

Name of Applicant: \_\_\_\_\_

Application # \_\_\_\_\_  
Office Use Only

# SUFFOLK COUNTY Veteran Marathon Grant Application

## ROUND 1 APPLICATION

Developed by the  
SUFFOLK COUNTY  
Veteran's Service Agency

To provide funds to provide or enhance services to Suffolk County veterans, active duty military and their families.

**Application Due Date: 4:30 p.m., January 29<sup>th</sup> 2016**

**15 paper copies of the completed application and required attachments must be received by 4:30pm on Friday, January 29, 2016 by the Suffolk County Veteran Services Agency**



STEVEN BELLONE  
SUFFOLK COUNTY EXECUTIVE

Thomas Ronayne  
Director of Veterans Services

SUFFOLK COUNTY  
Veterans Service Agency  
P.O. BOX 6100 HAUPPAUGE, NY 11788  
PHONE 631-853-8387

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# SUFFOLK COUNTY VETERAN MARATHON GRANT APPLICATION

**APPLICATION MUST BE FILLED OUT ON THIS FORM. DO NOT MODIFY THIS FORM.**

Complete all questions on pages 2 through 4. There is no correct or incorrect answer to each question. Answers will assist the panel in determining which projects to recommend for funding with the resources appropriated.

## APPLICANT:

- 1) LEGAL NAME OF COMMUNITY ORGANIZATION: \_\_\_\_\_
- 2) ORGANIZATION ADDRESS: \_\_\_\_\_
- 3) CONTACT PERSON AND TITLE: \_\_\_\_\_
- 4) CONTACT'S PHONE: \_\_\_\_\_ CONTACT'S CELL: \_\_\_\_\_
- 5) CONTACT'S FAX: \_\_\_\_\_
- 6) CONTACT'S E-MAIL: \_\_\_\_\_
- 7) ORGANIZATION'S WEBSITE: \_\_\_\_\_
- 8) IRS TAX-EXEMPTION # (or attach documentation proving 501(c)(3) or 501(c)(19) status): \_\_\_\_\_
- 9) COUNTY LEGISLATIVE DISTRICT WHERE PROJECT IS LOCATED:

*Please list all that apply. If the proposed program or project will impact veterans throughout the entire County, a response of "County-wide" will suffice.*

- A) DISTRICT #: \_\_\_\_\_ B) NAME OF LEGISLATOR: \_\_\_\_\_

**Points Awarded: 0 – 40**

- 10) Service that will be provided to veterans and/or active military members and/or their families:

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- 11) Demonstrate the need for the service that you are requesting grant funds for. Why is this program or service needed by Suffolk County’s veterans? Will your proposed service or program fill a current void, or are similar services and programs currently being offered through other organizations and/or agencies? Applicants are encouraged to cite studies, statistics, news coverage, and academic articles or publications. **Points Awarded: 0 – 35**

- 12) Timeline – Please lay out your timeline for how soon you can start offering the proposed services to the target demographic. **Points Awarded: 0 – 15**

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**PROJECT BUDGET: Points Awarded: 0 – 15**

*Requested grant funds should be a minimum of \$2,500 and should not exceed 50% of total available funds [\$80,000]. Requested funding cannot exceed 75% of the total budget for the proposed program or service; other secured grant funding may be used to leverage the applicant's share.*

**13) Grant Funds Requested:**

Enter the total cost of the specific project for which funds are requested.

\$ \_\_\_\_\_

**14) LEVERAGE OF ADDITIONAL FUNDS:**

Leveraged funds are funds committed to this specific program from outside sources. Enter the funding leveraged for the project from ALL sources (including the applicant, Town or Village, State, Federal, and other sources). Do not include the funding requested in this application.

**A LETTER OF FINANCIAL COMMITMENT FROM EACH SOURCE OF FUNDING MUST BE ATTACHED, SPECIFYING THE DOLLAR AMOUNT.**

<b>Applicant .....</b>	<b>\$ _____</b>
<b>Town / Village .....</b>	<b>\$ _____</b>
<b>New York State .....</b>	<b>\$ _____</b>
<b>Other (Specify).....</b>	<b>\$ _____</b>
<b>Other (Specify).....</b>	<b>\$ _____</b>

**Total Leveraged Funds      \$ \_\_\_\_\_**

**15) DETAILED BUDGET FOR LINE Services:**

**ATTACH A WRITTEN ESTIMATE FOR EACH FACET OF THE PROJECT (STAFF, supplies, delivery of services etc.)**

Figures should be rounded to the nearest hundred dollars.

<b><u>Item Description</u></b>	<b><u>Quantity</u></b>	<b><u>Unit Cost</u></b>	<b><u>Total</u></b>
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