



*Saratoga Harness Horseperson's Association*

## **The Saratoga Casino Hotel Foundation, Inc. APPLICANT GUIDELINES**

THE MISSION OF THE SARATOGA CASINO HOTEL FOUNDATION, INC. IS FOR THE SUPPORT OF CHARITABLE AND PUBLIC BENEFIT ORGANIZATIONS WHOSE PURPOSE IS THE BETTERMENT OF THE QUALITY OF LIFE, HEALTH, AND WELFARE OF PROBLEM GAMBLERS AND RESIDENTS OF SARATOGA COUNTY.

The following guidelines have been established to enable the Foundation to utilize its financial resources wisely under the increasing number of funding requests it is receiving.

1. Applicant organizations must be classified as not-for-profit by the Internal Revenue Service.
2. Applicant organizations must provide services and activities that benefit residents of Saratoga County.
3. Activities that address problem gambling, support youth, senior citizens, recreation, arts and community benefit are preferred.

The Foundation generally will NOT consider:

1. Grants or loans to individuals.
2. Grants for Construction Projects.
3. Grants for labor costs.

### **GRANT APPLICATION PROCEDURES**

An organization requesting a grant must submit the grant application containing the following information:

1. Legal name of applicant organization.
2. Date of establishment, a brief history and mission statement.
3. Contact person, telephone number and email address.
4. Qualifications of individuals administering the project.
5. A description of the program or project proposed for funding, amount requested and a generally itemized budget.

Information that will clarify and support the grant request should be attached to the application. Completed funding requests, **and six copies** are to be sent to the attention of the Chairman of the Foundation at the following address:

**SARATOGA COUNTY BOARD OF SUPERVISORS  
SARATOGA CASINO HOTEL FOUNDATION CHAIRMAN  
40 MCMASTER STREET  
BALLSTON SPA, NY 12020**

Applicant organizations may only present grant requests once in any given year. If multiple grants are requested by departments within an organization, they should be submitted together. The Board may or may not fund multiple grants.

Requests will be processed once a year in the Fall as follows:

**The deadline for requests is October 14, 2016. The application must be post marked or received by October 14, 2016.** The Foundation Board will act on the grant applications. Applicants will be notified of the Board action and the funds distributed by the end of November.

Within one year of receiving a grant, grantees shall submit a report to the Board detailing the use of the funds and an overall assessment of the program or project funded.

Foundation Board members names and address information:

**Matthew E. Veitch, Chairman**  
Supervisor, City of Saratoga Springs  
40 McMaster Street  
Ballston Spa, New York 12020  
(518) 885-2240  
[mveitch@saratogacountyny.gov](mailto:mveitch@saratogacountyny.gov)

**Joanne Yepsen, Director**  
Supervisor-City of Saratoga Springs  
474 Broadway  
Saratoga Springs, NY 12866  
(518) 587-3550  
[joanne.yepsen@saratoga-springs.org](mailto:joanne.yepsen@saratoga-springs.org)

**Arthur "Mo" Wright, Vice Chairman**  
Supervisor-Town of Hadley  
Chairman-Board of Supervisors  
40 McMaster Street  
Ballston Spa, NY 12020  
(518) 885-2240  
[supervisorwright@townofhadley.org](mailto:supervisorwright@townofhadley.org)

**Thomas McTygue, Director**  
Treasurer, Saratoga Harness  
Horseperson's Association  
251 County Road 68  
Saratoga Springs, NY 12866  
518-365-7113  
[tmctygue@aol.com](mailto:tmctygue@aol.com)

**George "Skip" Carlson, Treasurer**  
Vice President of External Affairs  
and Signature Service  
Saratoga Casino Hotel  
PO Box 356  
Saratoga Springs, NY 12866  
(518) 581-5749  
[scarlson@saratogagaming.com](mailto:scarlson@saratogagaming.com)

**Diane Armer, Secretary**  
Saratoga County Attorney's Office  
40 McMaster Street  
Ballston Spa, NY 12020  
(518) 884-4770  
[darmer@saratogacountyny.gov](mailto:darmer@saratogacountyny.gov)

## REQUEST FOR FUNDING APPLICATION

Please complete this entire application form (typed or neatly written).

### Part 1. Information about the organization requesting funding.

1. Name and address of organization requesting funding.

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2. Brief summary describing the organization, including the date of establishment, a brief history and mission statement of the organization.

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3. Point of contact: Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

4. Relationship of point of contact to the Organization: \_\_\_\_\_

5. Qualifications of individuals administering the project or program.

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### PART II: INFORMATION ABOUT THE PROJECT:

1. Amount being requested: \_\_\_\_\_
2. Expected completion date: \_\_\_\_\_
3. Describe the program or project for which funding is being requested. (Attach additional pages, if needed)

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4. Describe how this project meets the mission of the Foundation.

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5. Budget for this project (Attach additional pages if needed) \_\_\_\_\_

6. Most recent financial statement, copy of your annual budget and salary schedule for employees. If not available, please explain.

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7. Has funding been previously obtained for the project from the Foundation? Yes \_\_\_\_\_ No \_\_\_\_\_

8. If yes, what year(s) did you receive funding and amount. \_\_\_\_\_

9. Approximately what percent of the project funding would this grant provide? \_\_\_\_\_

10. Comments

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