



Application for Funding Request Community Land Trust Support Program

INSTRUCTIONS: This is the application form to request funding for the Community Land Trust Support Program. Review the eligibility criteria in the Request for Applications (RFA) notice and complete the application form. Answer each of the questions below and save the PDF file that includes your organization's name (*i.e. Smithtown Community Land Trust*). Submit to Nofa_Applications@hcr.ny.gov by or before the application deadline of August 15th, 2025.

I. GENERAL INFORMATION

1. Organization's Legal Name:

2. Federal Identification Number (FEIN):

3. Organization Address:

4. General Phone Number:

5. Website:

6. Is the Applicant applying under a Fiscal Sponsor? Yes No

6a. If Yes, what is the legal name of the fiscal sponsor?

6b. What is the FEIN of the fiscal sponsor?

**If applying under a fiscal sponsor, contracts will be made with the fiscal sponsor with a sub-contractor agreement recognizing the role of the applicant organization.*

7. What is the funding category the applicant is applying for:

Established CLT

Emerging CLT

Technical Assistance Provide

8. What is the funding request amount?
9. What County(ies) does the organization serve:
 - 9a. NYS Assembly District Number:
 - 9b. NYS Senate District Number:
 - 9c. US Congressional District Number:

II. PRIMARY CONTACT INFORMATION

Contact Person Responsible for Completing this Application and Primary Contact:

1. Primacy Contact Full Name
2. Title
3. Email Address
4. Phone Number

Contact Authorized to Execute Grant Agreement (If Different from Primary Contact Above)

5. Authorized Signatory Name
6. Title
7. Organization (If a fiscal sponsor):
8. Email Address
9. Phone Number

III. ORGANIZATIONAL BACKGROUND & EXPERIENCE

1. What is the organization's mission statement:
2. What year was the organization founded?
3. Does the organization have any sites under its ownership: Yes No
 - 3a. What is the address of the site:
 - 3b. Please list any additional sites the CLT owns.
4. Does the organization plan on acquiring new sites? Yes No

4a. If so, what sites are being considered?

4b. What is the timeline for acquiring these sites?

5. Please describe the organization's background and experience managing and operating a community land trust in New York City. If applying as a TA provider, describe how you have supported CLTs. Describe past projects.

6. Has the organization previously received or is it currently administering a grant from HCR?

Yes

No

6a. If yes, what programs? (list the program name and amount)

7. Does the organization currently have paid staff, or does it operate on volunteers?

Yes, we employ paid staff

No, we operate on volunteers, but we plan to hire staff with CLT Support program money.

**It is a requirement to hire and retain paid staff members with the CLT Support program grant.*

8. Please list the senior leadership staff of the organization, their title and role. Please list the names of the Board members. If planning to hire new staff, please include a description of the job role and duties.

IV. PROGRAM NARRATIVE

1. Describe the project need. What are the short-term and long-term program goals of the organization. If applying as a Technical Service Provider, what is the proposed work plan, what CLT's will the organization work with and what are the anticipated outcomes the service provider aims to achieve?
2. How will the CLT Support Program award help sustain the organization and what strategies will it employ to help it achieve its goals?
3. What are the organization's community engagement strategies in relation to its goals for sustaining the work of the CLT? What partnerships will be leveraged?

V. PROGRAM BUDGET

Please complete the budget table attached.

Community Land Trust Support Program Budget		
Organization Name:		
Total Organizational Budget Total:		
What percentage of the total organizational budget?		
REVENUE	Organizational Budget	
Government Sources		
Private Sources (<i>Foundation, Corporate</i>)		
Program Revenue (<i>fees, events</i>)		
TOTAL REVENUE		
	EXPENSE	CLT Funding Use <i>(Must add up to max award cap)</i>
Personnel		
Salaries		
Fringe		
Total Personnel		
OTPS		
Rent		
Training/ Development		
Utilities/Telephone		
Supplies/ Materials		
Insurance		
Professional Services and Fees		
<i>Other (please in lines below)</i>		
Total OTPS		
TOTAL EXPENSES		

1. **Budget Narrative:** Describe what the CLT Funding will be used for and why. List any staff salaries that it will support and any other activities. If applying as a TA provider, why are the costs most effective in relation to what costs are in the private market.

VI. ADDITIONAL ATTACHMENTS

Please attach additional documents to the application form.

1. Certificate of Incorporation