

**NYC & COMPANY FOUNDATION**

**2023 BOROUGH CULTURE GRANT PROGRAM FUNDING APPLICATION**

**NOTE:** This application must be completed by all organizations requesting funding from the Office of the Queens Borough President.

**SUBMISSION INSTRUCTIONS: PLEASE SUBMIT A COMPLETE APPLICATION PACKAGE. SUBMISSIONS MUST BE DELIVERED BY END OF DAY ON APRIL 14, 2023.**

**Section A. Organization Information**

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

Organization Federal Identification # (FEIN) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** State **\_\_\_\_** Zip **\_\_\_\_\_\_\_**

Council District of Org. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Org. Website **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Org. Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Org. Phone **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Size of Organization: The organization’s budget for its current fiscal year is **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Executive Director/CEO:***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Program/Project Contact:*** *if different from above*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B. Charitable Status**

*To be eligible for funding, the organization must be a 501(c)(3) and provide either a Charities Bureau identification number or qualify for an exemption.*

Does the organization have a 501(c)(3) tax-exempt status? Yes □ No □

*If “yes” attach IRS letter of determination of tax-exempt status under section 501(c)(3)*

*of the internal Revenue Code.*

***If “no,” your organization is ineligible to apply for the Culture Grant.***

Is the organization a registered charity of New York State? Yes □ No □ Registration #: \_\_\_\_\_\_\_\_

*If “yes,” provide evidence of registration (i.e., the Organization’s most recent completed*

*Form CHAR500 with the New York State Attorney General Charities Bureau (pursuant to*

*New York Estates, Powers & Trusts Law (EPTL) or Article 7-A of the New York Executive Law (Article 7-A) or both).*

Is the organization exempt from registering as a Charity in New York State? Yes □ No □

*If “yes” attach and submit a copy of the Certification of Exemption from Requirement*

*To Register with the New York State Charities Bureau.*

*If “no” attach proof of exemption.*

***If you cannot provide a charitable registration number and you do not qualify for an exemption, your organization is ineligible to apply for the Culture Grant.***

**Section C. Program/Project Information**

Program/Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Event Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested from Borough President’s Office **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Summary:** *In* ***400 words or less*** *include detailed description of program; target populations, including geographic areas of program services; number of persons served last year (if applicable); and major activities of the project.*

**Project Objectives/Results:** *In* ***400 words of less*** *include the objectives and goals of project; number of persons expected to be served this year; explain how you will measure results. In addition,* ***please attach a detailed production timeline for the Program/Project***.

**Program/Project Funding: *In 400 words or less*** *describe why the organization needs NYC & Company Foundation to fund program/project, including what the funds will be used for and how they will be allocated to achieve the objectives above. Attach an itemized Project Budget with an indication of which expenses the NYC & Company Foundation funding will be applied to. (****Any line items that are based on Cultural funding should be itemized with as much detail as possible).***

**Will the program be located in, operated by, or affiliated with a religious school?** Yes □ No □

If “yes”: What percentage of the program participants do you estimate 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”: What percentage of the program participants do you estimate are members of or participate in the religious organization or place of worship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

**Briefly describe how the organization advertises the program or services to the target population.**

If the organization does not advertise, please explain how the public will become aware of the program. If the organization is religious or operates out of a religious facility, describe how the organization will reach out to the public.

Community Board (s) Served by Program/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Council District(s) Served by Program/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood(s) Served by Program/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community School District(s) Served by Program/Project (Education Projects Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section D. Funding Sources and Budget**

PAST FUNDING FROM THE OFFICE OF THE BOROUGH PRESIDENT:

FY22 Capital Amount **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

Borough Needs Amount **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

Culture or Other Grant **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

FY21 Capital Amount **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

Borough Needs Amount **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

Culture or Other Grant **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

FY20 Capital Amount **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

Borough Needs Amount **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

Culture or Other Grant **$**\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL PROJECT/PROGRAM SUPPORT:

REQUESTED SECURED

City Council **$**\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_

Mayor (and/or Administration) **$**\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_

State of New York **$**\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_

Federal Government **$**\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_

Non-profit or Foundation Sources **$**\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_

Private Sources **$**\_\_\_\_\_\_\_\_\_ **$**\_\_\_\_\_\_\_\_

Size of Organization: The organization’s budget for its current fiscal year is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a copy of your organization’s latest total annual operating budget attached? Yes □ No □

***I hereby acknowledge that all of the information submitted in response to the above is factual and adheres to all guidelines specified by the Office of the Borough President.***

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section E. Certification of Authorization to Submit and Application Completeness**

*I certify that:*

* *I am authorized by the organization seeking funding to complete and submit this request for funding 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 request for funding that contains or may contain false information. I understand that violators are subject to prosecution.*

**Authorized Official: Signature Date**

**Authorized Official: Print Name Date**