



Allyn Family
FOUNDATION

**Allyn Family Foundation
2026 Opportunity Fund Application**

Please complete the questions below and email the completed PDF to Amy Nye at anye@allynfoundation.org along with requested attachments. If you have any questions or issues, please also reach out to Amy for assistance.

Opportunity Fund applications are reviewed on a rolling basis but are typically reviewed within a month's time of your submission.

Most Opportunity Fund requests range from \$5,000 to \$25,000. Requests above \$25,000 would not qualify for this pool of funds but could be considered by the Allyn Family Foundation on a quarterly basis. If your request exceeds \$25,000 please reach out to Amy Nye at anye@allynfoundation.org who will provide you with next steps for applying for funding.

Organization Contact Info & Details

Date:

Name of Organization:

Address of Organization:

Contact Person (name, title, email, phone):

Does your organization have 501(c)(3) status?

- Yes [Please attach your IRS Determination Letter]
- No [Who will be your fiscal agent? Please attach their IRS Determination Letter]

Is your organization based in Cayuga or Onondaga County?

- Yes
- No [If "No", what is your local presence?]

Organization Type (of Lead Applicant)

Which category best describes your organization (Select the category that best matches)

- | | |
|---|--|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Advocacy or Policy Organization |
| <input type="checkbox"/> Faith-Based Organization | <input type="checkbox"/> Tribal Organization |
| <input type="checkbox"/> Educational Institution (K–12, Higher Education, Adult Learning) | <input type="checkbox"/> Government or Public Agency |
| <input type="checkbox"/> Healthcare Provider / Clinic | <input type="checkbox"/> Coalition or Network |
| <input type="checkbox"/> Arts & Culture Organization | <input type="checkbox"/> Other (please specify): |

Program Area(s) (Select the primary area for funding)

- | | |
|--|---|
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Human & Social Services |
| <input type="checkbox"/> Education & Workforce Development | <input type="checkbox"/> Arts, Culture & Environment |
| <input type="checkbox"/> Community & Economic Stability | <input type="checkbox"/> Equity, Justice & Civic Engagement |

Funding Request Type (Select the primary area for funding)

- | | |
|--|--|
| <input type="checkbox"/> Program Support (direct service delivery) | <input type="checkbox"/> Capacity Building |
| <input type="checkbox"/> Pilot or New Program Development | <input type="checkbox"/> Technology & Infrastructure |
| <input type="checkbox"/> Expansion or Scaling of Existing Program | <input type="checkbox"/> Emergency or Bridge Funding |
| <input type="checkbox"/> General Operating Support | <input type="checkbox"/> Evaluation & Data Support |
| | <input type="checkbox"/> Advocacy & Systems Change |

Organization Background

Tell us about your organization -who are you and what do you do? (max 600 characters)

Proposed Project/Request

What community need/problem are you addressing? (max 600 characters)

What are you proposing to do about it? (max 600 characters)

What impact do you expect to have, and how will you know if you have it? (max 600 characters)

What is the project timeline? (max 400 characters)

How much financial assistance are you requesting from AFF? (max 150 characters)

Please also provide the following as attachments (check each box to confirm)

- A one-page line-item budget reflecting all expenses and income for the project, including other sources of funding
- Current list of Board of Directors
- A copy of your 501 (c) (3) IRS Determination Letter
- Most recent 990 (if you have one)
- A copy of your most recent audited financial statement (if you have one)