**2025-2026 OUTREACH MINI-GRANT APPLICATION**

### DEADLINE: March 21, 2025

The FLLS mini-grant program helps our member libraries provide library and information resources to underserved groups and individuals with disabilities in the FLLS service area. Approximately **$15,000 (total) is available.** You may apply for a minimum award of $250, Max: $2,500. Recipients will be announced May 7, 2025.

**OUTREACH MINI-GRANT AMOUNTS ARE CONDITIONAL**

**UPON FUNDING FROM NYS.**

Completed applications and accompanying documents can be submitted by email, delivery, or mail: Attn: Jenny Shonk, FLLS, 1300 Dryden Rd., Ithaca NY 14850 or [jshonk@flls.org](mailto:jshonk@flls.org).

**All questions must be completed for consideration.**

**No handwritten applications will be accepted.**

Need help developing your grant idea? Email [jshonk@flls.org](mailto:jshonk@flls.org) or call (607) 319-5613.

|  |  |
| --- | --- |
| **MEMBER LIBRARY:** |  |
| **TOWN/CITY/VILLAGE:** |  |
| **CONTACT PERSON:** |  |
| **PHONE/EMAIL:** |  |
| **FUNDING REQUEST:** | $ |
| **PROJECT NAME:** |  |
| *Please enter your initials to confirm you have read & understood the FAQ & Tips document:* | |

**This Project is:**

\_\_\_ A new project

\_\_\_ A continuation of an existing project

\_\_\_ A project previously funded through the Outreach Mini Grant

**1. TARGET POPULATION(s):**

1. To qualify for this grant, your project must serve a targeted outreach population as defined by NY State Education Law 273 (1)(h). Please check one or more groups that you intend to serve with this project. In no particular order:

**\_\_\_*People who are Blind or who have a Physical Disability***

***\_\_\_Seniors***

***\_\_\_People who have a Developmental or Learning Disability***

***\_\_\_People living in Institutionalized Settings***

***\_\_\_Members of Ethnic or Minority Groups in need of special services***

***\_\_\_People who are Educationally Disadvantaged***

***\_\_\_People who are Unemployed or Underemployed***

***\_\_\_People who are Geographically Isolated***

***\_\_\_At Risk Youth from Birth to Age 21***

**b)** In your own words, please describe your library and target population *(Examples include: Number of Staff/Volunteers, Hours Open, Number of current Library Card Holders in your Target Population, etc.)*:

**2. PROJECT DESCRIPTION:** *Please provide enough information so that the Outreach Advisory Council can fully understand the project. Remember, they may not know who you are!*

1. What is the overall goal of the project? Explain how it will benefit, change, or impact the individuals served.
2. How did you identify a need for this project? *(Providing proof of community support through letters, petitions, etc. will strengthen your application)*
3. Describe the project with as much detail as possible. What do you intend to do with the funds?
4. How many people will benefit from this project? *(Be as specific as possible! Do not use generalizations such as “a lot” or “many”. Quantify your need!)*
5. What is the project timeline? *(It must fall between June 1, 2025 and May 31, 2026. Be as specific as possible. Examples: What time of year will you be holding classes? When will you be visiting other locations? Paint a clear picture of how you intend to complete this project. Do not restate the above date range.)*
6. If your project involves a community partner, briefly describe the role each partner will play or what service each will provide. It is strongly encouraged that you have a partner. Letters of support are required from your partnering agency.
7. Please compose a 3-5 sentence paragraph that succinctly describes your project. The paragraph will be used for publicity purposes if you are a grant recipient.

**3. EVALUATION: How will you measure the success of this project?**

1. What statistics/numbers will you gather to show the impact of your project? *(Typical answers here might include: the number of program participants, the number of item circulations, the number of press releases.)*
2. Will participants fill out evaluations or report outcomes to you in other ways? Please describe. *(A sample evaluation will help to strengthen your application.)*
3. Please indicate any other ways that you plan to measure or share the results of this project. *(Facebook, Website, names of local papers, flyers, etc.)*

**4a. BUDGET: Describe the project costs, including your in-kind contribution.**

The project budget column is the amount you are requesting. Please include a clear breakdown of each amount in the description. Make sure to include a specific monetary amount for each budget item, including any in-kind contributions. Asking for funds to cover staff salaries is not allowed. *Please use whole dollar amounts in budget, i.e., use $651, not $651.39.**In-Kind Contributions* would include any funds, labor, supplies, etc. that you are putting towards the project. The *Funding Request* would include any funds you are requesting to be covered by the Outreach Mini-Grant.

**Example:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***CATEGORY*** | ***FUNDING REQUEST*** | ***IN-KIND CONTRIBUTIONS*** | ***DESCRIPTION*** |
| *Personnel (includes presenters or* *speakers)* | *$1,000* | *$300* | *$15/hr. x 20 hours of staff time facilitating the project = $300*  *4 performers @ $250 each = $1,000* |

**Your Budget:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***CATEGORY*** | ***FUNDING REQUEST*** | ***IN-KIND CONTRIBUTIONS*** | *DESCRIPTION* |
| *Personnel (could include presenters or speakers)* | $ | $ |  |
| *Equipment/ Technology* | $ | $ |  |
| *Travel* | $ | $ |  |
| *Materials/**Supplies* | $ | $ |  |
| *Marketing* | $ | $ |  |
| **Total** | $ | $ |  |

**4b. BUDGET: Partial Funding:** *This question is mandatory.*Pleaseunderstand that grant funds are limited and the grant cycle is competitive. If we are unable to fund the requested amount, will you accept partial funding? Yes or No? If yes, in as much detail as possible, provide exactly how much you would accept to still be effective and describe what you would omit.

*Thank you! Please send your completed application to:*Attn: Jenny Shonk, FLLS, 1300 Dryden Road, Ithaca NY 14850 or [jshonk@flls.org](mailto:jshonk@flls.org).