



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 17, 2017. The application must be post marked or received by October 17, 2017. 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

Joanne Yepsen, Director
Mayor-City of Saratoga Springs
474 Broadway
Saratoga Springs, NY 12866
(518) 587-3550
joanne.yepsen@saratoga-springs.org

Edward D. Kinowski, Vice Chairman
Supervisor-Town of Stillwater
Chairman-Board of Supervisors
40 McMaster Street
Ballston Spa, NY 12020
(518) 885-2240
ekinowski@stillwaterny.org

Thomas McTygue, Director
Treasurer, Saratoga Harness
Horseperson's Association
251 County Road 68
Saratoga Springs, NY 12866
518-365-7113
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

Therese Connolly, Secretary
Saratoga County Board of Supervisors
40 McMaster Street
Ballston Spa, NY 12020
(518) 885-2240
tconnolly@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.

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

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.

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)

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

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.

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
