

The Vandewater Community Grant

Funded by Savanna

Introduction

Founded in 1992, Savanna is a vertically integrated real estate investment manager based in New York City and focused on strategic property investments throughout the City's five boroughs. One such investment is the construction of a residential condominium development located in the Morningside Heights neighborhood, commonly known as The Vandewater. As Savanna is committed to giving back to the communities in which it does business, it is seeking applications for grants from deserving 501(c)3 organizations, with a particular focus on those that support the Morningside Heights community.

Instructions

This application must be completed by an officer or employee of the organization that is applying for funding in co. All requests for funding must be submitted to the following email address vandewater@savannafund.com. You will receive a confirmation within two (2) business days. If you have not received a confirmation, please resubmit. Savanna has the right to choose recipients of any grants in its sole discretion.

Applications should be accurate and complete. Please keep a copy of the completed application for the organization's records before it is submitted. All sections of the application are mandatory unless otherwise noted.

Only registered tax-exempt 501(c)3 organizations in good standing are eligible to apply for funding. To ensure transparency, the organizations and amounts of all grants may be provided to the public.

The person(s) who complete this application must be authorized by the organization and have a comprehensive understanding of the organization to be able to fully, truthfully and accurately complete the form. A separate application will also be required for any additional grants under this program.

- Grants are intended to total approximately \$50,000 in the aggregate per year and be granted for at least two (2) years.
- No grant larger than \$10,000 shall be awarded to any one organization, per year, provided organizations may apply for grants in the following year.
- An organization may be granted less than \$10,000 per year.

WHERE AND WHEN TO SUBMIT THIS APPLICATION:
Applications must be submitted by 5:00PM Friday, May 22nd, 2020
Please be advised that no late applications will be accepted.

Application Checklist

Please review the following checklist to ensure you have all the required information to complete the application. Please direct all questions to George Fontas at (212) 408-1920 or vandewater@savannafund.com

Below is a list of information needed in order to complete the application. Be sure to have this information handy to ensure a smooth application process. Information required:

1. Federal Employer Identification Number (FEIN)
 2. New York State Charities Bureau Registration Number
 3. Annual Operating budget of Organization requesting funds
 4. Documentation concerning Independent Inquiries, Monitorships, Government Investigations, Inquiries or Audits (other than a routine annual audit)
 5. Staffing Information for the organization
 6. Staffing Information for the programming/services
 7. Certificate of Incorporation (for those incorporated on or after July 1, 2017)
 8. A current list of Board Members and High/Executive Level Employees (as per IRS 990 Part VI §A and Part VII §A)
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Organization and Contact Info

1. Legal name of organization requesting funding:

2. Organization Acronym and Doing Business As:

3. Please provide the organization's FEIN Number:

4. Is the organization's FEIN now, or has it in the past, ever been used by any other organization(s)? If YES, please list the name of the organization(s) and time period?

Yes No

5. Does the organization now use, or in the past, used a FEIN other than the one provided? Please check a box:

Yes No

If YES, please enter the past FEIN Number.

6. Is the organization tax-exempt under the Internal Revenue Code? Please check a box:

Yes No

If YES, is the organization's tax-exempt status current with the Internal Revenue Service?
Please check a box:

Yes No

7. Has the organization ever had its tax-exempt status revoked? Please check a box:

Yes No

8. Please provide the organization's website.

9. Please provide the administrative:
Street Address
City
State
Zip

1. Does the organization share office space, staff, equipment, or expenses with any other organization? Please check a box:

Yes No

If YES, please name the organization(s) and the nature of the relationship.

2. Is the organization exempt from registering with the Charities Bureau?
Please check a box:

Yes No

3. Please provide the mission/goal statement of the organization.

4. What is the estimated operating budget for the organization's current fiscal year?

5. Is the organization registered with the Charities Bureau of the New York State Attorney General? Please check a box:

Yes No

If YES, Please Provide ID Number:

6. Is the organization exempt from registering with the Charities Bureau? Please check a box:

Yes No

Organization Primary Contact

Please provide the details for the organization's primary contact

Prefix	First Name	Last Name	Suffix
Title			
Phone			
E-mail			

Please provide the details for the organization's budget or funding contact

Prefix	First Name	Last Name	Suffix
Title			
Phone			
E-mail			

Funding Request Details

1. Please provide the name of the program.
2. Funding Amount Requested
3. Please describe the specific programming/services to be funded. Include a description of how the requested funds will be used.
4. When will the program operate?
5. The target population to be served (include ages and communities).
6. Briefly describe the staffing for the program.
7. Please describe the community benefit of the program/services that are being considered for funding.
8. Please provide a description of what the organization does and plans to do to invite the community to participate

9. Please Provide the address of the location/site where the programming/services are offered.

Past Service History

1. Has the organization provided similar services in the past? Please check a box:

Yes No

If YES, briefly describe how long service(s) have been offered.

If NO, briefly explain why the proposed service/program had not been previously offered; and why the organization is qualified to begin providing these services.

2. Other than receiving City funding, is/was the organization connected in any manner, officially or unofficially, to any elected official? (Please error on the side of disclosure if unsure.)

Yes No

3. Was the organization created, founded, expanded, and/or directed by any past or current elected official or any person associated with an elected official; in either an official or an unofficial capacity? Please check a box:

Yes No

If YES, please describe and list the affiliation of any elected officials to the organization.

4. Please describe any past and/or current roles, duties, responsibilities held by any elected official, including but not limited to Board Member, Consulting, Executive Staff, Managerial Staff, or Advisor (either official or unofficial).

5. Has the office space ever been or currently been provided to the organization by either donation or payment, by another not-for-profit, business, elected official, political organization, and/or political campaign? Please check a box:

Yes No

If YES, please list the name of the organization, business, elected official, political organization or political campaign, time-period, and amount/value of office space.