

The City of New York  
Office of the President  
Borough of Manhattan

**CULTURAL TOURISM GRANT PROGRAM FUNDING APPLICATION - 2014**

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

**Luisa Gonzalez**  
**mcgp@manhattanbp.nyc.gov**

**SUBMISSION INSTRUCTIONS:** Please email a copy of your application and required attachments including: IRS Letter of 501 (c)(3) determination, detailed production timeline for the program/project, itemized project budget, organization's latest total annual budget, and copies of advertising materials. Please note that all required materials must be included for an application to be considered. **Applications are due by 5:00pm on Thursday July 31st, 2014.**

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**SECTION A. ORGANIZATION INFORMATION**

Legal Name of Organization

Organization Federal Identification #

Fiscal Conduit Name (if applicable)

Fiscal Conduit Federal  
Identification #

Address

City

State

Zip code

**President/Executive Director**

Name

Title

Telephone

Fax

Email

**Program/Program Manager (if different from above)**

Name Title Telephone

Fax Email

**Section B. Charitable Status**

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

Does the organization have a 501(c)(3) tax-exempt status?

Yes

No

*If “yes”: email 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 Cultural Tourism funding.***

Is the organization a registered charity with the NYS Charities Bureau?

Registration #

Yes

No

*If “yes”: email 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).*

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

Yes

No

If “yes” email a copy of the Certification of Exemption from Requirement To Register with the New York State Charities Bureau.

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

**Section C. Program/Project Information**

Program/Project Title

Program Even Dates

Funding requested from the  
Cultural Tourism Program

**Organization's Mission:** *In 750 characters or less, please describe the organization's mission.*

**Project Summary:** *In 1500 characters 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. Please focus on how this program will support cultural tourism in Manhattan.*

**Project Objectives/Results:** *In 1500 characters 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 email a detailed production timeline for the Program/Project.***

**Is a copy of the production timeline for the program/project attached?**

Yes

No (please note: production timeline is a required email attachment)

**Program/Project Funding:** *In 1000 characters or less describe why the organization needs MBPO to fund program/project, detail what the funds will be exactly used for, how it would be allocated, and how the requested Cultural Tourism funding will help the organization provide services to Manhattan communities. Email an itemized Project Budget with a breakdown of how MBPO funding will be used for the marketing budget. **(Any line items that are based on Cultural Tourism funding should be itemized with as much detail as possible).***

**Is a copy of the organization's itemized project budget attached?**

Yes

No (please note: an itemized budget is required email attachment)

**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?*

**In 1000 characters of less 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 general public.**

**Are copies of advertising materials attached?**

Yes

No

Please list neighborhood(s) where program/project will take place. Please be as specific as possible.

## **Section D. Funding Sources and Budget**

Describe funding your organization has been awarded from MBPO during the past three fiscal years including Capital Funding, Community Grants, and Cultural Tourism Grants

Describe additional project/program funding sources including funds from City Council, Mayor (and/or Administration), State of New York, Federal Government, Non-profit or Foundations, and Private Sources.

**Size of Organization:** *What is the organization's budget for its current fiscal year? **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 (please note: an annual budget is a required email attachment)

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***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 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:

Title:

Date: