



New York City Council Discretionary Funding Fiscal Year 2018  
**SUPPLEMENTARY APPLICATION FORM**

**WHO SHOULD COMPLETE THIS SUPPLEMENTARY APPLICATION FORM**

Any organization applying for New York City Council discretionary funding that **was Created after July 1, 2015** must complete this form.

**INSTRUCTIONS FOR COMPLETING SUPPLEMENTARY APPLICATION FORM**

This supplementary application form must be completed by an officer or employee of the organization that is applying for Council discretionary funding. All forms must be legible, complete and accurate. All sections of the supplementary application form are mandatory unless otherwise noted.

| All funding application forms submitted to the City Council are considered public documents.

The person who completes this form must be authorized by the organization to complete it and must know enough about the organization to be able to fully, truthfully and accurately complete the form.

**WHERE AND WHEN TO SUBMIT THIS SUPPLEMENTARY APPLICATION FORM**

Keep a copy of the completed supplementary application form for your records before it is submitted.

Please upload form onto the New York City Council Discretionary Funding application website.

And submit a copy to:

The Council Member to whom the organization submitted the original "Organization Qualification Form." For a list of Council Members' contact information please visit: <http://council.nyc.gov/html/members/members.shtml>

The funding request will not be considered until this supplementary application form has been received.



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1. Legal Name of Organization Requesting Funding (as displayed on Certification of Incorporation)

\_\_\_\_\_

2. Applicant Federal Employer Identification # (FEIN) \_\_-\_\_\_\_\_-

**HISTORY OF ORGANIZATION AND PAST SERVICE DELIVERY**

3. What year did the organization receive its FEIN? \_\_\_\_\_

Please attach a government issued document that shows the year the organization was assigned its FEIN (such as a FEIN Confirmation Notification letter from the IRS).

Attached Yes  No

4. In the past, has the organization provided services that are the same or similar to the services for which it requests this funding?

Yes  No

If yes: How long has the organization provided such services?

If No: Why is the organization now providing such services?

**IN 2015, NUMBER OF PEOPLE SERVED AND SPECIFIC SERVICES DELIVERED**

5. For calendar year 2015, describe the services the organization delivered that were the same or similar to the services for which the organization seeks funding from the City Council. For the area of services for which the organization is seeking funding, please **include detailed information that quantifies or measures the services delivered including the approximate number of people served, the number - and where relevant the expertise - of staff, the demographics of the population served, the type of location where the services were provided, the frequency with which the services were provided and the duration.**

Sample response for a request to fund an afterschool basketball program: eight retired teachers ran a program in 2015 that coached afterschool basketball to 200 students aged 13-15 years old. The program ran five days a week for eight months, September through April from 3-5 pm at ABC High School in the Bronx in 2015.



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**SOURCES OF FUNDING AND REFERENCES**

6. Has the organization ever *applied* for funding from the New York City Council? Yes  No

*If yes:* In what fiscal year(s) (NYC fiscal year) did the organization apply for funding? \_\_\_\_\_

7. Has the organization ever *received* funding from the New York City Council? Yes  No

*If yes:* In what fiscal year(s) (NYC fiscal year) did the organization receive funding? \_\_\_\_\_

8. Has the organization ever received funding from the City of New York? Yes  No

*If yes:* In what fiscal year(s) (NYC fiscal year) did the organization receive funding? \_\_\_\_\_

*If yes:* From what agency or department did the organization receive funding? \_\_\_\_\_

9. For the most recently completed fiscal year, please attach a list of all sources of funding, including the name of the source and the amount from each source.

*Source of Funding List Attached* Yes  No

10. Please provide contact information for the three funding sources that provided the most funding to the organization in the last 18 months. Attach additional paper as needed.

For each source of funding, please include the name of a contact person with the funding entity who is knowledgeable about the services delivered by the organization. The contact person may be called as a reference.

Please note that if a large percentage of funding comes from private donations please note it as follows: *35% of Funding comes from private donors*. It is not necessary to submit list of contact information for all private donors.



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	<b>Funding Received Year</b>	<b>Source of Funding Name</b>	<b>Source of Funding Address</b>	<b>Source of Funding Phone</b>	<b>Source of Funding Name of Contact Person Familiar With Services Provided</b>
A					
B					
C					



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Legal Name of Organization \_\_\_\_\_

**CERTIFICATION OF AUTHORIZATION TO SUBMIT AND COMPLETENESS**

*I certify that:*

- *I am authorized by the organization seeking funding to complete and submit this form on behalf of the organization;*
- *I took reasonable steps to make sure that the information on this form is complete, true and accurate.*

*I understand that it is a crime to knowingly submit a form that requests funding that contains or may contain false information. I understand that violators are subject to prosecution.*

\_\_\_\_\_  
Authorized Official: Signature Date

\_\_\_\_\_  
Authorized Official: Print Name Title

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



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