



## Lily Auchincloss Foundation, Inc.

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### Sample Application

## About Lily Auchincloss Foundation

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### Mission & Vision

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Lily Auchincloss Foundation envisions a more affordable and vibrant New York City. The Foundation aims to enrich the lives of New Yorkers through grants in support of the arts, the built and natural environments, and human services.

The Foundation typically supports small to mid-size organizations throughout the five boroughs of New York City.

The Foundation provides both general operating support and program support.

### Eligibility

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The Foundation will consider applications only from organizations that serve the five boroughs of New York City. Organizations must have a 501(c)3 status or a fiscal sponsor.

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### Lily Auchincloss Foundation does not support:

- Individuals
- Programs for New York City residents outside of the five boroughs
- Research projects
- Mental health programs, medical services, hospitals, nursing homes, substance use disorder programs
- Universities or schools (public, private, or charter schools)

### Funding Cycle Criteria

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### Lily Auchincloss Foundation has three funding cycles:

- Human Services (January deadline)
  - Environmental (April deadline)
  - Arts (September deadline)
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### Each cycle has specific [eligibility criteria](#).

We ask that organizations choose the funding cycle that most closely aligns with their organization mission. For example, a community center seeking funding for a garden project should apply in our Human Services cycle.

**Please carefully review all funding cycle criteria before beginning an application.**

### Past Grantees

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- ♣ Did your organization receive 3 consecutive years of LAF funding in the last 3 calendar years? If so, you may be in a time off period.
- ♣ Please check the last grant letter you received to confirm your organization isn't currently in a time off period. Grant letters can be found in the grant portal under Organization history > Documents.
- ♣ Please check the funding cycle of your last LAF grant. We ask that your application be submitted in the same funding cycle each year.

### Important Grant Portal Access Information

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- **Sharing an application:** An application can only be accessed by the user that created it. You may want to share your login information with any colleagues who will work on your behalf in the event of your absence. You can also share an application using the [collaborate feature](#).
- **Adding a new user:** To grant a colleague access to our portal, please follow [these instructions](#).

### Organization Address Verification

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**Please verify that your organization mailing address is correct.**

*At the top of your applicant dashboard, you will see your organization's mailing address. To make changes, please click the pencil to the right of your organization's name.*

#### Mailing Address Confirmation\*

Choices

I have verified that my organization's mailing address is correct.

#### My organization's mailing address and physical address are:\*

Choices

the same  
different

#### On the Move?

In some cases, decisions may be sent out up to five months from when an application is submitted. If your office is planning to move or there are any other extenuating circumstances related to your organization address, please let us know here.



*Character Limit: 300*

### Organization Physical Address (Where Applicable)

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**Please confirm that your organization's physical address is correct.**

*Although it is not visible from this view, there is specific field for your organization's physical address. Click the pencil to the right of your organization's name to verify the physical address.*

#### Physical Address Verification\*

Choices

I have verified that my organization's physical address is correct.

### Organization: Office

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**Does your organization have a main office?\***

*As so many of us now work remotely, this question helps us to better understand your organization's administrative structure.*

Choices

Yes

No

### Organization: Office Borough (Where Applicable)

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**Organization Location\***

Please select the borough where the main office is located.

Choices

Bronx

Brooklyn

Manhattan

Queens

Staten Island

N/A (Outside of New York City)

### Organization Lead(s)

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**Organization Lead(s)\***

Please provide the name(s) and title(s) for the person(s) leading the organization:

*Character Limit: 150*

**Organization Lead(s) Email Address(es)\***

*Character Limit: 150*



## Organization Lead(s) Telephone Number(s)

*Character Limit: 150*

## Organization: Structure

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### Organization Structure\*

Is there an Executive Director(s) and Department Manager(s)?

How many full-time and part-time employees do you have?

Are there consultants on contract?

Are there volunteers? If so, approximately how many?

*Character Limit: 5000*

## Organization: History with Lily Auchincloss Foundation

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Has your organization received funding from the foundation in the past?\*

Choices

Yes

No

## Organization: History with Lily Auchincloss Foundation (Where Applicable)

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### Funding History\*

Please list the date(s) and grant amount(s) starting from the most recent grant received.

*Example: 2020: \$10K; 2015: 2-yr \$20K*

*Character Limit: 5000*

## Proposal

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### Project Name\*

Enter project/program name or if the organization is applying for general operating support.

*Character Limit: 100*

### Grant Purpose\*

Choose the area that best represents the organization's request.

Choices

General Operating Support

Program Support

Other

### Project Location (Borough)\*

Please select the borough(s) where the services described in this proposal are offered.

Choices



Bronx  
Brooklyn  
Manhattan  
Queens  
Staten Island

### Amount Requested\*

Provide the dollar amount requested. A request must be proportionate to the program and organization's budget. Please do not apply for a multi-year grant.

*Character Limit: 20*

### Organization Budget Amount\*

Please indicate the dollar amount of your organization's budget for the current fiscal year.

*Character Limit: 20*

### Program Budget Amount

If you selected Program Support or Other under Grant Purpose, please indicate the annual program budget amount for the current fiscal year.

*Character Limit: 20*

### Fiscal Year/Operating Cycle\*

Please indicate organization's fiscal year or operating cycle.

Choices

Calendar Year: 12 consecutive months beginning January to December

Fiscal Year: 12 consecutive months beginning July to June

Other (If other, please specify in organization's financial documentation)

### Funding Sources\*

Please list percentages for current funding sources.

*For example:*

*Government 30%*

*Foundations 25%*

*Board 5%*

*Events 10%*

*Earned 10%*

*Corporations 10%*

*Individuals 10%*

*Character Limit: 3000*

### Mission & History\*

Please provide a brief description of your organization's mission and history including the founding year.

*Character Limit: 4000*



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### Proposal\*

Please provide a brief proposal which outlines the project/program for which the funds are sought. This should include:

- a detailed account of how the funds will be utilized
- how diversity, equity, and inclusion will be addressed
- its goals, objectives, impact (qualitative and/or quantitative)

*Character Limit: 6000*

### Links to Social Media & Websites (optional)

Please provide links to social media and websites in reference to your proposal here.

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*Your organization's website is saved in your organization info page. Please confirm that we have the most up-to-date link.*

*Character Limit: 500*

### Supporting PDF (optional)

*If you would like to upload a pdf with images to provide context for your proposal, please do so here.*

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If you wish, you can use the text box below to provide a very brief explanation of what is outlined in the uploaded materials.

*File Size Limit: 2 MB*

### Supporting Documents

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Please provide the following documentation and **read the instructions in detail**. Budget comparisons must include expenses and revenue/income.

**All files must be uploaded in PDF format.**

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**Files must also be named using the following formula:**

Organization's Initials\_Type of File.pdf

For example:

- *ABC\_board.pdf*
  - *ABC\_501c3.pdf*
  - *ABC\_programbudget.pdf*
  - *ABC\_orgbudget.pdf*
  - *ABC\_audit.pdf*
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LILY AUCHINCLOSS FOUNDATION

### Board of Directors (length of service)\*

Please upload a list of the organization's Board of Directors as a PDF file. (2MB file maximum)  
The list should include each board member's occupation/title, length of service, and term limits if applicable.

*File Size Limit: 2 MB*

### 501(c)3\*

Please upload the organization's 501(c)3 determination letter as a PDF file. If your organization has a fiscal sponsor, please upload the fiscal sponsor's determination letter. (2MB file maximum)

*File Size Limit: 2 MB*

### Organization Budget Comparison (expenses and revenue/income detail)\*

Please upload a detailed organizational budget comparison for **three fiscal years (last year, current year, and next year)** as one PDF file. (3MB file maximum)

The organization budget comparison **must include the organization's expenses and revenue/income.**

*File Size Limit: 3 MB*

### Program Budget Comparison (expenses and revenue/income detail)

If you are applying for Program Support or Other, please upload a detailed program budget comparison for **three fiscal years (last year, current year, and next year)** as one PDF file. (3MB file maximum)

The program budget comparison must include the program's expenses and revenue/income.

*File Size Limit: 3 MB*

### Audited Financial Statement\*

Please upload an audited financial statement or signed 990 that is not older than 15 months.  
**Organizations with a budget over \$1M must upload an independent auditor's report.** (5 MB file maximum)

*File Size Limit: 5 MB*

### Funding Sources Comparison (received & projected)\*

INSTRUCTIONS FOR FUNDING SOURCES:

- (1) Organize list by type of support: foundations, corporations, government, individuals, board of directors, events.
- (2) Include foundation and corporation names and dollar amount. For individual and board support, only list the aggregate dollar amount.
- (3) Specify if amount was received or if it is projected.
- (4) If organization is applying for Program Support or Other, please include funding sources for the entire organization and for the specific project/program.

Please upload a comparison list of all received and projected funding sources for **three fiscal years (last year, current year, and next year)** as one PDF file. (3MB file maximum)

*File Size Limit: 3 MB*



**Thank You!**

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Thank You!