



GRANT FUNDING COMMUNITY COLLABORATOR ASSESSMENT

The Grant process requires a *significant* allocation of time and resources. Procurement and reporting processes involve exacting attention to detail and substantial administrative commitment. Sullivan County may consider collaborating with community partners who can confidently demonstrate project readiness, capacity to manage the administration of the grant, thorough planning and budget preparation, and alignment with County goals that will benefit local residents and businesses.

**Please complete this assessment to the best of your ability and return with supporting documents to:
Sullivan County Planning Division, 100 North Street, Monticello, NY 12701.**

Assessment:

Name and Title of Person Preparing this Assessment: _____

Preparer Phone Number: _____

Preparer Email Address: _____

Organizational Information

Legal Name of Organization/Agency: _____

CEO or Director: _____

Physical Address: _____

Mailing Address (if different from Physical Address): _____

Website Address: _____

Phone Number: _____ Email Address: _____

Year Established (Incorporation Date): _____

EIN Number (or Tax ID): _____

Do you have Articles of Incorporation on File? Yes No Do you have By-Laws on File? Yes No

Please attach copies of the following:

 Brief History of your Organization/Agency (Narrative)

 Mission/Values Statement

 Description of Service Area/Target Population and Current Services/Program Provided

Governance Information

Please attach copies of the following:

 Description or Diagram of Organizational Structure/Chart

 List of Board of Directors (affiliations and contact info)

 Copy of Strategic Plan/Business Plan, if applicable

 Executive Director/CEO Bio

Tax Documentation

Is your organization tax exempt? Yes No

- If yes, please include a copy of your tax exemption letter.

Do you have an IRS Form 990 on file? Yes No

Can you provide a W-9, upon request? Yes No

Technical Requirements Needed to Apply for Federal/State Grants

Has your organization registered to obtain a UEI (Unique Entity Identifier or SAM, formerly DUNS number)?

Yes No

If yes, indicate UEI number here: _____

Has your organization completed SAM Registration? Yes No

Is your organization registered in Grants.gov? Yes No NYS Grants Gateway? Yes No

Financial Information

Are the following financial documents prepared and available upon request?

Annual Operating Budget	Yes	No
Year-End Financial Statements	Yes	No
Audit, if applicable	Yes	No
Sources of Funding	Yes	No
Annual Report	Yes	No

Proposal Information

Please attach a thorough description of your Proposal. Please include the following information:

- ✓ Program/Project Description
- ✓ Target Population
- ✓ Staffing Structure/Organizational Chart
- ✓ Year Established
- ✓ Measurable Outcomes (number served, current outcomes)
- ✓ Success Story Narratives/Newspaper Articles/Media, if applicable

Please attach a preliminary **Project Budget for your Proposal**, including copies of any **cost estimates** received, and notation in regard to which contractors/vendors are **MWBEs** or **SDVOBs**.

A Project Budget is included with this application.

Copies of all cost estimates are included with this application.

Indication of MWBE and/or SDVOB inclusion is noted, where applicable.

Capacity:

Do you currently partner with any other organizations/agencies for this project? Yes No

If yes, please list them here:

If partners will be involved in the proposal, will you be able to provide letters of support/MOAs from these partners for the project?

Yes No Unknown

Has your agency identified a Project Manager for the administration of the grant, if funded? Yes No

If yes, has this person administered grants before? Yes No

How many hours per week can this individual dedicate to grant-related work? _____

Has your agency ever applied for grants before? Yes No

What was the outcome?

We applied, but were denied funding.

We received funding and successfully administrated the grant funding.

We received grant funding, but were not able to successfully administer the funding and the funding agency withdrew funding.

Is the governing board of your organization/agency aware of an interest in pursuing grant funding? Yes No

(NOTE: If grant application is being presented on behalf of a municipality or government agency, an authorizing resolution may be required.)

Upon request, will be you able to provide documentation in regard to all current staff? (Including number of FT/PT Staff, Bios, Qualifications, Professional Licenses, and Resumes). Yes No

Signature of Preparer: _____

Signature of CEO/Director: _____

Please complete this assessment and submit with all supporting documents to:

Grants Administration Department

PO Box 5012, 100 North Street

Monticello, NY 12701

Arthur.Hussey@sullivanny.us