



OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN
THE CITY OF NEW YORK

FY 2015 MANHATTAN COMMUNITY GRANT PROGRAM (MCGP) APPLICATION

INSTRUCTIONS: A completed form with all necessary attachments must be e-mailed to MCGP@manhattanbp.nyc.gov no later than Friday, June 6, 2014 at 6:00pm.

When complete, please also click the "Submit" button at bottom of form to generate a confirmation receipt.

Please note: All fields highlighted in red are required and must be filled out in order to submit form.

Agency Selection

Please select one of the following agencies through which you are seeking funding:

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

Applicant Information

Full Legal Organization Name

Acronym or Other Names Used

Fiscal Conduit Name (if applicable. Please note: All fiscal conduits must be approved by the Mayor's Office of Contract Services)

Fiscal Conduit Address (if applicable)

Is the organization or fiscal conduit a 501(c)(3)?

Yes
No

Please e-mail a copy of your IRS letter of determination with your application (see instructions at top of application).

Applicant's Federal Employer Identification Number (FEIN)/ Fiscal Conduit FEIN:

Street Address

City

State

Zip Code

Organization Website

Does the organization share office space, staff, equipment, or expenses with any other organization?

Yes

No

If Yes, please name organization(s) and the nature of the relationship:

Organization President / Executive Director Name

Title

Phone Number

E-Mail Address

Primary Organization Contact Person
(if different from above)

Title

Phone Number

E-Mail Address

Organization Information

Has the applicant received Prequalification for City Council awards for FY 2015? ([Click link here](#) for the status of your organization)

Yes

No

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

Yes

No

Charities Bureau
Registration
Number:

Is the applicant exempt from registering as a Charity with the NYS Charities Bureau?

Yes

No

If registered with the NYS Charities Bureau, e-mail a copy of most recently filed CHAR500. If not, e-mail exemption certification (see instructions at top of application)

In the last five years, has the organization been the subject of an independent inquiry, monitorship, government investigation or audit (by any local, state or federal government, including any current or past audit by the NYC Comptroller, request for information or any other inquiry from the Department of Investigation and any audit or inquiry by a licensing agency) other than a routine annual audit?

Yes

No

Brief Description of Organization: (1000 characters or less)

What is the organization's budget for the current fiscal year?

Please e-mail a copy of organization's budget for the current Fiscal Year (see instructions at top of application).

Program/Proposal Description

Program / Project Name

Grant Period From

Grant Period To

Community Board(s) Served	CB1	CB2	CB3	CB4
	CB5	CB6	CB7	CB8
	CB9	CB10	CB11	CB12

**Amount of Funding Requested
from Manhattan Borough
President**

Are the proposed services open to all members of the general public regardless of enrollment, membership, or affiliation?

Yes

No

If No, please explain in detail below:

Has the organization provided the proposed or similar services in the past?

Yes

No

If Yes, please briefly describe how long the services have been offered. If No, please explain why these services have not been provided in the past, and what qualifications the organization has to offer these services (1500 characters or less)

Program/Project Summary: (In 1500 characters or less, please provide a description of program, target population to be served, geographic area(s) to be served, number of persons served, and major activities.)

Program/Project Objectives: (In 1500 characters or less describe the goal of the project and how it will be accomplished, why the project is important to Manhattan communities, and expected results e.g. deliverables such as goods or services provided to communities.)

Program/Project Measurable Results: (In 1000 characters or less describe your organization's measurement approach for the project, how it aligns to your organization's mission and/or goals, and relevant outcomes expected.)

Program/Project Promotion: (In 1000 characters or less, briefly describe what the organization does and plans to do that invites the community to participate in programs and services, including any advertising.)

Please list all performance evaluations from city, state, and federal entities for the last three years:

Program/Project Funding: (In 1000 characters or less describe why the organization needs MBPO to fund the program/project, provide a detailed accounting of what the funds will be used for, and how the requested Borough President funding will help the organization provide services to Manhattan communities.)

Please complete *Program Budget Form* using template e-mailed to you. A copy of the program budget should be submitted pursuant to the instructions on top of application. If you do not have the template, please contact lgonzalez@manhattanbp.nyc.gov or visit www.manhattanbp.nyc.gov.

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?

Please list any prior funding from the Manhattan Borough President, including Fiscal Year received and type of funding (Expense, Capital, Cultural Tourism, or Other)

Conflict of Interest

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 to the above, 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 to the above, 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

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. 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 Full Name

Title

Date

Application Checklist

To ensure the submission of a complete application, please review our list of all mandatory attachments and check each attachment that you have ready for submission. All attachments must be e-mailed along with your completed application to MCGP@manhattanbp.nyc.gov no later than June 6, 2014 at 6:00 pm.

When finished, please also click the "Submit" button at bottom of form to generate a confirmation receipt.

Please make certain that you attach all of the following documents in your final e-mail submission:

**IRS Letter of 501(c)(3) Determination
Most recent CHAR500 (or exemption certification)
Organization's budget for current fiscal year
Completed Program Budget Form
Organization Board of Directors**