



## NYC Council Fiscal Year 2014 Application – Application Worksheet

### **ATTENTION:**

- ***This worksheet is NOT the official application and SHOULD NOT BE MAILED OR SUBMITTED to the New York City Council.***
- *This worksheet is to be used **solely** to assist and guide your **online** application submission.*
- *Since you must complete your entire on-line application in one session, please complete this worksheet and then **copy and paste or type** your answers into the New York City Council FY14 application on your web browser.*
- *The deadline to complete this application is March 29, 2013*
- *The application can be found at: <http://council.nyc.gov/html/budget/application.shtml>*
- *Please make sure to read this document **thoroughly**.*

FOR REFERENCE PURPOSES ONLY

## 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.

### HOW 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.**

You must use the same application to apply to an individual Member, the Speaker, Delegation, or a Council Initiative.

**Requests for Funding from Council Members:** Check the appropriate box(s) in Section C.

Requests for Funding Related to Speaker Initiatives and City-Wide Initiatives: Check the appropriate box(s) in Section C.

Please direct any questions regarding the online application itself 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 should be mailed to:

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

Be sure to contact individual Council Members' offices directly to see if their offices' application process requires any additional paperwork. The Council Member's websites are often a good source of information regarding their office budget process.

## 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.

You will need your organization's:

1. Federal Employer Identification # (FEIN)
2. New York State Charities Bureau Registration Number
3. Budget (for the 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 for which you are requesting funds
6. Certificate of Incorporation (for those incorporated on or before July 1, 2010)

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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## NYC Council Fiscal Year 2014 Application – Application Worksheet

**Please note:** the purpose of this worksheet is to assist you with your on-line application and is NOT an official application. This worksheet **SHOULD NOT** be mailed or submitted to the New York City Council. This worksheet is **ONLY** to be used to assist and guide your on-line application submission **but a copy should be kept in your records, along with copies of any forms mailed into Council Finance.**

All background information, suggestions and/or prompts related to appropriately filling out your on-line application are recorded below in italics.

### Section A: Organization Information

Legal Name of Organization Requesting Funding: \_\_\_\_\_

\* As displayed on Certificate of Incorporation

Organization Acronym and Other Names Used: \_\_\_\_\_

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

Current (FEIN): \_\_\_\_\_

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

Yes       No

IF YES, Please list organization(s): \_\_\_\_\_

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

Yes       No

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

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

Yes       No

Has the organization ever had its tax exempt status revoked?

Yes       No

**Organization Web Site**

Please provide the organization's Website: \_\_\_\_\_

\* *If your organization does not have a website, simply type "None"*

**Administrative Address**

\* *This is your main office, not necessarily your program office*

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Yes       No

If YES, please name the organizations and the nature of the relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Yes       No

**Contact Person:**

\* *This is who we should contact with questions about your application*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Section B: Prequalification and Charitable Status**

Was the organization incorporated before July 1, 2010?

- Yes       No

If NO, please provide the date of incorporation: \_\_\_\_\_

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

To access the current list of prequalified organizations, please visit:

[http://www.nyc.gov/html/dycd/downloads/pdf/PQL\\_PQL\\_5122011.pdf](http://www.nyc.gov/html/dycd/downloads/pdf/PQL_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

**Charitable Status**

*\* Please note: to be eligible for funding organization must provide either a Charities Bureau identification number of quality or an exemption.*

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: \_\_\_\_\_

Is the organization exempt from registering with the Charities Bureau?

- Yes       No

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**Section C: Funding Information**

Amount Requested: \_\_\_\_\_

Contracting Agency: \_\_\_\_\_

\* For Contracting Agency, your choices are: Unknown, DYCD-Youth, DYCD-Community Development, DFTA, DCA, DOHMH, DPR, NYCHA, HRA, CJC, HPD, DSBS, CUNY, DHS, DSNY, NYPD, FDNY, DOITT, ACS.

- Do not hesitate to put UNKNOWN if you do not know which the best contracting agency would be for your organization.
- If you wish to select DCA as the administering agency you must have already applied to DCA's Cultural Development Fund or be currently in a multi-year contract with this agency. If you have not applied directly to DCA's Cultural Development Fund or are not in a multi-year contract with DCA, you must select a different agency.

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 choices in the online application, select the control key and click each member name.)

\* If you select a Delegation, it will only send the application to the Delegation Chair – **NOT** all Members in that Delegation

NONE	Garodnick	Oddo
Brooklyn Delegation	Gemaro	Palma
Manhattan Delegation	Gentile	Quinn
Queens Delegation	Greenfield	Recchia
Staten Island Delegation	Gonzalez	Reyna
Arroyo	Halloran	Rivera
Barron	Ignizio	Rodriguez
Brewer	Jackson	Rose
Cabrera	James	Ulrich
Chin	King	Vacca
Comrie	Koo	Vallone
Crowley	Koppell	Vann
Dickens	Koslowitz	Van Bramer
Dilan	Lander	Weprin
Dromm	Lappin	Williams
Eugene	Levin	Wills
Ferreras	Mark-Viverito	
Fidler	Mealy	
Foster	Mendez	
	Nelson	

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):

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

Within the last 5 years, has the organization been 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

If YES, please attach the closing letter(s) and the agency(ies) name, date, and results yielded by the inquiry/audit

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

Please provide the organization's mission/goal

- \* (500 characters; please be concise in describing your organization)

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

- \* (1000 characters)

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Who is the target population to be served?

- \* E.g. homeless single adults; children aged 5-7; senior citizens
- \* (100 characters)

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

- \* (200 characters)

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

- \* List all that apply, including multiple Council Districts etc.
- \* (100 characters)

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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?

- Yes       No

Please describe the community benefit of the program/services that is being considered for funding

\* (200 characters)

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

- \* If your program office is different than your administrative office
  - \* (200 characters)
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If the services are legally provide 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.)

Briefly describe the staffing for the program, including number and qualifications, paid or volunteer, etc.

\* (200 characters)

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

- Yes       No

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

\* (200 characters)

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

\* (200 characters)

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**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.

\* (200 characters)

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**Performance Evaluations**

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

\* (200 characters)

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**Section E: Affiliation**

**Affiliation**

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

Yes       No

*\* If YES, please answer question below*

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

\_\_\_\_\_

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

Yes       No

*\* If YES, please answer question below*

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

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## Section F: Confirmation/Notary

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

\* *There will be a link available for you to print at Section F.*

### POST-SUBMISSION

After clicking submit, there are additional steps that you must complete. Please write down the reference number given. This is to ensure that your application can be tracked in the event that we have no record of it.

Once you click "Submit Form," you will not be able to edit or print your application. Please check and make sure that all information is accurate.

After you have clicked the "Submit Form" button, you will be instructed to print, complete, and mail the following:

- Application Signature Page (must be signed AND notarized)
- Conflicts of Interest Disclosure (must be signed)
- If you indicated that you are exempt from registering with the New York State Charities Bureau in Section B of the application, you will also be required to print the Charities Bureau Exemption (must be signed AND notarized)

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