



## Town of Clifton Park Community Action Fund

### **2019 OVERVIEW AND APPLICATION CRITERIA FOR APPLICANTS**

The Town of Clifton Park is currently offering an opportunity for community non-profit organizations to apply for funding to support programs and projects that result in a tangible benefit to Clifton Park and its residents. Please review the following criteria and instructions before completing the brief application. An application that does not meet the established criteria will not be considered. Applications must be received by September 30, 2019. Funding for awards will be announced no later than October 31, 2019.

- Funding requests should range from a minimum of \$250 to a maximum of \$1,000. Applicants may be approved for funding less than the requested amount
- Preference will be given to organizations that currently do not receive any form of Town funding.
- Applications will be accepted from non-profit entities only. Applicants must be organizations based in Clifton Park, have an affiliate or branch located in Clifton Park, or serve Clifton Park residents directly.
- Applications must identify a clear and tangible benefit to the Clifton Park Community and the residents of Clifton Park.
- Applications must identify any individuals or projects that will benefit from funding who are working with the applying organization.
- Recipients agree to use all funds awarded through this program no later than one year after the date of award.
- All questions regarding the program and application should be submitted via email to [CPActionFund@cliftonpark.org](mailto:CPActionFund@cliftonpark.org)
- Funding will only be distributed to an organization for the benefit of the organization or an initiative undertaken by an individual affiliated with an organization. That affiliation must be noted on application as only organizations can apply.
- Each funded organization will be invited to a Town Board Meeting to formally accept the funding award. Said organization will be responsible for submitting a picture and brief written overview about the result(s) and or/impact of receiving the funding award to [CPActionFund@cliftonpark.org](mailto:CPActionFund@cliftonpark.org). These action items will allow the Town to confirm publicly for residents the positive results of their donations. The information will hopefully encourage additional donations, which will expand the available funding each year.



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**APPLICATION INSTRUCTIONS**

This application is for those organizations who wish to fill out the application by hand. To complete, simply print out the form for your use.

After the application is complete, you may scan the document. Please save the document with the name of your organization followed by "Community Action Fund Application". For example, the file name should be similar to Clifton Park Non-Profit Community Action Fund Application.

Completed applications may then be emailed to [CPActionFund@cliftonpark.org](mailto:CPActionFund@cliftonpark.org) with the subject header, Community Action Fund Application.

Organizations wishing to mail their hand written applications may send them to:  
Community Action Fund c/o Office of the Town Supervisor  
One Town Hall Plaza  
Clifton Park, New York 12065

Applications may also be physically dropped off at the Office of the Town Supervisor.

All applications must be submitted by the deadline of September 30, 2019.



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**2019 APPLICATION FORM**

Organization Name: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Organization Leadership: (Please attached separate sheet)

Geographic Area Served by Organization: \_\_\_\_\_

Organization Tax ID # / IRS Designation: \_\_\_\_\_

Organization Contact Person      Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Organization's Mission and Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Amount Requested: \_\_\_\_\_

Please Specify How Will the Grant Be Used (i.e. project, equipment, initiative)?

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Estimated Date of Use of the Funds: \_\_\_\_\_

Additional Information / Background: \_\_\_\_\_

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By checking this box, the applicant representative attests that all information provided is true and correct. Furthermore, the representative attests he or she is authorized to represent the organization, the organization is a non-profit entity and the application satisfies grant criteria.  I AGREE