Cloudsplitter Foundation

Request a Grant

This form is for drafting and you cannot mail in a paper copy

Do you have any outstanding Cloudsplitter reporting due for a past Cloudsplitter grant?

☐ Yes ☐ No

Is your nonprofit located in/or serving residents of the Adirondack Park?

☐ Yes ☐ No

Are you a "For-Profit" Business?

☐ Yes ☐ No

Is this a project or program slated for actual impact within the next 6 months?

☐ Yes ☐ No

Are you requesting more than 20% of the project budget?

☐ Yes ☐ No

Are you requesting Unrestricted Support amounting to more than 5% of the organization's annual operating budget?

☐ Yes ☐ No

Is this request for an Endowment expansion campaign?

☐ Yes ☐ No

Have you made initial contact with someone at Cloudsplitter Foundation?

☐ Yes ☐ No

Applicant Information

Organization Name: _____

Please enter your EIN number (or that of your financial sponsor)

_____

Requestor Name

First Name _____
Last Name_____

Brief Description of Organization and Mission

_____

_____

Address
Street _____

Address_____

City:_____

State: _____

Zip: _____

Website: _____

Officer Title: _____

Officer Phone: _____

Officer Email: _____

Contact if different (title, phone, email): _____

Is your organization a 501c3?:

☐ Yes ☐ No

Number of Staff: _____

Number of Board Members: _____

Number of Volunteers: _____

Non-grant funding sources: _____

Non-grant funding as % of budget:

_____

Fiscal sponsor name and address, if any:

_____

Grant Request Information

Type of grant requested:

☐ Program/Project ☐ Unrestricted Support ☐ Rapid Support

If Program/Project selected fill out the below:

Project Budget: _____

Amount requested: _____

Project timeline: _____

Grant Name: _____

You only need to fill this part out if submitting a $50,000+ grant

Please help us understand how this project or program is aligned with the mission of Cloudsplitter:

_____

_____

Please help us to understand the transformative impact within your specific community (e.g., economically, socially, environmentally) and why this project or program is valued and by whom.:

_____

_____

What Cloudsplitter board members, staff or advisors are involved with the project and

how?: _____

_____

Please help us to understand how our grant would also help this project or program increase dollars raised, partners committed, volunteers on-board or other forms of leverage.:

_____

_____

Please list other funding sources and opportunities that you are currently seeking. Where are they in the process?

_____

_____

Please describe how you measure success for this project:

_____

_____

What are the potential difficulties that you may encounter in implementing this project or program? Do you have a Plan B? Please describe:

_____

_____

Does your project serve an underserved population? Are they underserved due to geographic, economic, or social barriers? Please describe your beneficiaries and the challenges they face.

_____

_____

What geography and population (as specifically and realistically as possible) does your program/project serve?

_____

_____

Please attach a copy of your organizational annual budget:

_____

Please attach a copy of the Project/Program budget for which the grant funds would be used.

_____

If Project/Program selected regardless of amount fill out the below:

Project timeline: _____

Grant Name: _____

Grant Purpose: _____

If Unrestricted Support selected fill out the below:

Organization Budget: _____

Amount requested: _____

Unrestricted Support Grants are for $5,000 and under
Project timeline: _____

Grant Name: _____

Grant Purpose: _____

If Rapid Support selected fill out the below:

Total Needed: _____

Amount requested: _____

Grant Purpose: _____

Rapid Support Grants are for $5,000 and under
Project timeline:_____

Grant Name: _____

Grant Purpose: _____

Application Narrative:
Please summarize your need, how grant dollars would be used, who would benefit (with as much demographic info as you can provide), and anything that would help a funder understand what you hope to accomplish and how.

_____

Other relevant grants received or applied for:

_____

In kind or other matching funds:

_____

Explain please

May we share this application with other potential funders

☐ Yes ☐ No

Organization directors and officers with title
List below or provide a link to organizations website with directors and officers listed.

_____

_____

Help us better Assist
The Cloudsplitter Foundation wants to understand more about its partners and applicants. Your answers to this question will NOT impact your application, but will help us to be better funders.

Financial statements-please upload current operating statements (sources and uses of funds)
ONE-PAGE ANNUAL BUDGET: UPLOAD FILE

BALANCE SHEET:
UPLOAD FILE

PROJECT BUDGET:
UPLOAD FILE

Additional supplemental materials, if any:
UPLOAD FILE

Signature and date:
