



New York Life Foundation

New York Life Foundation Home

Thursday, Sept. 03, 2009

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

**Instructions:**

- Please select your state from the provided list.

**\*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
- 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

**Instructions:**

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

**\*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?

**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.

## Latest Annual Report

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

**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

