Print Form

New York City Council

FY 2010 ORGANIZATION QUALIFICATION FORM

NOTE: This application must be completed by all organizations requesting funding from the City Council. For Local (Member) Initiatives or Member Youth or Aging Discretionary funding, this form must accompany the Member Initiative Request Form. Return this form to the Member's office from whom you are seeking funding.

Section A: Organization Information

Legal Name of Organization _____

Federal Identification # (FEIN) _____ Amount Requested: _____

Address_____ City _____ State ____ Zip_____

Contact Person: _____ Phone:_____ Email: _____

Size of Organization**:** The organization's budget for its current fiscal year is $ _____

Percentage of Organization's Budget from City Council Funding**:** ____ % of the Organization's budget in its current fiscal year comes from funding initiated by the City Council (local, speaker discretionary or Council initiative funding)

Did you apply for Pre-Qualification in FY 09? Yes ☐ No ☐

Was your application approved: Yes ☐ No ☐ (If no, please skip to Section B)

If yes, Did anything substantive change from your FY 09 application: Yes ☐ No ☐

If No, please skip to Section E. If Yes, please continue with Section B.

Section B: Charitable Status

Is the organization a registered Charity in New York State? Yes ☐ No ☐ Registration #: _____

(Please attach signature and date page of filing)

If "no", is the organization exempt from registering as a Charity in New York State? Yes ☐ No ☐

If the organization is exempt from registering as a Charity with New York State, you must complete an Exemption Certification form to be eligible for funding.

If you cannot provide a charitable registration number and you do not qualify for an exemption, the organization is not eligible for funding.

Section C: Investigations, Inquiries, and Audits

Is the organization now, or has the organization been in the last 3 years, the subject of an investigation, inquiry, or audit by a local, state or federal government entity? Yes ☐ No ☐

If "yes" describe the nature of the investigation, inquiry, or audit _____

If "yes", has the investigation, inquiry or audit been concluded? Yes ☐ No ☐

If "yes," what are the findings or conclusions (including any sanctions or charges) from the investigation, inquiry or audit? (include any relevant documents)

Section D: Evaluations

Has the organization received a performance evaluation in the last 3 years from a City agency, and if so what was the overall evaluation grade? *(see instructions)*

FY 2009	Yes ☐	No ☐	Agency _____	Overall Grade:	V ☐	S ☐	I ☐	U ☐
FY 2008	Yes ☐	No ☐	Agency _____	Overall Grade:	V ☐	S ☐	I ☐	U ☐
FY 2007	Yes ☐	No ☐	Agency _____	Overall Grade:	V ☐	S ☐	I ☐	U ☐

Section E: Purpose and Use of Funds

What is the organization's mission?

Description of Purpose of Funds: (include description of program; money spent on program last year, if any; target populations, including geographic areas of program services; number or persons served last year; number of persons expected to be served this year. Feel free to attach additional documents.)

Who is the population being served and what service(s) are you providing to them?

Is your program open to all eligible applicants – for example, if you have a program for seniors, are all seniors in the area eligible for participation?

How do you determine who will receive the services you are offering?

Are there any criteria by which you determine eligibility for services or membership? ☐ Yes ☐ No
If Yes, please describe:

If your organization is a school, what percentage of participants, out of the total participants in the program, are not students at the school? How many participants does your program serve, and what number are not students at the school?

How are you advertising to the population you are aiming to serve?

Please attach a copy of a brochure and/or recent advertisement or promotional materials you used to promote the services you are providing. Please indicate below how and where the brochure or materials were distributed and/or where the advertisement was run.

Required only if amount of expense request exceeds $25,000. What experience does the organization have in providing the services and what staff will be responsible for providing services? (include number of staff, function of staff, professional or functional title of staff, role of different types of staff in service provision)

Section F: Other Government Funding Sources

Have you received City, State or Federal funds this year or last fiscal year? Please specify below (include agency providing funding and specify if City funding was Council initiated and identify fiscal conduit with contact information if a fiscal conduit was used for City funding):

Non-Discretionary City Contracts: Please provide the contract number and agency for all city contracts to which your organization is currently a party for FY 2009 other than City Council or Borough President Discretionary Contracts.

FY 2010 ORGANIZATION QUALIFICATION FORM

Section G: Disclosure & Compliance Certification

A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject matter of this certification, may result in rendering the Vendor non-responsible for the purpose of contract award, and a materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges.

No Conflict of Interest: Except as otherwise fully disclosed below (attach additional pages as needed), the organization affirms, to the best of its knowledge, information and belief, that no City Elected Official, nor any person associated with any City Elected Official, is an employee, Director or Trustee, Officer or consultant to/of, or has any financial interest, direct or indirect, in the organization, or has received or will receive any financial benefit, directly or indirectly, from the organization or from this funding. For purposes of this certification, "associated" persons include: a spouse, domestic partner, child, parent or sibling of a City Elected Official; a person with whom a City Elected Official has a business or other financial relationship, including but not limited to employees of a City Elected Official and/or a spouse, domestic partner, child, parent or sibling of such employees; and each firm in which a City Elected Official has a present or potential interest.

NOTE: The organization is encouraged to disclose any connection to a City Elected Official that could create an appearance of a conflict of interest, regardless of whether it meets the listed definitions.

Name of Employee & Position in Organization: _____

Name of Council Member or Staff Member: _____
Relationship: _____

Name of Employee & Position in Organization: _____

Name of Council Member or Staff Member: _____
Relationship: _____

Attach additional sheets as needed.

Incorporation:
The Organization is incorporated under the NYS Not-for-Profit Corp. Law (check one)
☐ Yes ☐ No (explain below). Explain corporate status if not incorporated under NYS Not-for-Profit Corp. Law.

NOTE: Information concerning the organization's corporate status will be used by the City to verify compliance with applicable requirements for charities registration, payment of taxes and other legal mandates and Funding will not be allocated and a contract will not be entered into unless the organization is in compliance.

_____
Name of Organization

_____
Signature of Authorized Official/Date

_____
Organization's Address

_____
Print Name/Title of Signer

_____
City, State, Zip Code

Sworn to before me this _____ day of _____, 200__

_____
Notary Public