



TOWN OF ULYSSES

10 Elm Street, Trumansburg, NY 14886
townofulyssesny.gov

Town Supervisor (607) 387-5767, Ext 232 • supervisor@townofulyssesny.gov
Town Clerk (607) 387-5767, Ext 221 • clerk@townofulyssesny.gov

CONTRACT REQUEST TO OFFER COMMUNITY SERVICES

The Town of Ulysses has limited funding for community organizations who offer services that contribute to the health, safety and welfare of town citizens. Groups that have been funded in the past have provided senior services, arts programs, recreation and more. Historically, organizations typically request between \$500 and \$5,000.

Application Deadlines

The submission deadline is July 27th, 2024 by 8am.

Electronic submission: via email to mwright@townofulyssesny.gov

Hard copy submission must be received via mail before the deadline, or, hand delivered to the Town Hall. Hard copy applications can be dropped off at the Clerk's office or in the drop box located outside the front of the Town Hall.

Other information:

- Results of funding will be available in late fall following the adoption of the Town budget.
- A committee of the Town Board will review requests as it prepares the 2025 budget.
- You may be asked to meet with Town Board members to give a brief presentation. If you would like to request to give a presentation, please indicate that in your request within the space provided below.
- Please note that funding is not guaranteed.
- Checks to funded organizations will be mailed in June of 2025. If you require payment before that time, please indicate that on your application.

Instructions:

- 1) Complete the following and return by deadline listed above. Feel free to include additional pages if more space is needed to answer questions.
- 2) In addition to this form, you must include the organization's most recent budget with this application. An annual report is acceptable if you do not have a budget.
- 3) Organizations are welcome to include additional information not requested in this form as attachment(s) to this request.



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Organization Name: _____ Tax Status (501(c)3, etc.): _____

Organization Mailing Address: _____

Contact Name: _____ Contact Organization Title/Role: _____

Contact e-mail: _____ Contact phone number: _____

If you received funding from the Town in 2024, please describe how it was used:

Describe the services your organization provides to town residents:

Does your organization foresee any changes in 2025 to the services described above? If so, describe:

If the funds requested will go to a specific programming area, please describe:

How do these services relate to the town's goals of health, safety and welfare of the town and its residents?

Is there a target audience for your services? If so, please describe:

Are participants of your programs and services required to pay a fee? If so, please describe:

How many people does your group expect to serve in 2025? _____

Level of funding requested of the Town: \$ _____ Funding Request as % of Budget: _____ %

Is your organization interested in presenting at the August 13th, 2024 Town Board meeting? Yes No

If available, please provide your organizations annual report, Form 990, or other financial reporting.

By signing below, the organization agrees, if funds are available, to provide the services described above and to indemnify and hold harmless the Town of Ulysses and its officers, employees, and other representatives from any and all damages, claims, judgements, and expenses of any nature whatsoever.

Signature of Authorized Organization Representative

Date