



Thursday, Feb. 11, 2010

## Preview Form

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

## Contact Information

Below is the contact information we currently have on file. To add a new name, click on 'Create New.' To edit an existing name (e.g. phone number or E-mail), click on the name.

**Please do not list the same person more than once.**

Please click the "Match" box next to each name associated with this grant (one nonprofit and one New York Life person).

### \* First Name

(Text; 40 character maximum)

#### Instructions:

- Please enter your first name.

### \* Last Name

(Text; 40 character maximum)

#### Instructions:

- Please enter your last name.

### \* E-mail Address

(Text; 100 character maximum)

#### Instructions:

- Please enter your e-mail address.

### \* Telephone

(Text; 30 character maximum)

#### Instructions:

- Please enter your telephone number including the area code.

### \* Address

(Text; 100 character maximum)

#### Instructions:

- Please enter your address.

### \* City

(Text; 50 character maximum)

#### Instructions:

- Please enter your city.

### \* State

(Single-Select List)

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California

- . Colorado
- . Connecticut
- . Delaware
- . District of Columbia
- . Federated States of Micronesia
- . Florida
- . Georgia
- . Guam
- . Hawaii
- . Idaho
- . Illinois
- . Indiana
- . Iowa
- . Kansas
- . Kentucky
- . Louisiana
- . Maine
- . Marshall Islands
- . Maryland
- . Massachusetts
- . Michigan
- . Minnesota
- . Mississippi
- . Missouri
- . Montana
- . Nebraska
- . Nevada
- . New Hampshire
- . New Jersey
- . New Mexico
- . New York
- . North Carolina
- . North Dakota
- . Northern Mariana Islands
- . Ohio
- . Oklahoma
- . Oregon
- . Palau
- . Pennsylvania
- . Puerto Rico
- . Rhode Island
- . South Carolina
- . South Dakota
- . Tennessee
- . Texas
- . Utah

**Instructions:**

- . Please select your state from the provided list.

- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**\* ZIP**

(Text; 20 character maximum)

**Instructions:**

- Please enter your ZIP code.

**\* Contact Type**

(Single-Select List)

- Board Member/Trustee
- Confirmer Contact
- Consultant
- Executive Director
- General
- Grantwriter
- New York Life Contact
- Organization Employee
- Payee
- Primary Contact
- Volunteer Gifts Contact

**Instructions:**

- Please select a contact type which best describes your affiliation with this organization.

## Organization Information

**\* Legal Name**

(Text; 100 character maximum)

**Instructions:**

- Please enter the organization's legal name as it appears on your IRS Letter of Determination.

**AKA Name**

(Text; 100 character maximum)

**Instructions:**

- If the organization is known by another name, you may enter it here.

**\* Address**

(Text; 100 character maximum)

**Instructions:**

- Please enter the organization's address.

**\* City**

(Text; 50 character maximum)

**Instructions:**

- Please enter the organization's city.

**\*State**

(Single-Select List)

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina

**Instructions:**

- Please select the organization's state from the given list.

- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**\* ZIP**

(Text; 20 character maximum)

**Instructions:**

- Please enter the organization's ZIP code.

**\* Telephone**

(Text; 30 character maximum)

**Instructions:**

- Please enter the organization's telephone number including area code.

**Web Site Address**

(Text; 100 character maximum)

**Instructions:**

- Enter the organization's Web site address, if available.

**\* Mission Statement**

(Long Paragraph)

**Instructions:**

- Please describe your organization's goals and/or additional background information.

**Most Recent Audited Financial Report**

(File Upload; 3,145,728 byte limit)

**Instructions:**

- 

**Board of Directors**

(File Upload; 3,145,728 byte limit)

**Instructions:**

- Please upload a list of the Board of Directors of your organization.

**\* Governed By Board of Directors**

(Yes/No)

**Instructions:**

- Is this organization governed by a Board of Directors?

**Latest Annual Report**

(File Upload; 3,145,728 byte limit)

**Instructions:**

• If your organization received a grant from New York Life or the New York Life Foundation during the previous calendar year, please click on the 'Save and Proceed' button below and continue with your application. If your organization did not receive a grant from the Foundation during the previous calendar year or if your organization has never received funding from New York Life or the Foundation, you are required to submit your organization's latest annual report and most recent audited financial statements. If you can supply these electronically, select the 'Upload File' link(s) to the left and attach the documents to this application. If you do not have these reports available electronically, please mail them to: New York Life Corporate Responsibility Attn: Community Impact Grants Program 51 Madison Avenue, Room 117M New York, NY 10010 Please include the name of the New York Life contact.

**New York Life Section****\*Select your office location from the list below.**

(Multi-Select List)

- AARP/TAMPA, FL
- ADVANCED MARKETS NETWORK/KANSAS CITY, KS
- ALASKA GO/S47/ANCHORAGE, AK
- ALBANY GO/V48/LATHAM, NY
- ANDOVER SO/V565/ANDOVER, MA
- ANNAPOLIS SO/A371/ANNAPOLIS, MD
- APPLETON SO/A561/APPLETON, WI
- ARIZONA GO/D41/SCOTTSDALE, AZ
- ARKANSAS GO/D13/LITTLE ROCK, AR
- ATLANTA DATA CENTER - GA/ALPHARETTA, GA
- ATLANTA SERVICE CENTER/ATLANTA, GA
- AUSTIN GO/D01/AUSTIN, TX
- BAKERSFIELD SO/S871/BAKERSFIELD, CA
- BALTIMORE GO/A37/TOWSON, MD
- BATON ROUGE GO/D18/BATON ROUGE, LA
- BAY BRIDGE SO/S042/EMERYVILLE, CA
- BAY RIDGE SO/V791/BROOKLYN, NY
- BIRMINGHAM GO/A02/BIRMINGHAM, AL
- BOARDMAN SO/A644/YOUNGSTOWN, OH
- BOSTON GO/V56/WALTHAM, MA
- BRENTWOOD SO/S152/BRENTWOOD, CA
- BROOKLYN GO/V61/BROOKLYN, NY

- . BUFFALO-ERIE GO/V12/WILLIAMSVILLE, NY
- . CEDAR RAPIDS GO/D57/CEDAR RAPIDS, IA
- . CENTRAL CALIFORNIA GO/S87/FRESNO, CA
- . CENTRAL CAROLINA SO/A161/COLUMBIA, SC
- . CENTRAL COAST GO/S84/OXNARD, CA
- . CENTRAL GEORGIA GO/A04/MACON, GA
- . CERRITOS VALLEY SO/S781/LA PALMA, CA
- . CHARLESTON GO/A16/CHARLESTON, SC
- . CHARLOTTE GO/A07/CHARLOTTE, NC
- . CHICAGO NORTH SHORE GO/A57/DEERFIELD, IL
- . CHINATOWN SO/V682/NEW YORK, NY
- . CINCINNATI GO/A68/CINCINNATI, OH
- . CLEVELAND SERVICE CENTER/CLEVELAND, OH
- . COLORADO GO/D44/ARVADA, CO
- . COLUMBIA SO/A481/COLUMBIA, MD
- . COLUMBUS GO/A88/DUBLIN, OH
- . CONNECTICUT VALLEY GO/V63/WINDSOR, CT
- . CONSTITUTION GO/V44/BALA CYNWYD, PA
- . COVINA VALLEY GO/S81/POMONA, CA
- . DALLAS GO/D27/DALLAS, TX
- . DALLAS SERVICE CENTER/DALLAS, TX
- . DAVENPORT SO/D571/DAVENPORT, IA
- . DAYTON SO/A881/CENTERVILLE, OH
- . DELAWARE SO/V441/NEWARK, DE
- . DENVER GO/D43/DENVER, CO
- . DES MOINES GO/D59/WEST DES MOINES, IA
- . DOWNTOWN CHICAGO SO/A574/CHICAGO, IL
- . EAST BAY GO/S04/PLEASANTON, CA
- . EASTERN WASHINGTON GO/S54/KENNEWICK, WA
- . EL PASO GO/D15/EL PASO, TX
- . ERIE SO/V121/ERIE, PA
- . EUGENE SO/S571/EUGENE, GO
- . FAIR OAKS SO/A411/FAIRFAX, VA
- . FAIRFIELD SO/S142/FAIRFIELD, CA
- . FINGER LAKES GO/V14/FAIRPORT, NY
- . FLUSHING SO/V652/FLUSHING, NY
- . FORT COLLINS SO/D441/FORT COLLINS, CO
- . FORT LEE SO/V642/FORT LEE, NJ
- . FORT WAYNE SO/A891/FORT WAYNE, IN
- . FORT WORTH GO/D07/FORT WORTH, TX
- . FREMONT SO/S273/FREMONT, CA

- FRONTIER SO/S961/RAPID CITY, SD
- FULLERTON GO/S78/BREA, CA
- GREAT PLAINS GO/S92/SIOUX FALLS, SD
- GREATER ATLANTA GO/A36/ATLANTA, GA
- GREATER CHICAGO GO/A59/DOWNERS GROVE, IL
- GREATER DETROIT GO/A66/SOUTHFIELD, MI
- GREATER KANSAS CITY GO/D51/OVERLAND PARK, KS
- GREATER NEW YORK GO/V73/MANHATTAN, NY
- GREATER OREGON GO/S57/SALEM, OR
- GREATER PHILADELPHIA GO/V42/HORSHAM, PA
- GREATER SAN FRANCISCO GO/S27/SAN FRANCISCO, CA
- GREATER WASHINGTON GO/A48/BETHESDA, MD
- GREENVILLE GO/A29/GREENVILLE, SC
- HARRISBURG GO/V39/HARRISBURG, PA
- HATTIESBURG SO/A491/HATTIESBURG, MS
- HOME OFFICE CNJ/CLINTON, NJ
- HOME OFFICE NYC
- HOME OFFICE WNY
- HONOLULU GO/S89/HONOLULU, HI
- HOUSTON GO/D03/HOUSTON, TX
- HUDSON VALLEY GO/V74/NEW WINDSOR, NY
- HUNTSVILLE GO/A27/HUNTSVILLE, AL
- HYANNIS SO/V563/HYANNIS, MA
- IDAHO GO/S97/BOISE, ID
- ILLINOIS GO/A57/DEERFIELD, IL
- INDIANA GO/A89/CARMEL, IN
- INLAND EMPIRE GO/S76/SAN BERNARDINO, CA
- JACKSONVILLE GO/A17/JACKSONVILLE, FL
- JERICHO SO/V653/JERICHO, NY
- JERSEY SO/V641/EDISON, NJ
- JOHNSTOWN SO/V191/JOHNSTOWN, PA
- KALAMAZOO SO/A652/KALAMAZOO, MI
- KANSAS GO/D54/WICHITA, KS
- KENTUCKY GO/A52/LOUISVILLE, KY
- KNOXVILLE GO/A03/KNOXVILLE, TN
- LAKE CHARLES SO/D241/LAKE CHARLES, LA
- LAS VEGAS GO/D47/LAS VEGAS, NV
- LEXINGTON SO/A521/LEXINGTON, KY
- LONG BEACH SO/S741/LONG BEACH, CA

- LONG ISLAND GO/V65/MELVILLE, NY
- LONG TERM CARE/AUSTIN, TX
- LOS ANGELES GO/S69/LOS ANGELES, CA
- LOUISIANA GO/D24/LAFAYETTE, LA
- MAINE GO/V58/SOUTH PORTLAND, ME
- MANHATTAN GO/V69/MANHATTAN, NY
- MEMPHIS GO/A51/MEMPHIS, TN
- MERIDAN SO/A492/MERIDIAN, MS
- MIAMI SO/A281/DORAL, FL
- MICHIGAN GO/A65/OKEMOS, MI
- MID-CITIES SO/D071/BEDFORD, TX
- MIDLAND SO/D081/MIDLAND, TX
- MILPITAS SO/S043/MILPITAS, CA
- MILWAUKEE GO/A56/MILWAUKEE, WI
- MINNEAPOLIS SERVICE CENTER/  
MINNEAPOLIS, MN
- MINNESOTA GO/D55/EDINA, MN
- MISSISSIPPI GO/A49/JACKSON, MS
- MOBILE GO/A19/MOBILE, AL
- MODESTO SO/S151/MODESTO, CA
- MONROE SO/D242/MONROE, LA
- MONTANA GO/S95/BILLINGS, MT
- MONTEREY PARK SO/S811/MONTEREY, CA
- MONTGOMERY GO/A05/MONTGOMERY, AL
- MYRTLE BEACH SO/A162/MYRTLE BEACH,  
SC
- NASHVILLE GO/A11/FRANKLIN, TN
- NAUTILUS/ADDISON, TX
- NEBRASKA GO/S94/OMAHA, NE
- NEW HAMPSHIRE GO/V59/MANCHESTER,  
NH
- NEW JERSEY GO/V64/SADDLEBROOK, NJ
- NEW MEXICO GO/D34/ALBUQUERQUE, NM
- NEW ORLEANS GO/D21/NEW ORLEANS, LA
- NORFOLK GO/A39/NORFOLK, VA
- NORTH DAKOTA GO/D61/FARGO, ND
- NORTH SHORE GO/V66/LONG ISLAND, NY
- NORTHEASTERN AGENCIES ZONE/SLEEPY  
HOLLOW, NY
- NORTHEASTERN PENN. GO/V46/SCRANTON,  
PA
- NORTHERN CALIFORNIA GO/S14/  
ROSEVILLE, CA
- NORTHERN OHIO GO/A64/SEVEN HILLS, OH
- NORTHERN VIRGINIA GO/A41/VIENNA, VA
- NYL INVESTMENT RET. PLAN SVCS - MA/  
V56/WESTWOOD, MA
- NYL INVESTMENT-MADISON CAPITAL

**Instructions:**

•

FUNDING/CHICAGO, IL

- NYL INVESTMENT/PARSIPPANY, PNJ
- NYLINK/STAMFORD, CT
- OFFICE OF GOVERN. AFFAIRS/  
WASHINGTON, DC
- OGDEN SO/D463/OGDEN, UT
- OKLAHOMA CITY GO/D16/OKLAHOMA CITY,  
OK
- ORANGE COAST GO/S74/IRVINE, CA
- ORLANDO GO/A21/ORLANDO, FL
- PACIFIC ZONE OFFICE/WALNUT CREEK, CA
- PALM SPRINGS SO/S761/PALM DESERT, CA
- PASADENA SO/S692/PASADENA, CA
- PENSACOLA SO/A191/PENSACOLA, FL
- PITTSBURGH-JOHNSTOWN GO/V19/  
PITTSBURGH, PA
- PORTLAND GO/S49/PORTLAND, OR
- PROVO SO/D462/PROVO, UT
- QUEENS GO/V68/QUEENS, NY
- RALEIGH GO/A12/RALEIGH, NC
- REAL ESTATE DALLAS R E OFFIC/D27/  
DALLAS, TX
- RENO CID/RENO, NV
- RENO GO/S98/RENO, NV
- RHODE ISLAND SO/V562/PROVIDENCE, RI
- RICHMOND GO/A42/GLEN ALLEN, VA
- RIVER VIEW GO/V79/BROOKLYN, NY
- ROANOKE GO/A43/ROANOKE, VA
- SAINT LOUIS GO/D53/ST. LOUIS, MO
- SAN ANTONIO GO/D04/SAN ANTONIO, TX
- SAN DIEGO GO/S67/SAN DIEGO, CA
- SAN FERNANDO VALLEY GO/S68/  
WOODLAND HILLS, CA
- SAN MATEO SO/S271/SAN MATEO, CA
- SANTA CLARA SO/S272/SAN JOSE, CA
- SANTA ROSA SO/S141/SANTA ROSA, CA
- SAVANNAH GO/A22/SAVANNAH, GA
- SCHAUMBURG SO/A571/SCHAUMBURG, IL
- SEATTLE GO/S51/BELLEVUE, WA
- SHREVEPORT GO/D22/SHREVEPORT, LA
- SILICON VALLEY GO/S06/SAN JOSE, CA
- SOUTH CENTRAL ZONE OFFICE/  
ALPHARETTA, GA
- SOUTH FLORIDA GO/A28/FT. LAUDERDALE,  
FL
- SOUTH JERSEY GO/V51/CHERRY HILL, NJ
- SOUTH TEXAS GO/D02/CORPUS CHRISTI,  
TX

- SOUTHERN CONNECTICUT GO/V55/STRATFORD, CT
- SOUTHERN MISSOURI DO/D512/SPRINGFIELD, MO
- SPOKANE SO/S542/SPOKANE WA
- ST. JOSEPH SO/D511/ST.JOSEPH, MO
- STOCKTON GO/S15/STOCKTON, CA
- SUGAR LAND SO/D032/SUGAR LAND, TX
- SYRACUS SO/V141/DE WITT, NY
- TACOMA GO/S53/TACOMA, WA
- TAMPA GO/A23/TAMPA, FL
- TOLEDO GO/A67/MAUMEE, OH
- TOPEKA SO/D541/TOPEKA, KS
- TUCSON GO/D42/TUCSON, AZ
- TULSA GO/D17/TULSA, OK
- TUPELO SO/A493/TUPELO, MS
- TYLER SO/D271/TYLER, TX
- UTAH GO/D46/SANDY, UT
- VALLEY FORGE GO/V85/BERWYN, PA
- VERMONT GO/V62/COLCHESTER, VT
- WEST CENTRAL ZONE OFFICE/ADDISON, TX
- WEST COAST SERVICE CENTER /SAN RAMON, CA
- WEST TEXAS GO/D08/LUBBOCK, TX
- WEST VIRGINIA GO/V88/CHARLESTON, WV
- WESTCHESTER GO/V71/RYE, NY
- WESTERN ILLINOIS GO/A79/SCHAUMBURG, IL
- WESTERN MICHIGAN SO/A651/GRAND RAPIDS, MI
- WISCONSIN GO/A55/MADISON, WI
- WORCESTER SO/V564/WORCESTER, MA
- WYOMING GO/S96/CASPER, WY
- YAKIMA SO/S541/YAKIMA, WA

**\*Managing Partner's Sign Off and Approval**  
(Paragraph; 2000 character maximum)

**Instructions:**  
• Please state whether you informed your Managing Partner. Also, if you received sign off. If available, please copy and paste the written approval.

**\*Managing Partner's Name**  
(Text; 100 character maximum)

**Instructions:**  
• Please enter the name of your General Office managing partner

**\*Managing Partner's Telephone Number**  
(Text; 255 character maximum)

**Instructions:**  
• Please enter the telephone number of managing partner

<p><b>*Managing Partner's E-mail Address</b> (Text; 200 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter the Company E-mail address of managing partner _____@newyorklife.com or _____@ft.newyorklife.com</li> </ul>
<p><b>*Employment Type</b> (Multi-Select List)</p> <ul style="list-style-type: none"> <li>House Agent</li> <li>Detached Agent (own office)</li> <li>District/Detached Agent</li> <li>G.O. Employee/Management Team</li> </ul>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please indicate whether you are a(n): House Agent, Detached Agent (own office), District/Detached Agent or G.O. Employee/Management Team</li> </ul>
<p>If you are a detached or district agent, what is the distance between your office and the General Office? (Number; 15 digit maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please indicate the distance between you office and your general office in miles.</li> </ul>
<p><b>* If you work in the G.O., please enter the number of agents and employees in General Office. If detached, please enter the number of agents and employees in your office.</b> (Number; 15 digit maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>If you work at the G.O., please enter the number of agents and employees in General Office. If detached, please enter the number of agents and employees in your office.</li> </ul>
<p><b>*What is your history (or relationship) with the organization and program? Why did you become involved with the organization? How have you supported the organization's mission and work?</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please describe your relationship (personal and business) with this organization.</li> </ul>
<p><b>*Years of Your Involvement</b> (Number; 15 digit maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>How many years have you been involved with this organization? Please enter a numeric value only. Do not enter the term "years" or "yrs".</li> </ul>
<p><b>*Does any family member work or volunteer (serve on the board, committee, etc.) for this organization?</b> (Yes/No)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please select Yes or No.</li> </ul>
<p>If yes, describe the family member(s) history with this organization. What is your relation to this family member? (Paragraph; 1500 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please provide a detailed description about your family member(s) relationship with this organization. Include their role with organization, responsibilities, and how long they have served in this role.</li> </ul>

<p><b>* Involvement by other New York Life Agents &amp;/or Employees. Please list their names and detail their involvement with the organization.</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>How are other New York Life people involved with this organization and/or program? Please list their involvement.</li> </ul>
<p><b>* Length of New York Life Team Involvement (enter in years)</b> (Text; 15 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter the length of New York Life involvement with this organization.</li> </ul>
<p><b>* Number of New York Life agents, employees and/or retirees involved with this organization</b> (Number; 15 digit maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter the number of New York Life agents, employees and/or retirees involved with this organization.</li> </ul>
<p>Funds raised or donated to this organization (Currency; 20 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter the amount of money donated to this organization by you and other New York Life agents and employees.</li> </ul>
<p><b>* Potential opportunity for involvement with the organization</b> (Paragraph; 1000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>How will you be involved with organization? How will your General Office or other New York Life people (agents, employees or retirees) be involved with the nominated program?</li> </ul>
<p><b>* Name of Program</b> (Text; 250 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter name of the program for this funding request.</li> </ul>
<p>How will the grant positively impact your local community? (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please describe the projected outcome of this program.</li> </ul>
<p><b>* If the grant request is approved, what will be the added value and impact to the organization, community and New York Life/you?</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please state the added value to the organization, community and New York Life/you?</li> </ul>
<p><b>* First name of contact person at the organization</b> (Text; 255 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter the first name of the contact person.</li> </ul>
<p><b>* Last name of the contact person.</b> (Text; 255 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter the last name of the contact person at the organization.</li> </ul>
<p><b>* Telephone number of the contact person.</b> (Text; 255 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter the direct telephone number, including extension if applicable, of the contact person.</li> </ul>

<p><b>*E-mail address of the contact person</b> (Text; 255 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please enter the E-mail address of the contact person.</li> </ul>
<p><b>*Please confirm that neither you nor any family member will receive any personal financial benefit from the charitable organization for which you are seeking a grant, and that there has been no agreement with any party to provide you or any family member with any business benefit or promise of business in connection with this grant application.</b> (Checkbox List)</p> <ul style="list-style-type: none"> <li>• I confirm that this statement is true.</li> </ul>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>*Was this requested contribution solicited by or in the name of, or given in the name or in recognition of a Congressional Member, Federal Executive Branch Official or a staff member of either?</b> (Yes/No)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please select Yes/No.</li> </ul>
<p><b>*LD 2- 3: Is the recipient entity a Presidential inaugural committee or a Presidential library fund?</b> (Yes/No)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please seslect yes or no.</li> </ul>
<p><b>*LD 2 -4: If payment is related to an event, does the invitation, solicitation, or other materials received from the charity indicate that a Member of Congress, Federal Official, or staffer will be honored at the sponsored event, will be an "honored guest," or will receive an award?</b> (Yes/No)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please select yes or no.</li> </ul>
<p>LD 2 - 5: If you answered yes to the above question, is the level of sponsorship higher than the mere purchase of tables and/or tickets to the event: (Yes/No)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please select yes or no.</li> </ul>

## Organization's Demographics

### \* Demographics of Program Participants

(Percentage List)

- African American
- Asian
- Indian Asian
- Latino
- Multi-Racial
- Native American/Eskimo
- White
- Other

#### **Instructions:**

- Please choose a percentage for each of the following as it applies to the people served by the proposed program. The total percentage must equal 100%.

### \* Gender Demographics for the nominated project

(Percentage List)

- Female
- Male
- Unknown

#### **Instructions:**

- Please provide the male/female values for program participants as a percentage. The total percentage value must equal 100%.

### \* Age Demographics for the nominated project

(Multi-Select List)

- 0-5
- 6-12
- 13-18
- 19-25
- 26-54
- 55+

#### **Instructions:**

- Please select all age ranges of the persons served by the grant.

### \* Age of Organization

(Number; 15 digit maximum)

#### **Instructions:**

- How many years has the organization been in existence? Please enter a numeric value only. Do not enter the term "years".

## Organization's Request Section

### \* Organization's Current Operating Revenues

(Currency; 20 character maximum)

#### **Instructions:**

- What are the current operating revenues for your organization?

<p><b>*Organization's Current Operating Expenses</b> (Currency; 20 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>What are the current operating expenses for your organization?</li> </ul>
<p>Discrepancies in organization's operating budget (Text; 255 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please explain any discrepancies in organization's operating budget.</li> </ul>
<p><b>*Percentage of Government Funding for Organization</b> (Number; 15 digit maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>What percentage of the organization's budget is received through government funds? Please enter a numeric value only. Do not enter the "%" sign nor the term "percent."</li> </ul>
<p><b>*Program Title</b> (Text; 255 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please enter a program title for this request.</li> </ul>
<p><b>*Program Description</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Provide a concise description of the program for which support is sought. Include project objectives, whether the project is new or ongoing, frequency of services/activities, location, number of people being served and list of specific project activities/services.</li> </ul>
<p><b>*Please list the specific program services/activities for this request including program structure, frequency of service and whether the program is ongoing, new or an expansion of a current program?</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Detail the specific program services/activities for this request including program structure, frequency of service and whether the program is ongoing, new or an expansion of a current program?</li> </ul>
<p><b>*Number of people who will be served or impacted by this program.</b> (Text; 500 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please state the number of people who will be served or impacted by this program.</li> </ul>
<p><b>*How does or will the program meet the needs of the local community? List the specific outcomes of the program.</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Describe the community needs and the target population being addressed by this program and how the program will meet those needs. Please include demographic and socio-economic data.</li> </ul>
<p><b>*How is the program a good fit for New York Life? What is the rationale for supporting this program?</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>Please explain how your grant request fits the philanthropic and business objectives of New York Life.</li> </ul>
<p><b>*Will the local New York Life office be involved with the proposed program? If so, how?</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>How do you plan to involve the local New York Life office?</li> </ul>

<p><b>* Requested Amount</b> (Currency; 20 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please enter the amount of cash requested.</li> </ul>
<p><b>* Time Frame and Budget Explanation. Provide detailed program expenses with a timeline.</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Describe the time frame and budget for this program, including when and how the grant funds will be expended and when the program will be completed.</li> </ul>
<p><b>* Program Budget Revenues</b> (Currency; 20 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• What is the current year's total projected revenues for this program?</li> </ul>
<p><b>* Program Budget Expenses</b> (Currency; 20 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• What is the current year's total projected expenses for this program?</li> </ul>
<p><b>* Please list all funders and amounts for the nominated program.</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please list all funders and amounts for the nominated program -- both confirmed and potential.</li> </ul>
<p><b>* Please list all major funders and amounts for this organization.</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please list all major funders and amounts for this organization.</li> </ul>
<p><b>* If your funding request is approved, how will your organization recognize New York Life?</b> (Paragraph; 2000 character maximum)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please enter how your organization will recognize New York Life – include media, printed materials, online references, etc.</li> </ul>
<p>W-9 (File Upload; 3,145,728 byte limit)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Please upload your organization's current W-9 (2007 form, <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">http://www.irs.gov/pub/irs-pdf/fw9.pdf</a>). If you are unable to upload your W-9, please fax a copy to 212-576-6220 attn: CIG Program. Thank you.</li> </ul>
<p><b>* Exhibit 1: Relationship to Federal Officials: Is (or was) your nonprofit named for, or established, maintained, financed or controlled by, a Federal official (such as a member of the U.S. Congress or a Federal agency officials or a staff member of either?)</b> (Yes/No)</p>	<p><b>Instructions:</b></p> <ul style="list-style-type: none"> <li>• Is (or was) the nonprofit named for, or established, maintained, financed or controlled by, a Federal official (including their staff)</li> </ul>

**\*Exhibit 1: Use of contribution for event: Will this contribution be used for an event honoring or recognizing a Federal official, as defined above, (this includes, but is not limited to, events where such an official is a named honoree or featured speaker) or for an event held by, or in the name of, a Federal official, as defined above?**

(Yes/No)

**Instructions:**

• Will this contribution be used for an event honoring or recognizing a Federal official, as defined above, (this includes, but is not limited to, events where such an official is a named honoree or featured speaker) or for an event held by, or in the name of, a Federal official, as defined above?

**\*Discrimination Verification**

(Text; 100 character maximum)

**Instructions:**

• I verify that this organization does not unlawfully discriminate, including on the basis of age, citizenship, color, ethnicity, gender, marital status, physical or mental disability, political affiliation, race, religion, sexual preference or orientation, or veteran status. Confirmed by:

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