A COMPLETE APPLICATION CONSISTS OF THE FOLLOWING DOCUMENTS:

- ORIGINAL, single-sided, unstapled (attached with binder clip) in the following order:
  - Planning Grant Application Form *Signature Required*
  - Board of Directors List (Indicate Executive Committee members with an “E” if applicable)
  - Project Narrative
  - Timeline/Workplan
  - Budget & Budget Narrative
  - Current Year, Board-approved Operating Budget
  - Lead Organizational Information (see instructions below)

- THREE COPIES of this package, double-sided and stapled

FINANCIALS

- Please include ONE single-sided, unbound copy of your most recent audited financials (if your gross annual revenue is over $750,000) with the ORIGINAL application only.
- Form 990 (must be within past two years). If 990 is available on Guidestar, check this box and do not submit a copy.

IF YOU ARE APPLYING WITH A FISCAL SPONSOR, PLEASE INCLUDE THE FOLLOWING:

- A letter signed by the fiscal sponsor organization’s Executive Director stating agreement to serve as Fiscal Sponsor for the applicant that includes an explanation of the relationship to the applicant, and disclosure of any fees charged (if applicable).
- Current board list of fiscal sponsor organization
- Their most recent audited financials, if gross annual revenue is over $750,000.

DELIVERY INSTRUCTIONS

- One ORIGINAL, single-sided, unstapled (attached with binder clip) copy of complete application, in the above-listed order, THREE COPIES of the complete application, double-sided and stapled, plus the financial and fiscal sponsorship documents must be mailed or delivered in person by 5:00PM March 28, 2020. Please mail or drop off package to:

  Jeannie DeMaio
  Grants Administrator
  Long Island Community Foundation
  900 Walt Whitman Road, Suite 205
  Melville, NY 11747

PLEASE NOTE:

- We do not offer online submission.
- Please do not leave any sections blank; if not applicable, indicate by N/A.
- Only one application per organization is permitted.
- All narrative pages must be typed using a minimum 12 pt. font, single-spaced on 8 ½ x 11 white paper.
- Do not include legal size pages in your package.
- Do not include superfluous pages (table of contents, title pages, etc.), binders, folders, etc.
- Applications will be reviewed and applicants are expected to be notified of their status by mid May 2020.
LONG ISLAND RACIAL EQUITY DONOR COLLABORATIVE
2020 PLANNING GRANT APPLICATION FORM
Grant Timeline June 1 – December 31, 2020

Organization ____________________________________________________________

Address ________________________________________________________________

City/Zip ________________________________ Phone __________________________

Executive Director __________________________________________ Email __________

Contact Person for this Proposal (if other than Executive Director)

Name_________________________ Title ________________________________

Phone __________________________ Email ________________________________

Is your organization a 501c3 not for profit?  ☐ YES ☐ NO

*If no, a fiscal sponsor is required. For more information, click here: http://fw.to/MIJLCXB

Do you have a fiscal sponsor agreement with a 501c3 not for profit?

If yes, name of Organization:____________________________________

NOTE: If you are using a Fiscal Sponsor, please obtain the following documents and submit with this application:
(a) A letter signed by Executive Director of the fiscal sponsor organization stating their agreement to administer funds for the applicant; explanation of relationship to the applicant; and disclosure of any fees charged (if applicable).
(b) Current Board List with officers and professional affiliations.
(c) Most recent audited financials (do not send Form 990 unless requested)

GOVERNANCE

Attach a list of current board members and officers, and their professional affiliation.

(a) Are there two or more paid staff members on the board? ☐ YES ☐ NO
(b) Are any of the organization’s officers, board members, or highly compensated employees related to each other? ☐ YES ☐ NO

If you answered YES to any of the above, please provide an explanation:

________________________________________________________________________

(c) Do you have a written conflict of interest policy in compliance with the New York Nonprofit Revitalization Act? ☐ YES ☐ NO
If you answered NO, please explain and indicate what steps are being taken to be in compliance.

Organizational Demographics

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<th>Number of Professional Staff</th>
<th>Number of Support Staff</th>
<th>Number of Board Members</th>
<th>Number of Volunteers (if available)</th>
<th>Percent of Population Served</th>
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<td>Asian/Asian-American</td>
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<td>White, Non-Hispanic</td>
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<td>Male</td>
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GRANT REQUEST OVERVIEW

Project/Program Title (if applicable):
____________________________________________________________________________________

(a) Which focus area does your project fall under (check ONE):

☐ Improving Credit and Financial Health for Black Long Islanders
☐ Promoting Wage Growth and Quality Jobs for Black Long Islanders

(b) Project Summary:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(c) Total Program/Project Budget $ ____________ Organization’s Total Operating Budget $ ____________
(d) Project Narrative, Timeline/Workplan, Budget/Budget Narrative, and Lead Organizational Information:
(Note: You are applying for the planning grant. The planning grant phase is intended to build the capacity of planning grant recipients by enabling them to be better positioned to apply for future funding due to the dedicated time spent developing a comprehensive implementation plan.)

**Project Narrative:** Please provide responses of no longer than three single-spaced pages to the following questions:

1. What do you think could move the needle on economic inclusion in Long Island? How is your organization committed and situated to help advance racial economic equity on Long Island? What experience do you have in your proposed project’s focus area (i.e., credit access/financial health or quality jobs/living wages)?

2. How would you use this planning grant to explore how your organization could help make Long Island economically inclusive (e.g., activities, identified partnerships, strategic plans)?

3. If funded for the implementation phase, what are your proposed project’s anticipated outcomes? How might you execute this plan? (Any initial insights are helpful.)

4. What is your proposed project’s geographic scope and target population (e.g., a particular neighborhood or community hit hardest by economic inequities, specifically those with black Long Island residents or organizations that serve Long Island’s black communities)? What authentic relationships and/or collaborations has your organization had with this community, and how will this local expertise inform your project approach?

5. What transformative impact would your project have and how will it impact the community it serves? What are the project’s intended short-term, intermediate, and long-term outcomes?

**Project Timeline/Workplan:** Provide a timeline/workplan (including key milestones when relevant) for completing your proposed planning project during the seven-month period.

**Project Budget and Budget Narrative:** Provide a budget that includes line items such as staff time, consultant/partner fees, insurance, travel, supplies and equipment, and other indirect costs. Also include a

**Lead Application Organizational Information:** This should contain demographics of the lead applicant’s board of directors, and an organizational-staff chart.

Signature: ___________________________ Date: ________________