 **The Community Foundation of Tompkins County Library Grant Cycle 2015**

**Funded by the Bernard Carl and Shirley Rosen Fund**

## *\*Please review the Grant Guidelines and Tips before completing this application.*

## *Section 1.* Library Information

1. Library Name:
2. Library Mission:
3. Mailing Address:
4. Phone #:
5. Fax #:
6. Library Director:
7. Phone # (if different from above):
8. E-mail address:
9. Website address:
10. # of paid Full-time Equivalents (F.T.E.):
11. Approximate number of Volunteers hours in a year:
12. Year the organization was incorporated:
13. Dates of current fiscal year:
14. Please provide a general description of your library (include a description of the population served and the principal geographic area of service).

*Section 2a.* Project/Program Information

(please limit this section to 2 pages)

1. Project Title pertaining to this proposal:
2. Please indicate in which area funding is being requested (choose one):
   1. Summer Reading Program
   2. Story time
   3. Youth Engagement
   4. Other (please specify):
3. This is (choose one or more):
   1. a new project
   2. an expansion of a currently existing project
   3. a project previously funded by the Rosen Fund
      1. Year(s) funded:
      2. Name of project:
4. Do you intend to apply for Rosen funding for this program next year?
5. Is this grant being used to replace “existing library revenues”?
6. Contact Person for this proposal:
7. Title:
8. Phone:
9. E-mail:
10. Total Estimated Project Cost:
11. Amount Requested (between $200-$15,000):
12. Will this project be completed by June 30th, 2016?
13. If we are unable to fund the fully requested amount,
    1. Will you accept partial funding?
    2. If so, specify amount:
14. Please provide a summary (no more than 2 sentences) of the project or purpose for which funding is requested.
15. Please provide a more thorough description of the program for which funding is requested.
16. Describe the need for this program//project and how can you indicate community support for it?
17. Who will be served by this program/project and what is your target number of those served by it?
18. How will this grant meet the grant making objectives, to promote genuine intellectual curiosity and a lifelong love of reading and learning by promoting greater and easier access by youth to local libraries?
19. What desirable outcomes have you identified for this project?
20. How will you determine if your program has been successful?
21. If you are unable to obtain a grant from this or another granting body, will this project still be carried out?
22. Please describe collaborative efforts on this project. (Include opportunities and/or limits regarding collaboration).

***Section 2b.* Program/Project Budget Sheet**

A. Provide the following information regarding the program or project for which you seek funds.

#### REVENUE

|  |  |
| --- | --- |
|  | **Total Anticipated Support/Revenue** |
| Amount Requested in this grant proposal: |  |
| 1. Government (grants, contracts) |  |
| * 1. City |  |
| * 1. County |  |
| * 1. State |  |
| * 1. Federal |  |
| * 1. School & Tax District |  |
| 1. United Way |  |
| 1. Membership |  |
| 1. Program Service Fees |  |
| 1. Other (Please Specify) |  |
| **Total Support/Revenue** |  |

#### EXPENSES

|  |  |  |
| --- | --- | --- |
|  | **Total Expenses of Project/Program** | **Expenses Covered By Requested Grant** |
| 1. Professional Salaries |  |  |
| 1. Support Staff Salaries |  |  |
| 1. Employee Benefits |  |  |
| 1. Purchased Services (inc. contracted services) |  |  |
| 1. *Collection Expenditures*: |  |  |
| * 1. Print (books, magazines, newspapers, graphic novels) |  |  |
| * 1. electronic (downloadable titles, databases) |  |  |
| * 1. other (audio books, playaways, etc.) |  |  |
| 1. Telecommunications (i.e. phone, fax, etc.) |  |  |
| 1. Supplies & Materials |  |  |
| 1. Indirect Cost |  |  |
| 1. Travel and meetings |  |  |
| 1. Equipment |  |  |
| 1. Miscellaneous expenses (describe) |  |  |
| **Total Expenses** |  |  |

|  |  |
| --- | --- |
| **Surplus (Deficit)** |  |

**2). Provide a budget narrative/additional detail in no more than 1 page on a separate sheet. (Include a description of in-kind donations). Please also include any significant financial changes that you anticipate in your next annual report.**

***Section 3.* Library Director and Board Signatures**

**These signatures are required for acceptance of the application. They can be submitted electronically, faxed or delivered by the due date.**

In signing this page, I confirm that I have read this “Bernard Carl and Shirley Rosen

Library Fund of the Community Foundation of Tompkins County” Grant application and I authorize its submission on behalf of the following library:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Library Director

\_\_\_

Printed Name of Library Director Date

e-mail of Library Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Officer

\_\_\_

Printed Name of Board Officer Date

Position of Board Officer

e-mail of Board Officer