their application prior to the vote.

Completed applications are to be sent to Jim Crisci and Ted Traver at:

jcrisci@cfsny.org and ttraver@cfnsny.org.

**Funding Areas and Considerations**

The Foundation will consider applications that meet one (or more) of the funding areas selected by the Foundation. Applications can be from any CFS residence or program.

* **Innovative Group Programs:** Innovative Group Programs provide the individuals we support access to education, recreation, experiences, or community engagement that would not be possible without financial support from the Foundation. Examples for a grant application might be costs associated with bringing in an expert on a topic, tickets to an event, or materials needed to start a program such as gardening equipment for a horticulture program.
* **Expanding Individualized Support:** CFS’ mission is to deliver supports that help our participants meet their unique goals. If one of our participants has a goal that can only be achieved with financial support, a grant application may be submitted to the Foundation.
* **Quality of Life Improvement:** Medicaid does not always cover costs associated with everyday items that may change the lives of those we support. For example, a grant proposal may be made to replace a broken air conditioner in the apartment of someone in our Individual Supports and Services Program.

Unfortunately, the Foundation will not be able to approve all grant requests due to lack of resources. The following considerations will be made by Foundation Board members when reviewing applications:

* How profound an impact will the grant have on those who benefit?
* Is the funded program unique and new?
* Are there any alternative funding resources that could cover the costs?
* Are the requested funds “seed” funds, which will help support an ongoing project?
* How many individuals we support will be able to participate compared to total costs?
* How will the program help CFS’ mission to deliver person-centered supports?

At this time, the maximum amount that can be awarded per grant is $5,000. Please contact Ted if you have a program idea that is more than $5,000 to discuss alternative funding sources.

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1. **Requesting Staff Information**

**CFS Staff Member(s) Making Request:** *Your Name*

**Email Address(es):** *Your Email*

**Phone Number(s):** *Your Phone Number*

1. **Project / Request Overview**

**Project / Request Title:** *A short name for the program or the funding request*

**Funding Area(s):** *Delete check all that apply to your application. See explanation on cover page.*

[ ]  Innovative Group Program

 [ ]  Expanding Individualized Support

 [ ]  Quality of Life Improvement

**Summary of Project / Application:** *What are you requesting? Summarize in 1-3 sentences.*

**Total Amount Requested:** *How much money are you requesting in total?*

**Total number of participants / residents who will directly participate or benefit:**

**State Project / Application Will Take Place:**

**Start Date (if applicable):**

**Complete Date (if applicable):**

1. **Project / Request Details**

**Why are funds needed for this project? Provide details for the total amount requested:**

**Will the funds requested be used for one-time use or as seed money for an ongoing project?:**

**Who (or what if it is a residence) will benefit from this project / request?:**

**How will CFS be able to feature a recap the project / request on their website for donors?:**

**What are the goals of the project / request? How will success be measured?:**

**How does this project / request further CFS’ mission and goals as an organization?:**

**When will you be able to report back to the Board on if the project met its goals?:**

For Foundation Use Only

Date Received by Ted and Jim: \_\_\_\_\_\_\_\_

Approved by Ted and Jim for Foundation Board review: \_\_\_\_\_\_\_

Foundation Board Review Date: \_\_\_\_\_\_\_\_\_

Foundation Board Decision: (Approved / Sent Back for Edits / Denied)

Foundation Board Approved Amount: \_\_\_\_\_\_\_\_\_