



Seneca Foods Foundation

Application Form

NOTE: ALL information requested below **must be provided**. Failure to do so will disqualify your application.

Date of Request: _____ Date Required: _____ Telephone: _____

Name of Organization: _____ Authorized Signature: _____
Contact: _____
Address: _____

Mailing Address If Other Than Stated:

Check applicable category: Education/Employment Youth Development Category Check One

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the recipient organization tax exempt under Section 501(c) of the Internal Revenue Code?
If you have answered yes give your 501 (c) ID# _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the organization's charitable function deal with the services of caring for the ill, needy, or infants? (Definitions below) | <input type="checkbox"/> | <input type="checkbox"/> |

Definition for Question 2 --

- ⊖ An "ill person" includes a person with a physical, mental, or emotional illness, or with a birth defect or other handicap. It includes incapacity due to old age or mental illness.
- ⊖ A "needy person" includes a person in temporary distress as well as one who lacks necessities of life due to poverty. It includes victims of a flood, fire, civil disaster, etc., the victim of a crime of violence, and a refuge who experiences language, cultural or financial difficulties. The definition also encompasses a minor child who is not self-sufficient and who is not cared for by a parent or guardian.
- ⊖ Care of an "infant" means performance of parental functions and provisions for the physical, mental, and emotional needs of the infant.

Are you applying for: Monetary funding in the amount of \$ _____.

Organization Background

1. Briefly state the mission of your organization.

Program Information

2. Describe (in detail) the program for which funding is requested and the specific service it provides. How does this program support the Seneca's funding focus of empowering our youth to achieve self-sufficiency?
3. Provide a timeline for program implementation if the program is not yet established.

Program Evaluation (Provide a detailed evaluation plan and related performance data that answers the following questions.)

4. What are the specific goals and objectives of this program?
5. What specific measures are used to determine the success of this program?

Demographic Information

6. How many individuals are served by the program? _____
How many individuals participate in the overall organization? _____

Age Distribution Percentages (program participants only)

0-6 7-12 13-18 19-24 25+

7. Does your organization have a specific cultural orientation addressing the needs unique to a specific ethnic community (i.e. Native American program, African American program)?
8. On page 3 provide the **percentages** of each ethnic/gender category for program participants, program and organization staff and board of directors listed.

	Program Participants	Program/Agency Staff	Board
African American	_____	_____	_____
Asian American	_____	_____	_____
Chicano/Latino	_____	_____	_____
European American	_____	_____	_____
Native American	_____	_____	_____
Other	_____	_____	_____
Girls/Women	_____	_____	_____
Boys/Men	_____	_____	_____

9. Provide the **percentage** of program participants living at or below the poverty level (e.g. percent of students receiving free or reduced price lunches). _____

Financial Summary

- 10. Attach an organizational budget and a detailed program budget.
- 11. Attach a list of other general funders for the organization and another list of those specifically funding the program. Include dollar amounts.
- 12. The program budget is what percentage of the entire organization budget?
- 13. What is the cost of the program per participant?
- 14. What **percentage** of the program budget is used for administrative purposes?
- 15. What **percentage** of the organization budget is used for administrative purposes?
- 16. History of financial contributions from Seneca Foods.

Staff/Volunteers

- 17. Number of staff and number of active volunteers working for the organization.
- 18. Name and describe the qualifications of staff who will implement this program.
- 19. Describe volunteer involvement by Seneca employees and/or retirees.

PLEASE ATTACH:

- IRS identification 501(c)(3) tax exemption letter.
- List of Board of Directors, Officers and their affiliations.
- Copy of the most recent audited financial statements.
- List of other corporate and foundation funders.

Completed material should be sent to:

The Seneca Foods Foundation
3736 South Main Street
Marion, New York 14505