

The Albany County Convention and Visitors Bureau Fund of the Community Foundation for the Greater Capital Region

SUBMISSION INSTRUCTIONS:

Please email the following information to Shelly Connolly at sconnolly@cfgcr.org:

- 1. A copy of this application form.
- 2. A copy of a budget for current (fiscal or calendar) year of organization.*
- 3. A copy of a project budget for program.*
- 4. A list of the Board of Directors. Please include the amount of monetary donations and time the board contributes to operation of the organization. **For example:** "X" percentage of the board contributes "X" amount of dollars <u>AND</u> "X" percentage of the board contributes "X" amount of hours.
- 5. Organization's audit for the last complete fiscal year or IRS Form 990.
- 6. (Optional) Letters of support may be included.

ORGANIZATION INFORMATION:

1.	Please enter the following requested general information:				
	Organization's legal name:				
	Also known as:				
	Address:				
	EIN #:				
	Telephone: Fax:				
	Website:				
	1 page):				
3.	Number of personnel who are:				
	Full-timeVolunteers (full-time or part-time)Part-timeInterns				
4.	Please enter the following requested financial information:				
	F/Y Income F/Y Expense # Individuals Served				
	Current Budget Year				
	Past Year				

^{*}Include all revenues and expenses and all sources of financial support (pending and received) and any qualifications, along with termination dates on any financial support.

PROJECT INFORMATION: 5. Please enter the following requested ge	eneral project information:			
Program/Project Title:				
	Amount requested: to be spent between		and	
Number of individuals to be served: _				
Are matching funds available / will this grant leverage other dollars?		Yes	No	
If yes, from:				
Please describe basis:				
Do you plan on partnering with other organizations/businesses to make this project a greater success? Yes No If yes, please name:				
Have you applied for a NYS Regional Economic Development Grant? Yes If yes, from which grant source?		No		
 c) Does this project generate overnigh yield? d) The measurable outcomes of the profession. 7. On a separate page, please describe congrant is sought, if applicable (maximum) 	oject. ntinuing funding arrangements for	-		
ignature of principal officer	Title		 Date	
Please print name above				
Project contact person: (please print)				
lame:				
mail:				
elephone:	Title:			

Second Past Year