

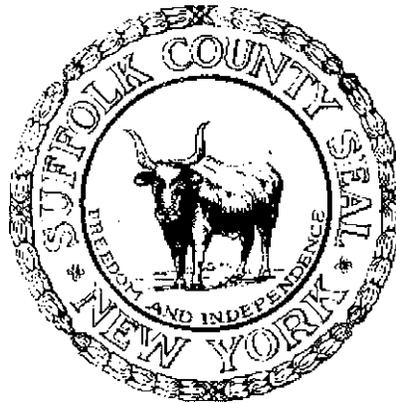
SUFFOLK COUNTY MARATHON

Veterans Grant Program

INSTRUCTIONS

Developed by the
Veterans Service Agency

To provide funds to deliver or enhance services to Suffolk County veterans, active duty military, and their immediate families.



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

Thomas Ronayne
Director of Veteran Services

SUFFOLK COUNTY
Veterans Service Agency
100 Veterans Memorial Highway, 3rd Floor
PO Box 6100
Hauppauge NY 11788
PHONE - 631-853-8387

The Veterans Grant Committee is tasked with evaluating applications and recommending recipients for the disbursement of funds raised by the Suffolk County Marathon, Half Marathon, 10k and 5k to Support our Veterans event.

Veterans Grant Committee (the "Committee")

Director of Veterans Service Agency:

Director Thomas Ronayne, Chair

County Executive Designee:

Melanie Sinesi

Presiding Officer of the Suffolk County Legislature's Designee:

Christina DeLisi

Minority of the Suffolk Legislature:

Legislator Tom Cilmi or Designee

Representative from the Suffolk County American Legion:

County Commander Jim Beecher or Designee

Representative from the Suffolk County VFW Council:

Council Commander Dave Rogers or Designee

Representative from the Suffolk County American Legion Ladies Auxiliary:

President Eileen Kramer or Designee

Representative from Suffolk County AMVETS:

N/A

Chairperson of the Veterans Service Committee of the Suffolk County Legislature:

Legislator Susan A. Berland

Three Gold Star Family Members (County Executive appointments):

Ms. Michelle McNaughton

Mr. Daniel Murphy

Mr. Timothy Scherer

Three elected public officials who are veterans of the armed forces (County Executive appointments):

NYS Senator John Brooks or Designee

Smithtown Supervisor Ed Wehrheim or Designee

Islip Town Councilman John Cochrane or Designee

Round 1

VETERANS MARATHON GRANT

APPLICATION PROCESS

If you have questions about the application or the eligibility of a project, the Suffolk County Veterans Service Agency can address those questions. Please contact **Thomas Ronayne or Michelle Marter** at 631-853-8381, 631-853-8383, or 631-853-8387 and/or Thomas.ronayne@suffolkcountyny.gov or Michelle.marter@suffolkcountyny.gov

Applications must be submitted by a certified 501(c)(3) or 501(c)(19) community organization that is registered and in good standing with the Suffolk County Veterans Service Agency unless otherwise exempt from the requirements of Suffolk County Local Law 5-2011.

A digital copy of the completed application and required attachments must be received by 4:30 p.m. on Friday, May 8th by the Suffolk County–Veterans' Services Agency in order to be considered for Marathon Funds. The Committee will review the applications and recommend organizations for funding to the Veterans Service Agency. The Committee's recommendations will be determined on a merit based scoring system as outlined in these instructions.

If funding is approved by the Committee and subsequently approved by the Suffolk County Legislature, Race Awesome Inc. will directly enter into contracts with and disburse funding to the recipient organizations, accordingly. **Depending on the nature of your proposed program, you may be required to provide proof of insurance and provide insurance declaration pages naming Race Awesome Inc. & Suffolk County as an additional insured for the implementation of said project. Funds will be distributed in advance provided that recipient organizations furnish sufficient evidentiary proof that funds were spent as outlined in the contract.**

In order for your application to be considered, you must adhere to the instructions laid out in this document and must, along with your application, submit the following:

1. Proof of IRS nonprofit status or exemption.
2. Proposed line item budget for the funding sought.
3. If you are a nonprofit organization whose primary focus is to raise funds for veterans, you must be registered and in good standing with the Suffolk County Department of Audit and Control as per Resolution 906-2016 (codified at Chapter 353, Article III of the Suffolk County Code). If applicable, please provide proof of your Suffolk County registration. For more information on how to become registered and why Suffolk County requires registration, please contact the Suffolk County Department of Audit and Control at 631-853-5040.

APPLICATION GUIDELINES

Applications will only be accepted in original format. Please do not modify.

1. **The grant proposal must be to offer a new or expanded service to either/and/or veterans, active military, and/or their families. These services must address a growing need within those demographics and the grant application must demonstrate the demand for the proposed service(s).**
2. **The grant request should be for a minimum of \$5,000 with a maximum of \$20,000.**
3. **Who should apply?** All 501(c)(3) or 501(c)(19) organizations that offer services for veterans/active military and military families are eligible to apply.
4. **Who will be contracting with The 501(c)(3) or 501(c)(19) organization for the funding?**
Race Awesome Inc.
5. **What types of services are eligible?** The Committee will review applications for full or partial funding of the following services:
 - PTSD (Posttraumatic Stress Disorder) Treatment Services
 - Suicide Prevention
 - Combating Veteran Homelessness
 - Support Group Services
 - Food Programs
 - Assistance with agencies
 - Legal Counsel
 - Job Training
 - Emergency Shelter or Financial Relief
 - Counseling Services
 - Any other service that you as an organization can identify and support a need for.

The Committee will **not** consider applications for capital improvement projects unless there is a direct benefit to local veterans (i.e. retrofitting a home to accommodate the needs of a disabled veteran).

6. **Eligible Project Jurisdiction** -ALL services in the proposed grant must be provided to residents in Suffolk County.

7. **Timeline:**

Along with the application, applicants must submit all documentation required to enter into a contract as enumerated on page 3 of this document.

All contracts will have a two-year term of agreement and recipient organizations are expected to perform all services within this timeline. At its sole discretion, **Race Awesome Inc.** may approve a one-year extension in extenuating circumstances.

APPLICATION INSTRUCTIONS

All applications must be typed or written onto the form provided (supplemental pages can be submitted if your submission exceeds the space provided). Please make sure you **complete all questions on pages 1 through 5 including Budget Information**. There is no correct or incorrect answer to each question. Answers will assist the Committee in determining which projects to recommend for funding with the resources appropriated. Most of the questions are self-explanatory. The following instructions may help in completing the application:

APPLICANT INFORMATION

1. Enter legal name of applicant.
2. Enter address of applicant organization.
3. Enter the name of a contact person and his/her position in the applicant organization.
- 4-7. Enter phone number, fax, email address, email, and website if applicable of the applicant.
8. Enter the applicant's IRS Nonprofit Tax Exemption Number and provide documentation proving 501(c)(3) or 501(c)(19) status.
9. Indicate whether you have received funding from the Marathon in previous years.
10. Outline the proposed services that you will provide with the grant funding. Please attach all necessary documents to increase our understanding of the program including data to project to how many residents you hope to provide services.
11. Provide data and statistics to demonstrate the growing need for the type of services that you are requesting grant funding for.
12. Submit a timeline that outlines the entire timeframe of the services to be provided including dates/milestones on which you can expect to hit certain benchmarks. As all services should be performed within the two-year contract term, the timeline should not exceed this period.
13. Provide the total amount requested.
14. Provide a detailed line item budget for the proposed services.

PROJECT POINT RATING SYSTEM

This point system is used by the Veterans Grant Committee in its evaluation of each application. This system assists in the Committee's effort to recommend funding for projects that will contribute to expanding needed services to veterans and/or active military and/or their families residing in Suffolk County.

Criteria	Point Value
Proposed Program	0-40 Points
Demand for the Program	0-30 Points
Timeline	0-15 Points
Budget	0-15 Points
TOTAL	100 POINTS

END OF APPLICATION INSTRUCTIONS

Name of Applicant: _____

Application # _____

Office Use Only

SUFFOLK COUNTY MARATHON Veteran Grant Application

ROUND 1 APPLICATION

Developed by the
SUFFOLK COUNTY
Veterans' Service Agency

To provide funds to deliver or enhance services to Suffolk County veterans, active duty military, and their immediate families.

Application Due Date: 4:30 p.m., May 8th, 2020

A digital copy of the completed application and required attachments must be received by 4:30 p.m. on Friday, May 8th, 2020 by the Suffolk County Veterans Service Agency.

IMPORTANT: Please read and comply with the guidelines set forth in the companion document, Suffolk County Marathon Veteran Grant Program Instructions. Failure to do so may result in disqualification.



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

Thomas Ronayne
Director of Veterans Services

SUFFOLK COUNTY
Veterans Service Agency

Name of Applicant: _____

Application # _____

Office Use Only

P.O. BOX 6100 HAUPPAUGE, NY 11788
PHONE 631-853-8387

SUFFOLK COUNTY MARATHON VETERAN GRANT APPLICATION

APPLICATION MUST BE FILLED OUT ON THIS FORM. DO NOT MODIFY THIS FORM.

Complete all questions on pages 2 through 4. There is no correct or incorrect answer to each question. Answers will assist the Committee in determining which projects to recommend for funding with the resources appropriated.

APPLICANT:

- 1) LEGAL NAME OF COMMUNITY ORGANIZATION: _____
- 2) ORGANIZATION ADDRESS: _____
- 3) CONTACT PERSON AND TITLE: _____
- 4) CONTACT'S PHONE: _____ CONTACT'S CELL: _____
- 5) CONTACT'S FAX: _____
- 6) CONTACT'S E-MAIL: _____
- 7) ORGANIZATION'S WEBSITE: _____
- 8) IRS TAX-EXEMPTION# (and attach documentation proving 501(c)(3) or 501(c)(19) status): _____
- 9) Have you ever received funding from the Marathon in previous years - Yes OR No
- 10) Service(s) that will be provided to veterans and/or active military members and/or their families:
Points Awarded: 0 - 40

Name of Applicant: _____

Application # _____

Office Use Only

11) Demonstrate the need for the service for which you are requesting grant funds. Why is this program or service needed by Suffolk County's veterans or active military members? Will your proposed service or program fill a current void, or are similar services and programs currently being offered through other organizations and/or agencies? Applicants are encouraged to cite studies, statistics, news coverage, and academic articles or publications.

Points Awarded: 0 - 30

12) Timeline-Please lay out your timeline indicating how soon you can start offering the proposed services to the target demographic.

Points Awarded: 0-15

Name of Applicant: _____

Application # _____

Office Use Only

PROJECT BUDGET:

Points Awarded: 0-15

Requested grant funds should be a minimum of \$5,000 with a maximum of \$20,000.

13) GRANT FUNDS REQUESTED:

- a. Enter the total cost of the specific project for which funds are requested: \$ _____
- b. Enter the total amount of funding you are seeking through this grant: \$ _____

14) LEVERAGE OF ADDITIONAL FUNDS:

Leveraged funds are funds committed to this specific program from outside sources. Enter the funding leveraged for the project from ALL sources (including the applicant, Town or Village, State, Federal, and other sources). Do not include the funding requested in this application.

A LETTER OF FINANCIAL COMMITMENT FROM EACH SOURCE OF FUNDING MUST BE ATTACHED, SPECIFYING THE DOLLAR AMOUNT.

Applicant \$ _____
Town/ Village \$ _____
New York State \$ _____
Other (Specify)..... \$ _____
Other (Specify)..... \$ _____

Total Leveraged Funds \$ _____

15) DETAILED LINE ITEM BUDGET FOR SERVICES:

ATTACH A WRITTEN ESTIMATE FOR EACH FACET OF THE PROJECT (staff, supplies, delivery of services etc.)

Figures should be rounded to the nearest hundred dollars.

Item Description	Quantity	Unit Cost	Total
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Name of Applicant: _____

Application # _____

Office Use Only

SUFFOLK COUNTY MARATHON VETERAN GRANT APPLICATION CHECKLIST

1. Where applicable, all questions are answered and requested information and documentation is provided, as per pages 2-4 of this document.....

2. Attached with your application is proof of your organization's nonprofit status or exemption.....
3. Your proposed line item budget is included.....
4. If applicable, proof you are a nonprofit veterans' organization registered with the Suffolk County Department of Audit and Control and authorized to raise funds on behalf of veterans.....

5. Should your organization be chosen as a recipient, you are prepared to provide insurance declaration pages naming Race Awesome Inc. & Suffolk County as an additional insured with regard to the implementation of your provided program/service within ten business days of receiving the award letter (only if deemed necessary, which will depend on the scope of work being performed.....

6. Should your organization be chosen as a recipient, you are prepared to provide an updated line item budget for the total grant amount awarded

7. If chosen, you will be prepared to execute a contract with Race Awesome Inc. on or around June 30th, 2020 to provide the services as set forth in this application.....

By: _____

Name:

Title:

Fed. Tax **ID#**:

Date: _____