

AFTEE COVID-19 RESPONSE FUND
at the Long Island Community Foundation

**Request for Proposals to Address Food Insecurity
and Essential Human Services in the Five East End Towns**

OVERVIEW

The All For The East End Fund at the Long Island Community Foundation requests proposals from nonprofit organizations serving one or more of the five East End towns for programs addressing food insecurity and essential human service needs caused by the pandemic.

Grants are limited to 501(c)(3) organizations, groups fiscally sponsored by a 501(c)(3) nonprofit organization, or other charitable organizations able to receive tax-deductible contributions such as faith-based organizations located in and/or primarily serving residents of the towns of Riverhead, Southampton, East Hampton, Southold, and Shelter Island.

The **first phase** of funding will be used to support the immediate needs of front-line direct service providers addressing food insecurity of vulnerable populations caused by related closures and social distancing guidelines.

Funds will be released on a rolling basis as fundraising continues throughout the outbreak and recovery phases of the crisis. This funding may be renewable based on ongoing need. Requests for support will be ranked based on immediacy of the request, severity of the impact on residents, and resources available. Because this is an evolving situation, depending on available funding and need, we expect that organizations will be able to apply during multiple phases.

Note: These parameters may change in response to the situation and organizational needs. All such changes will be communicated to applicants.

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PROPOSAL QUESTIONNAIRE

Organization _____

Address _____

City/Zip _____ Phone _____

Executive Director _____ Email _____

Board Chair _____

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

Name _____ Email _____

Phone _____

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

EIN _____ Year Established _____

If no, is your organization a public agency/unit of government? YES NO

*If no to both questions, a funds administrator is required.

Name of Funds Administrator _____

**Also provide letter of agreement from funds administrator, board of directors, and most recent audited financials (if gross annual revenue is over \$750,000).*

Grant Amount Requested _____ Annual Operating Budget _____

Population Served by this project:

Age Range (or general population) _____

Gender _____

Ethnicity _____

Location of services _____

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GOVERNANCE

(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:

ORGANIZATIONAL DEMOGRAPHICS

	Number of Professional Staff	Number of Support Staff	Number of Board Members
Arab			
Asian/Asian-American			
Black/African-American			
Hispanic/Latino/Latinx			
Native American			
White, Non-Hispanic			
Other			
Totals			

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Please answer the following questions:

1. Describe the population your organization serves, including age, geographic area, and any other relevant common characteristics, i.e., disability or immigration status. (250 words or less)

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2. Describe the COVID-19 issues your organization is facing—both internally and in meeting the needs of your clients. (400 words or less)

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3. How will the requested funding help your organization address the COVID-19 issues you described for each category you checked above? (400 words or less)

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4. Budget: for each category of funding you checked above, please indicate how much you seek and itemize how you would spend the funds, i.e., how much will be spent for equipment (including the quantity and cost of the equipment); personnel (including titles); and new program-related costs. (250 words or less)

Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS:

Email the proposal questionnaire and summary named [your organization-AFTEE COVID-19 FUND] to AFTEE@licf.org.

Applicants will be notified by email. Additional limited information may be requested.

For questions about this RFP, you can email David M. Okorn, dmokorn@licf.org. Please include your contact information on the email.