



THE COUNCIL OF THE CITY OF NEW YORK

Bronx Delegation Capital Request Form FY "2010"

Please attach no more than a one (1) page synopsis of your request

Legal Name of Organization: _____

Acronym (If Applicable): _____ Serving Council District(s): _____

Address (No P.O. Boxes): _____ Zip: _____

Federal Identification # (required): _____ Is the organization a 501C corporation? Yes _____ No _____

Organization Head: _____ Budget Contact Person: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Capital Budget Request: \$ _____ Total Project Budget: \$ _____

Total Budget of Organization: \$ _____ Do you also have a funding request in to the Speaker of the Council? _____

Description of Organization: _____

Purpose of Funds Requested: _____

If your organization received funding from the Bronx Delegation in previous years, please describe funding received, purposes, and any outcomes or results. In addition please include a list of the sites in the Bronx where your organization has programs (neighborhoods, community centers, etc.)

