



**THE BROOKLYN
CHILDREN'S
SOCIETY
OF SUNY DOWNSTATE**



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

**Gift Program
And Application**

Brooklyn Children's Society of SUNY Downstate Gift Program & Application

BACKGROUND

The Brooklyn Children's Society of SUNY Downstate's aim is to enhance the lives of children in Brooklyn through support of projects and programs. Each year, gifts are awarded to activities addressing health concerns among children in the communities of Brooklyn. Funds donated to the Brooklyn Children's Society are placed in the Health Science Center at Brooklyn Foundation (HSCB Foundation) which is a 501(c)(3) nonprofit charity.

PURPOSE

Awards granted by the Society are intended to support programs, groups and projects whose goals are the prevention and treatment of disorders and other causes of morbidity among children in the communities of Brooklyn, New York.

ELIGIBILITY

The applicant must remain involved with the program or project throughout the duration of funding. The applicant must have the qualifications and authority related to the program or project in order to authorize use of funds as described in the application. The applicant must assume responsibility for the use of the funds only as approved in the budget accompanying the application and no other purposes. A gift recipient can apply and qualify for a second year and receive a gift award.

SELECTION CRITERIA

- ❖ The quality and feasibility of the proposal
- ❖ Background of the applicant, program and project
- ❖ Relevance of the proposal to the Society's mission and vision
- ❖ Impact and importance of the program or project on target populations

A hold harmless statement must be provided, holding the Brooklyn Children's Society and the Health Science Center at Brooklyn Foundation, Inc. free from any liability for any events or outcomes related to the project or activity for which the gift is used.

PROPOSAL

A proposal can address any aspect of the entire spectrum of health related conditions affecting children in the communities of Brooklyn, New York. **An introductory letter describing the applicant's or organization's background and objectives should accompany *the completed application form*.** This introductory letter should be no longer than two pages, single spaced. This introductory letter should include any additional information on the project background and

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objectives (including any descriptions and relevant data illustrating need), target groups, project design and descriptions, significance and impact of the project, needed permits and approvals, expected outcomes and outcome measures, as well as budget. A detailed budget itemizing how the gift will be used must be submitted.

SELECTION COMMITTEE

The Selection Committee will consist of the Executive Committee of the Brooklyn Children's Society of SUNY Downstate or any subcommittee so designated by the Executive Committee.

The selection committee will consider the applicant, the project/program, the proposal with budget, and impact/outcome in the evaluation of the application. The Committee's decisions are not subject to appeal.

OUTCOME MEASURES

1. A plan and description for measuring outcomes is required.
2. A description of any related future projects or next steps should be provided.

BUDGET

Gifts of \$5,000 to \$10,000 may be requested. A budget describing how the entirety of funds will be used must accompany the proposal.

The gift funds may be used for one of the following:

1. Collection of data (chart review cost, computer time, patient incentive, etc.)
2. Materials or supplies
3. Limited stipends, honoraria, or consultation expenses

The funds can NOT be used for the following:

1. Salary or fringe benefits expenses
2. Program/project personnel travel expenses
3. Payment of health care provider, clinic or hospital charges

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RENEWAL

A second year of support is not guaranteed and will be considered on a competitive basis with other applications.

TIMELINE 2023

1. Gift application submission deadline: January 31, 2023
2. Gift award date: April 12, 2023
3. Executive Summary: January 31, 2024

Awardees may be announced and recognized at events sponsored by the Brooklyn Children's Society.

For more information:

Office of Development & Philanthropy
(718) 270-6375

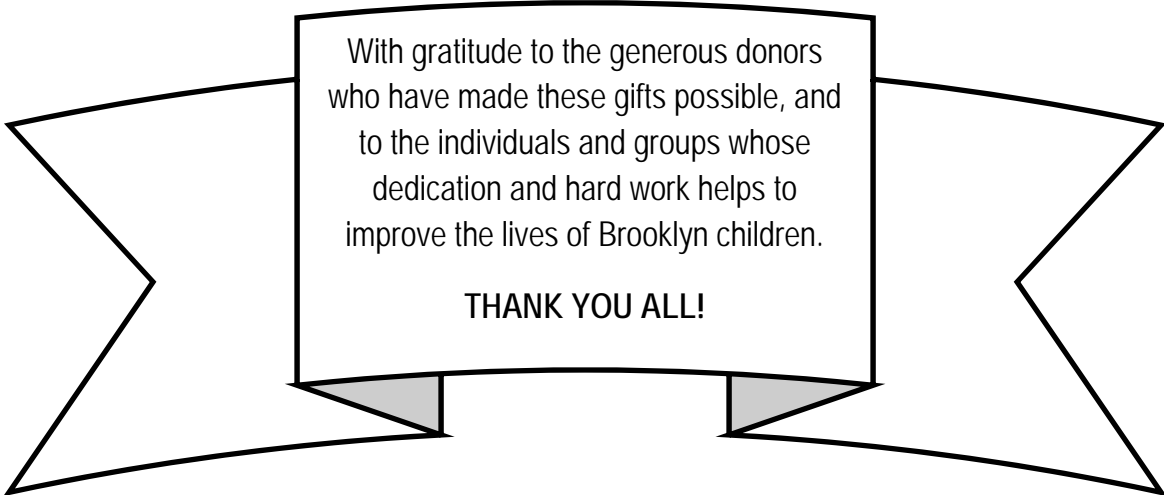
Mail completed application to:

Ingrid Dildy
Office of Development & Philanthropy
SUNY Downstate Health Sciences University
450 Clarkson Avenue, MSC 93
Brooklyn, New York 11203

Or email completed application to:

Ingrid.Dildy@downstate.edu

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With gratitude to the generous donors
who have made these gifts possible, and
to the individuals and groups whose
dedication and hard work helps to
improve the lives of Brooklyn children.

THANK YOU ALL!

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Date of application: _____ Date project begins: _____

Name of program or organization: (Check to certify this is a non-profit program or organization)

Address of program or organization:

Organization phone: _____ Organization's fax: _____

Organization email: _____



Name of individual responsible for application: _____

Organizational title of individual responsible for application: _____

Individual contact's address:

Contact's phone: _____ Contact's fax: _____

Contact's email: _____

Summary of applicant's qualifications and authority related to program or project:



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Identify other individuals involved in management or oversight for the project providing the following information:

Name	Title	Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Program or organization background:

Project background and objectives *(use additional sheets if necessary)*:

Target group(s), communities or population *(use additional sheets if necessary)*:



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Project design/description (*use additional sheets if necessary*):

Significance and impact of project (*use additional sheets if necessary*):

Plan and measures used for assessing outcomes (*use additional sheets if necessary*):



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Identify any required or necessary permits or approvals, as applicable, with dates effective (when effective, when expiring) *(use additional sheets if necessary)*:

Proposed budget *(use additional sheets if necessary)*:

Item	Description	Funds Allocated
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$

Please provide any additional information for the Selection Committee to consider:



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I, _____ attest to the validity, accuracy and honesty of the information provided in this application for funding from the Brooklyn Children’s Society of SUNY Downstate (BCS).

I agree to provide any documentation as requested by BCS regarding the project proposed, use of awarded funds, project outcomes and any related matters.

I attest that the project and use of funds complies with all local, city, state and federal laws and regulations as well as bylaws of the HSCB Foundation and of BCS.

I agree to refund to the BCS any unused or remaining awarded funds upon completion or termination of the project.

I agree to cooperate with and participate in activities or events conducted by BCS promoting the project or mission of the BCS.

I agree, on behalf of my organization, to hold the Brooklyn Children’s Society and the Health Science Center at Brooklyn Foundation, Inc. free from any liability for any events or outcomes related to the project or activity for which Gift Program Funding is used.

Applicant

Signature: _____ Date Signed: _____

Print Name: _____ Title: _____

Brooklyn Children’s Society of SUNY Downstate Executive Committee Member/Designee

Signature: _____ Date Signed: _____

Print Name: _____ Title: _____

For more information:
Office of Development & Philanthropy
(718) 270-6375
Mail completed application to:
Ingrid Dildy
Office of Development & Philanthropy
SUNY Downstate Health Sciences University
450 Clarkson Avenue, MSC 93
Brooklyn, New York 11203
Or email completed application to:
Ingrid.Dildy@downstate.edu