



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

APPLICATION FOR COMMUNITY FUNDING

The Town of Ulysses has limited funding for community organizations offering services contributing to the health, safety, and welfare of Town of Ulysses citizens. Groups funded in the past have provided senior services, arts programs, recreation, and more. Organizations have typically requested between \$500 and \$5,000.

Application Deadlines

The submission deadline is August 9th, 2026.

Electronic submission: via email to tnaylor@townofulyssesny.gov before EOD 8/9/26

Hard copy submission must be received via mail before the deadline, or hand-delivered to the Town Hall and dropped off at the Clerk's office or in the drop box located outside the front of the Town Hall. Mail/drop box will be checked at 8am on 8/10/26; anything received after that point will not be considered.

Other information:

- You may be asked to give a brief presentation or submit supplemental materials to Town Board members, if they feel additional information is needed.
- A committee of the Town Board will review requests as part of the 2027 budget preparation; *please note that funding is not guaranteed.*
- Funding notifications will be emailed after passage of the Town's final budget in November.
- We anticipate that checks to funded organizations will be mailed in March 2027. If you require payment before then, please indicate that on your application.

Instructions:

- 1) Complete the following and return by the deadline listed above. Feel free to include additional pages if more space is needed.
- 2) **Include the organization's most recent budget or financial plan** with this form – applications will be considered incomplete without it. An annual report is acceptable if the group doesn't have a budget.
- 3) Organizations are welcome to include information not requested in this form as additional attachment(s).

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

Organization Mailing Address: _____

Contact Name: _____ Contact Title/Role with Organization: _____

Contact Email: _____ Contact Phone Number: _____



1. If you received funding from the Town in 2026, please describe how it was used:

2. Describe the services your organization currently provides/has provided to Town residents:

3. Does your organization foresee any changes in 2027 to the services described above? If so, describe:

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

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

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

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

8. How many people does your group expect to serve with the requested funds in 2027?

Amount of funding requested from the Town: \$ _____ Percent of annual budget: _____ %

*If funds are not granted to your organization, or in addition to funds if granted, would you be interested in coordinating programming with the Town, possibly in partnership with our adult or youth rec programs or other Town programs/services? If so, please email tnaylor@townofulyssesny.gov separately from your application and describe your ideas and areas of interest for potential collaboration with the Town. **This response will not impact your funding award outcome, and will be kept separate until budget decisions have been made to fund community organizations.***

Please include your organization's Form 990, budget, annual report, or other financial documentation with your submission.

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