



## ROSS FUND APPLICATION NARRATIVE

### INSTRUCTIONS:

Please type or print clearly. Use 3/4-inch margins and 12-pt. type, single spaced. **DO NOT** change the spacing between sections or other file attributes. **DO NOT MAKE ANY CHANGES TO THE FORM.**

## GRANT APPLICATION

Please type or print clearly.

### PROJECT SUMMARY

PROJECT NAME \_\_\_\_\_

Brief statement of project and how the University and community will be involved:

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

### GEOGRAPHIC AREA SERVED

Numbers served by project \_\_\_\_\_ Date funds needed \_\_\_\_\_

Project timeline: Start date \_\_\_\_\_ End date \_\_\_\_\_

Total project costs \_\_\_\_\_ Amount requested \_\_\_\_\_

**FUNDING SOURCES:** If you answer yes to any of the first three questions below, attach a separate page. You must list sources. Please indicate if funds are actual, in-kind or potential funding sources.

- ◆ Have you committed *existing resources* to this project?  Yes  No (If yes, please list)
- ◆ Have you applied for *matching funds* for this project?  Yes  No (If yes, please list)
- ◆ Have you applied for *funding from other sources*?  Yes  No (If yes, please list)
- ◆ Are you relying *solely on funds from the Ross Fund* for your project?  Yes  No

### COMMUNITY PARTNER

NAME OF ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Mission of community organization:

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

**COMMUNITY PARTNER (continued)**

Does your organization have 501(c)(3) status? \_\_\_ Yes \_\_\_ No (If yes, please submit one copy of certification of tax-exempt status.)

Principal sources of support for organization (Indicate approximate amounts)

United Way \_\_\_\_\_ Corporations \_\_\_\_\_ Others (specify) \_\_\_\_\_  
Government agencies \_\_\_\_\_ Earned income/fees \_\_\_\_\_  
Foundations \_\_\_\_\_ Individuals \_\_\_\_\_

Has the organization had a deficit in the last three years? \_\_\_ Yes \_\_\_ No (If yes, please submit explanation)

My signature below certifies that the information provided in this application, pertaining to my organization and its responsibilities to this proposal, is correct. I am authorized by the governing board of this organization to submit this grant application to the Stephen David Ross University and Community Projects Fund.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
NAME (PLEASE PRINT) TITLE

**UNIVERSITY PARTNER**

\_\_\_\_\_  
NAME OF CAMPUS UNIT OR ORGANIZATION (IDENTIFY OTHERS ON A SEPARATE SHEET; INCLUDE SIGNATURES AND DATES.)

\_\_\_\_\_  
CONTACT PERSON TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE FAX E-MAIL

My signature below certifies that the information provided in this application is correct and that I am prepared to implement this proposal to the best of my abilities should this project be funded.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
NAME (PLEASE PRINT) TITLE

**STUDENT, IF APPLICABLE (Must also have the signature of a University Partner)**

My signature below certifies that the information provided in this application is correct and that I am prepared to implement this proposal to the best of my abilities should this project be funded.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
NAME (PLEASE PRINT) TITLE

**PROJECT LEAD PARTNER IDENTIFICATION: \_\_\_ Community organization \_\_\_ University unit**

Please indicate which partner will be responsible for all questions and will serve as main contact for financial information and reports related to this grant application and project, if funded.

\_\_\_\_\_  
CONTACT PERSON FOR GRANT PROCESS (UNLESS SAME AS ABOVE) TITLE

\_\_\_\_\_  
ADDRESS (UNLESS SAME AS ABOVE)

\_\_\_\_\_  
TELEPHONE (UNLESS SAME AS ABOVE) FAX E-MAIL

**PROJECTS WILL BE EVALUATED ON THE FOLLOWING FACTORS:**

The project is innovative and creative.

The project provides equal partnership between University and Community.

The project will make effective use of University and Community resources.

The project serves the Broome County community.

The project budget is appropriate for the benefits envisioned.

The project budget includes funding from partners and/or matching gifts.

The project has a reasonable action plan and timeline.

The project proposes an effective evaluation method.