



## 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

### **CONTRACT REQUEST TO OFFER COMMUNITY SERVICES**

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 8<sup>th</sup>, 2025 by 8am.**

*Electronic submission:* via email to [tnaylor@townofulyssesny.gov](mailto:tnaylor@townofulyssesny.gov)

*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.*

#### **Other information:**

- A committee of the Town Board will review requests as part of the 2026 budget preparation.
- You may be asked to give a brief presentation to Town Board members. If you'd like to request the opportunity to present to the board, please indicate that in your application.
- Funding notifications will be emailed after passage of the Town's final budget in November.
- *Please note that funding is not guaranteed.*
- We anticipate that checks to funded organizations will be mailed in March 2026. If you require payment before then, please indicate that on your application.

#### **Instructions:**

- 1) Complete the following and return by deadline listed above. Feel free to include additional pages if more space is needed.
- 2) ***Include the organization's most recent budget*** 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 Organization Title/Role: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ Contact phone number: \_\_\_\_\_



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If you received funding from the Town in 2025, please describe how it was used:

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Describe the services your organization provides to town residents:

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Does your organization foresee any changes in 2026 to the services described above? If so, describe:

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

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

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

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

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How many people does your group expect to serve in 2026? \_\_\_\_\_

Level of funding requested of the Town: \$ \_\_\_\_\_ Funding Request as % of Budget: \_\_\_\_\_ %

Is your organization interested in presenting at the August 12<sup>th</sup>, 2025 Town Board meeting? ☐Yes ☐No

**Please include your organization's Form 990, annual report,  
or other financial reporting 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.**

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Signature of Authorized Organization Representative

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Date