



Ponce De Leon Foundation®

Important Dates

Release Date	September 21, 2021
Proposals Due Date by 5:00 pm	November 2021
Notice of Awards	December 2021
Grant Funds Released	January 1, 2022
Grant Start Date	

Requirements of Grant Awardees

After notification of award, Grantees will revise their budgets based on award. Submission of a 6 month and final progress report is required along with expense reports.

Submitting a Proposal

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Do not combine attachments

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Grant Application Guidelines

Your grant request should be clear and concise and have realistic goals. The narrative portion of the proposal should be no more than four (4) pages long, single spaced, in 12 point font (Arial or Times New Roman), with one inch margins. Required attachments (listed below) are not included in the page count.

Your Proposal package should include:

- A completed Grant Eligibility Quiz (included below) used to determine your eligibility – *Attachment #2*
- A Grant Application Cover Form (included below) – *Attachment #1*
- A Program Narrative addressing the following key items (limit 4 pages) – *Attachment #3*
 1. Brief description of your organization, its mission, history, programs/services, accomplishments and past program results.
 2. Statement of Need – what issue does the proposed project intend to address?
 - Description of target population and community to be served.
 - Gaps in existing services or programs which would be met by grant funds.
 - Rationale for proposed project – how will the funds benefit the community?
 3. Proposed Project Description
 - Program approach and outreach methodology – How do you intend the address the issue and how do you ensure it will reach those it is intended to assist?
 - Staffing and oversight – Who will provide the service and who will supervise the process?
 - Goals & Objectives – State 3 Program Goals and Objectives
 - Project Evaluation – What will result if you meet your goals and objectives?
 - What changes do you expect to see in the community as a result of your project?
 - How will success be measured?
 - Sustainability – How will the gains be maintained after grant has ended?



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4. Timetable for the project outlining major activities, benchmarks and anticipated outcomes – *Attachment #4*
- Budget and Budget Justification (included below) – *Attachment #5*
 - Required Documentation to be included as attachments with the application for your proposal to be considered for funding.
 1. The organization's most recent (**As of year end 2020**)
 - a. Audited Financial Statements, if applicable – *Attachment #6*
 - b. Business Tax Returns (IRS 990) (if on extension, proof of filing) – *Attachment #7*
 - c. NYS CHAR 500 – *Attachment #8*
 2. A copy of the organization's IRS 501(c)(3) determination letter or other proof of non-profit status – *Attachment #9*
 3. A list of **ALL** funding sources of your entity with amounts – *Attachment #10*
 4. List of Board of Directors names, affiliations, employer and title – *Attachment #11*
 5. A W9 signed and dated as of August 2021 – *Attachment #12*
 6. New York or New Jersey – Certificate of Good Standing – *Attachment #13*
 7. Ponce Bank affiliation statement describing relationship with local branch in your targeted community. *Attachment #14*



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Grant Eligibility Quiz – Attachment #2

The mission of the Foundation is to help address the economic and social challenges faced by the communities located in any county in which Ponce Bank has a branch office now and in the future, in turn allowing them to share in our long-term growth. Accordingly the Foundation will provide grants to support local nonprofit organizations and not-for-profit community groups and other similar types of organizations which demonstrate an ability to cost effectively deliver services and benefits which meet the needs of these communities. The core areas of the Foundation will include programs targeted towards: Affordable Housing, Healthcare, Economic Development, Education, Social Service needs, Cultural Events and targeted programming for Youth and Senior Services

Ponce De Leon Foundation – Working to Strengthen our Communities

Please answer the following questions and submit to the Ponce De Leon Foundation along with your application. The Foundation will utilize the required supporting documentation provided by you to confirm your eligibility for a grant. **If you answered NO to questions 1-6 and YES to questions 7-8, please do not submit a proposal because you do not qualify for consideration.**

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is your organization an IRS-registered, tax-exempt, 501(c)(3) or non-profit organizations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is your organization located in and does it serve the residents of the Counties of the Bronx, Manhattan, Brooklyn, Queens or Hudson County, NJ? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does your project or program fall under one or more of the program areas supported by the Ponce De Leon Foundation: affordable housing, healthcare, economic development, education, social service needs, cultural events and targeted programming for Youth and Senior services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the project or program display a history of sustainability and success? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a detailed budget for the project or program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have the most recent financial statements including tax returns for the organization that? (Not more than a year old) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do the Financial Statements reflect consolidated assets of more than \$30 million? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you applying for more that 10% of the entities operating budget? |



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Application Cover Page – Attachment #1

Ponce De Leon Foundation – Working to Strengthen our Communities.

Organization Applying

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Project Title : _____

Amount Requested: \$ _____

Contact Person for Proposal and/or Program:

Name: _____

Address: _____

Position: _____

Phone: _____

Email: _____

Contact Person for Entity – President or Executive Director Information

Name: _____

Address: _____

Position: _____

Phone: _____

Email: _____

Program Category: (Select one)

- | | |
|---|---|
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Education |
| <input type="checkbox"/> Senior Services | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Cultural Events |



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Budget & Justification – Attachment #5

Organization: _____

Project Name: _____

	Description/ Justification	Amount Requested
PERSONNEL	_____	

	<i>Subtotal</i>	\$
FRINGE	_____	

	<i>Subtotal</i>	\$
TRAVEL (only local)	_____	

	<i>Subtotal</i>	\$
PRINTING & SUPPLIES	_____	

	<i>Subtotal</i>	\$
COMMUNICATIONS	_____	

	<i>Subtotal</i>	\$
OTHER (please specify)	_____	

	<i>Subtotal</i>	\$
INDIRECT (not to exceed 10%)	_____	

	<i>Subtotal</i>	\$

Total Requested \$ _____