

APPLICATION CHECKLIST

To ensure a complete application, the following documents must be submitted.

		Application Page and Section #	Check When Complete
1.	MBPO Borough Needs Application	Pages 1-7	<input type="checkbox"/>
2.	Section C: Charitable Status <i>If the organization has a 501(c)(3) status:</i> Attach IRS letter of determination form <i>If the organization is a registered charity of New York State:</i> Attach Form CHAR500 <i>If the organization claims an exemption from the requirement to register with the Charities Bureau:</i> Attach Certification of Exemption from Requirement to register with the New York State Charities Bureau (signature required if submitted)	Page 2 Page 2 Page 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	Section D: Program/Project Information Attach an itemized project budget <i>If the organization has distributed advertising, brochures or other promotional materials:</i> Attach copies of brochures or other advertisements or promotional materials	Page 3 Page 3	<input type="checkbox"/> <input type="checkbox"/>
4.	Section E: Funding Sources and Budget <i>Attach a copy of the organization's latest total annual budget</i>	Page 4	<input type="checkbox"/>
5.	Section F: Connection to City and Possible Conflicts of Interest <i>Attach a list of organization's Board of Directors</i>	Page 5	<input type="checkbox"/>
6.	Authorized Official Signatures <i>Possible Conflicts of Interest Form (Signature Required)</i> <i>Certification of Authorization to Submit and Application Completeness (Signature Required)</i>	Page 6 Page 6	<input type="checkbox"/> <input type="checkbox"/>

Do not submit this application if you believe it does or may contain false information. It is a crime to knowingly submit an application that contains false information. Violators are subject to prosecution.

BOROUGH NEEDS

FUNDING APPLICATION – FISCAL YEAR 2011

NOTE: This application must be completed by all organizations requesting funding from the Office of the Manhattan Borough President. Please Return to:

**FY 2011 BOROUGH NEEDS GRANT PROGRAM
DIVISION OF BUDGET AND GRANTS
OFFICE OF THE MANHATTAN BOROUGH PRESIDENT
ONE CENTRE STREET, 19TH FLOOR SOUTH
NEW YORK, NY 10007**

SUBMISSION INSTRUCTIONS: PLEASE SUBMIT ONE ORIGINAL AND ONE COPY OF THE COMPLETE APPLICATION PACKAGE. SUBMISSIONS MAY BE HAND DELIVERED OR POSTMARKED BY 4PM ON MAY 17, 2010.

Section A. Agency Selection

Please select the Agency for which you are submitting this application. Select one of the following:

- DFTA – Department for the Aging
- DOE – Department of Education
- DOHMH – Department of Health and Mental Hygiene
- DPR – Department of Parks and Recreation
- DOC – Department of Correction

Section B. Organization Information

Legal Name of Organization or Name of Fiscal Conduit _____

Organizational Federal Identification # (FEIN)/Fiscal Conduit Federal Identification # _____

Address _____ City _____ State _____ Zip _____

Community Board of Org. _____ Council District of Org. _____ Neighborhood of Org. _____

Org. Website _____ Org. Email _____ Organization Phone _____

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

Executive Director/CEO:

Name _____ Title _____ Telephone _____

Fax _____ Email _____

Program/Project Manager:

Name _____ Title _____ Telephone _____

Fax _____ Email _____

Did the organization receive Prequalification through the Mayors Office of Contract Services (MOCS) for FY 2010? Yes No

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Section C. 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," you are ineligible to apply for a Borough Needs 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, the 501(c)(3) organization is not eligible for funding.

Section D. Program/Project Information

Program/Project Title _____

Program Event Dates _____

Amount Requested from Manhattan Borough President's Office \$ _____

Organization's Mission:

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; and major activities of the project.

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Project Objectives/Results: *In 200 words or less include the objectives and goals of project; number of persons expected to be served this year; explain how you will measure results.*

Program/Project Funding: *In 200 words or less describe why the organization needs MBPO to fund program/project, detail what the funds will be exactly used for, and how the requested Borough President funding will help the organization provide services to Manhattan communities. Attach an itemized Project Budget.*

Is a copy of the organization's itemized project budget attached? Yes No

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.

Attach copies of flyers or advertising used in the past, if any. 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.

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Are copies of advertising materials attached?

Yes No

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 E. Funding Sources and Budget

PAST FUNDING FROM MBPO:

FY0	Capital Amount	\$ _____
	A Borough Needs Amount	\$ _____
	A Cultural Tourism or Other Grant	\$ _____
FY0-	Capital Amount	\$ _____
	A Borough Needs Amount	\$ _____
	A Cultural Tourism or Other Grant	\$ _____
FY0,	Capital Amount	\$ _____
	A Borough Needs Amount	\$ _____
	A Cultural Tourism 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 \$ _____
Attach a copy of your organization's latest total annual budget

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

Section F. Connection to City and Possible Conflicts of Interest

Do you currently have a contract with any City agency? Yes No

If "yes", which City agency? _____

City Agency Contact Name: _____

City Agency Contact Telephone Number: _____

Does any member of your organization's senior management, board of directors, or trustees also work for the City or any elected official in the City? Yes No (If "yes" please describe in detail below)

Is any member of your organization's senior management, board of directors, or trustees a relative of or associated with an elected official in the City? (A relative is any spouse, domestic partner, parent, child or sibling)

Yes No (If "yes" please describe in detail below)

Report any other personal and financial relationships between all City Elected Officials, persons or firms associated with the City Elected Official, and the organization and its staff that could give rise to an actual conflict of interest or the appearance of a possible conflict of interest. Attach additional sheets as needed and include a list of your organization's Board of Directors.

	Name, Title, Position of City Official or Associated Person	Name, Title, Position and Relationship of Person with Organization
1		
2		
3		

Is a list of your organization's Board of Directors attached?

Yes No

DEFINITION OF TERMS

City Elected Official: Ch.68, S.2601(10)

- New York City Mayor, Comptroller, Public Advocate, Borough President or Council Member

“Associated” Person or Firm: Ch.68, s. 2601.5

- Spouse, Domestic Partner, Child, parent, Sibling of a City Elected Official:
- Person with whom the public servant has a business or other financial relationship
- Firms in which the City Elected Official has a present or potential interest
- Employees of the sponsoring Council Member and/or Spouse, Domestic Partner, Child, Parent, Sibling of Such Employees

Connection to Organization Including:

- Organization's Employee, Board Member, Director, Trustee, Officer or Consultant of the organization
- Persons with a direct or indirect financial interest in the organization
- Persons who have received or will receive any direct or indirect financial benefit from the organization or from this funding

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 Manhattan Borough President.

Authorized Official Signature: _____

Title: _____

Date: _____

Section G. 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

Title

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