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## COUNCIL DISCRETIONARY FUNDING APPLICATION

### Instructions

This application must be completed by an officer or employee of the organization that is applying for discretionary funding. All requests for funding must be legible, organized, complete and accurate. Keep a copy of the completed application for your records before it is submitted. All sections of the application are mandatory unless otherwise noted.

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.

Requests for funding that are submitted to the City Council are considered public documents.

#### WHERE AND WHEN TO SUBMIT THIS APPLICATION:

**This application cannot be saved, however you can go back to a previously finished section to make changes. You must complete the entire application in one session. DO NOT close the browser window or navigate away from the page until you have finished and submitted the application.**

**In the checklist you will be provided with everything you will need to have access to in order to complete the application. The same application used to apply to an individual Member, the Speaker, or for a Council Initiative.**

**a. Requests for Funding from Council Members**

Check the appropriate box(s) in Section C.

**b. Requests for Funding Related to Speaker Initiatives and City-Wide Initiatives**

Check the appropriate box(s) in Section C.

Please direct any questions to [scrowley@council.nyc.gov](mailto:scrowley@council.nyc.gov).

Once the application is complete you will be prompted to print and sign certain documents that are to be sent to the Council. **Do NOT** send a printed version of the application. Only mail the documents that are necessary. Printed documents can be mailed to:

Scott Crowley  
NYC Council, Finance Division  
250 Broadway, 15th Floor  
New York, NY 10007

**Continue ▶**

### Application Checklist

**Section A: Organization Information**

**Section B: Prequalification and Charitable Status**

**Section C: Funding Information**

**Section D: Purpose and Use of Funds**

**Section E: Affiliation**

**Section F: Confirmation/Notary**



# THE NEW YORK CITY COUNCIL

CHRISTINE C. QUINN, SPEAKER

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## COUNCIL DISCRETIONARY FUNDING APPLICATION

### Instructions [View](#)

### Application Checklist

Below is a list of information you will need access to in order to complete the application. Be sure to have this information handy as you cannot save this application.

Information required:

1. Federal Employer Identification # (FEIN)
2. New York State Charities Bureau Registration Number
3. Budget of Organization requesting funds
4. Documentation concerning Independent Inquiries, Monitorships, Government Investigations, Inquiries or Audits (other than routine annual audit)
5. Staffing information for the program you are requesting funds for
6. Certificate of Incorporation (for those incorporated on or after July 1, 2010)
7. Adobe Reader is required for viewing and printing the Portable Document Format (PDF) documents at the end of this application. To download the latest version of Adobe Reader, please click [here](#)

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- Section A: Organization Information**
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**Section F: Confirmation/Notary**

### Discretionary Funding Disclosure Fund Confirmation

**Before you submit, print a copy of this form for your records. You will NOT be able to print the form after submission.**

[Print Discretionary Funding Disclosure Form](#)

**Submit Form**



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COUNCIL DISCRETIONARY FUNDING APPLICATION

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**Section A: Organization Information**

Legal Name of Organization   
Requesting Funding: **This Field is Required**

Organization Acronym and Other Names Used:

**Applicant Federal Employer Identification Number (FEIN)**

Current (FEIN):   
**This Field is Required**

Is the organization's FEIN now, or has it in the past, ever been used by any other organization(s)?

Yes  No  
**Please select a answer for this question**

If "YES", please list the name of the organization(s)

Does the organization now use, or in the past, used an FEIN other than the one provided

Yes  No  
**Please select a answer for this question**

If "YES", please list all FEIN(s) used for the past 10 years

Is the organization tax exempt under the Internal Revenue Code?  
<http://www.irs.gov/charities>

Yes  No  
**Please select a answer for this question**

If "YES", is the organization's tax exempt status current with the Internal Revenue Service?

Yes  No  
**Please select a answer for this question**

**Organization Web site**

Please provide the organization's Web site

**Administrative Address**

Street Address 1:   
**This Field is Required**

Street Address 2:

City:   
**This Field is Required**

State:

Zip Code:  -   
**This Field is Required**

Does the organization share office space, staff, equipment, or expenses with any other organization?

Yes  No  
**Please select a answer for this question**

If "YES", please name the organization(s) and the nature of the relationship

Has the organization ever applied for Council funding in the past?

Yes  No  
**Please select a answer for this question**

**Contact Person:**

Name:   
**This Field is Required**

Title:   
**This Field is Required**

Phone:    Ext:   
**This Field is Required**

Email:   
**This Field is Required**

**Continue >**

- Section B: Prequalification and Charitable Status**
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## COUNCIL DISCRETIONARY FUNDING APPLICATION

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### Section A: Organization Information [Edit](#)

### Section B: Prequalification and Charitable Status

Was the organization incorporated before July 1, 2010?

Yes  No **Required Field**

If no, please provide the date of incorporation

Did the organization receive or apply for Prequalification through the Mayors Office of Contract Services (MOCS)?

To access the current list of prequalified organizations, please visit: [http://www.nyc.gov/html/dycd/downloads/pdf/POL\\_PQL\\_5122011.pdf](http://www.nyc.gov/html/dycd/downloads/pdf/POL_PQL_5122011.pdf)

If "Yes" or if you have applied for prequalification, skip this section and select the Continue button to go directly to Section C. If "No" complete this section.

Yes  No **Required Field**

### Charitable Status

Complete the rest of this section, unless you are prequalified

To be eligible for funding organization must provide either a Charities Bureau identification number or qualify for an exemption.

? Is the organization registered with the Charities Bureau of the New York State Attorney General?

Yes  No

If "Yes", Please Provide ID Number:

Required if you marked "YES" to the previous question

? Is the organization exempt from registering with the Charities Bureau?

Yes  No

Required if you answered "NO" to the previous question

**Continue** >

### Section C: Funding Information

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**Section C: Funding Information**

Amount Requested: \$

Contracting Agency:  *If you unsure mark "UNKNOWN"*

Estimated budget for the organization's current fiscal year:

\$  *Only select "YES" if you are applying for Speaker or Council initiatives*

Is the organization seeking funding related to Speaker Initiatives and City-Wide Initiatives (If you select no, you must select Council Members or Delegations below to receive your funding request).

Yes  No

City Council Members from whom the organization seeks funding: (To select multiple members, select the control key and click each member name.)

- None
  - Brooklyn Delegation
  - Bronx Delegation
  - Manhattan Delegation
  - Queens Delegation
  - SI Delegation
  - Arroyo
  - Barron
- If you apply to multiple members, hold Ctrl on your keyboard and select the members you wish to apply to*

Has the principal, authorized official or any executive member of the organization ever applied for funding as the representative of another organization (please provide year and outcome).

### Independent Inquiries, Monitorships, and Government Investigations, Inquiries, and Audits

Within the last 5 years, has the organization been the subject of and independent inquiry, monitorship or government investigation or audit (by any local, state or federal government including any current or past audit by the City Comptroller, request for information or other inquiry from the Department of Investigation and any audit or inquiry by a licensing agency) other than a routine annual audit?

Yes  No

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**Section D: Purpose and Use of Funds**

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Section D: Purpose and Use of Funds

Please provide the organization the mission / goal.

Required

Please describe the specific programming/services to be funded; including a description on how the requested funds will be used?

Required

Who is the target population to be served?

Required

Seniors, Youth, College Bound High School Students, Adults

When will the program operate: (months, days of the week, hours, summer, seasonal), etc.)

Required

What geographic area will be served? (e.g. Citywide; Brooklyn; Council District 39; Community Board 6; Flatbush, etc.)

Required

CM Ferreras represents the 21st District

Are the services that the funds are being requested for open to all members of the general public regardless of enrollment, membership or any affiliation?

Required

Required

State the location / address where the services are to be provided. (If more than one, list all locations)

Required

Only answer this if your organization is provided in a residential dwelling

If the services are legally provided in a residential dwelling (house, apartment, etc.) please provide the Department of Buildings' Certificate of Occupancy (Please include a copy with the rest of the mailed portion of the application.)

Required

Has the organization provided the proposed or similar services in the past?

Required

If "YES", please briefly describe how long the services have been offered

Required only if you answered "YES" to the last question

If "NO", please explain why these services have not been provided before and what qualifications the organization has to start providing these services.

Required if you answered "NO" to the last question

Promotion

Please describe what the organization does and plans to do that invites the community to participate in programs and services, including any advertising. Please include a copy of your advertisements with the rest of the mailed portions of the application.

Required

Performance Evaluations

Please list all performance evaluations from federal and state entities for the last three years (include agency, rating and date)

Required

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Section E: Affiliation

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**Section E: Affiliation**

Will the program be located in, operated by, or affiliated with a religious school?

Yes  No

**Required**

What percentage of the program participants do you estimate also attend the religious school?

 %

Required if you marked "YES" to the last question

Will the program be located in, operated by, or affiliated with a religious organization or place of worship?

Yes  No

**Required**

What percentage of the program participants do you estimate also are members of or participate in the religious organization or place of worship?

 %

Required if you marked "YES" to the last question

If "YES", (to either question) please describe what types of outreach and/or advertising is done to invite the community/general public to participate in the programming/services being offered?

**Required**

**Continue**

**Section F: Confirmation/Notary**



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CHRISTINE C. QUINN, SPEAKER

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## COUNCIL DISCRETIONARY FUNDING APPLICATION

### Thank you for submitting your Discretionary Funding Disclosure Form

Reference Number: 201257865090

**Please write down your reference number. You will need the reference number on the form in Step 1 below.**

Thank you for applying to the City Council. Do **NOT** mail a copy of your application. Before your application will be complete please print and mail the following:

1. Certification of Authorization to Submit and Application Completeness Form **(Must be Notarized)**
2. Conflicts of Interest Disclosure Form (Must be signed even if there are no conflicts to disclose.)
3. Charities Exemption Form (only for those who are exempt from registering with the Charities Bureau)(**Must be Notarized**)
4. Copies of flyers or other advertising
5. Department of Buildings' Certificate of Occupancy (only if services are provided in a residential dwelling)

#### Mail all of the above to:

Scott Crowley  
New York City Council, Finance Division  
250 Broadway, 15th floor  
New York, NY 10007

#### Additional Documents

##### STEP 1 - Download:

[Certification of Authorization to Submit and Application Completeness](#) (in PDF)

##### STEP 2 - Download:

[Possible Conflicts of Interest with City Elected Officials and Their Associates](#) (in PDF)

##### STEP 3 - Download (if applicable):

[Certification of Exemption from Requirement to Register with the New York State Charities Bureau](#) (in PDF)



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