CITY FISCAL YEAR 2025

ORGANIZATION FORM

_____

LEGAL NAME OF ORGANIZATION

INTRODUCTION

*** Please note that the following entities are NOT subject to this process, and therefore should NOT submit a Capital Request Form:**

- **New York City Health and Hospitals Corporation (HHC) hospitals**
- **New York City public schools (however, charter schools should submit a Capital Request Form)**
- **New York City private schools**
  (unless 100% of the student body consists of special education students with disabilities whose tuition costs are paid by the New York City Department of Education, and the school does not share its building(s) with another school)
- **The City University of New York (CUNY) colleges and schools**

Before submitting this Organization Form and related attachments:

- **Review the Guidelines to determine whether the Organization meets the criteria set forth therein;**
- **Review the Glossary;**
- **Review this Form to determine the information that you will need to gather about the Organization;**
- **Identify each attachment you must submit with this completed Form; and**
- **Review this Form and the related attachments together to ensure that the corresponding responses match.**

I. CONTACT INFORMATION

1. Organization Legal Name: _____
2. "Doing Business As" Name (if applicable): _____
3. Website: _____
4. Organization Main Address:

   Street: _____ City: _____

   State: _____ Zip Code: _____

   Borough: _____

5. Chief Executive Officer (or equivalent):

   Name: _____ Phone: _____

   Title: _____

   E-Mail Address: _____

6. Principal Contact regarding this Organization Form:

   Name: _____ Phone: _____

   Title: _____

   E-Mail Address: _____

7. Attorney:

   Name: _____ Phone: _____

   Firm: _____

   Address: _____

   Website: _____

   E-Mail Address: _____

8. Community Board #: _____
9. Council District #: _____
10. Council member representing your district: Please select
11. EIN / Taxpayer ID #: _____
12. Additional EINs/Taxpayer IDs used by Organization _____

II. ORGANIZATION INFORMATION

1) Organization Background:

A. What type of services does the organization provide? (Check all that apply.)

- ☐ Educational
- ☐ Mental Health
- ☐ Drug/Alcohol-related
- ☐ Senior Services
- ☐ Child Care
- ☐ Medically-related
- ☐ Child-Welfare
- ☐ Other _____
- ☐ Youth Services
- ☐ Housing/Homeless

Briefly describe the mission, history and principal programs and activities of the Organization. Include the goals of the Organization and the current programs and accomplishments, with an emphasis on the achievements of the past year.

Please try to fit the response in the space provided above, but if necessary, attach additional narrative as **Attachment O.1 Organization Background.**

B. Identify the geographic area(s) and population(s) served by the Organization. Please note that the City will not grant funding to Organizations that discriminate on the basis of race, religion, creed, color, national origin, sex, age, disability, marital status, sexual orientation or political affiliation, or that do not make services available to all.

C. Are the Organization's services and/or programs available to all residents of the City (for purposes of this question, disregard fees associated with usage)?

Yes ☐ No ☐

Provide an explanation below as to how the services and/or programs are available to all regardless of race, religion, creed, color, national origin, sex, age, disability, marital status, sexual orientation or political affiliation.

D. Attach Articles & Certificate of Incorporation and any amendments thereof as **Attachment O.2 Articles and Certificate of Incorporation** and answer the following:

1. In what year was the Organization formed? _____
2. In what State was the Organization formed? _____

If the Organization is not incorporated in New York State, attach evidence that the Organization is licensed to do business in New York State and is in good standing as **Attachment O.3 NYS License and Good Standing**.

E.

1. Under which section of the Internal Revenue Code is the Organization tax-exempt (e.g., section 501(c)(3))? _____

   Provide the IRS letter of determination of tax-exempt status under section 501(c)(3) of the Internal Revenue Code, or, if Organization is not exempt under section 501(c)(3) attach explanation or documentation of tax status. (**Attachment O.4 IRS Tax-Exempt Status**)

   *For Housing Projects (see Glossary) for which a Housing Development Fund Corporation (HDFC) has not yet been formed, upload a description of the time frame for which the HDFC is expected to be formed as **Attachment O.4 IRS Tax-Exempt Status.**

2. Has the Organization's tax-exempt status been revoked in the past five years?

   Yes ☐ No ☐

   If YES, please provide an explanation as **Attachment O.5 Tax-Exempt Revocation**.

F.

1. Is the Organization registered as a charity 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)?
   Yes ☐ No ☐

If NO, please explain (e.g., the Organization is exempt from the Charities registration requirements, or applying for a Housing Project for which an HDFC has not yet been formed). In addition, unless the Organization is applying for a Housing Project, upload a letter from the New York State Attorney General's Office or Charities Bureau indicating that the Organization is exempt from such registration requirements. (**Attachment O.6 NYS Charities Registration Exemption**).

2. If YES, please provide the Organization's Charities Registration Number:

   _____

3. If YES, please provide a copy of the Organization's most recent annual filing. (**Attachment O.7 Form CHAR500**)

G. Please complete the Lobbying Certification Form (see **Exhibit 8**), and attach it as **Attachment O.8 Lobbying Certification Form**.

H. Please complete the Conflict of Interest Disclosure and Compliance Certification (see **Exhibit 9**), and attach it as **Attachment O.9 Conflict of Interest Disclosure and Compliance Certification.** Please be sure to answer the question in the middle of the Certification, which asks how the Organization is incorporated.

I. Please complete the Doing Business Data Form (see **Exhibit 10**), and attach it as **Attachment O.10 Doing Business Data Form.**

J. Has the Organization received written notice of any default in the payment to the City of any taxes, sewer or water charges, which have not been paid, unless such default is currently being contested with due diligence in proceedings in court or other appropriate forum?
Yes ☐ No ☐

If YES, please explain, list payments due, and describe the circumstances for such default:

Please note that if such debts, liens and/or sums are not cleared, the Organization may not receive capital funding even if an appropriation is made for one or more Projects.

Does the Organization acknowledge and agree to this requirement?
Yes ☐ No ☐

K. Public, Private or Charter Schools

1. Is the Organization a public school?
   Yes ☐ No ☐

   If YES, do NOT continue to fill out this Organization Form. Public schools are not subject to this process and therefore should not submit a Capital Request Form.

2.
   a. Is the Organization a private elementary school or secondary school? Note: "private school" does NOT include charter schools. Please note that notwithstanding the preceding statement, charter schools must still complete this Application (see question K(3) below).
      Yes ☐ No ☐

   If YES, complete the rest of this question 2.

   b. Does 100% of the student body consist of special education students with disabilities whose tuition costs are paid by the New York City Department of Education?
      Yes ☐ No ☐

   c. If YES to (b), does the school share its building(s) with another school?
      Yes ☐ No ☐

Please explain your responses to (b) and (c), and describe the population served.

Please try to fit the response in the space provided above, but if necessary, attach additional narrative as **Attachment O.11 Private School Description**.

Please note that no funding will be provided to a private elementary or secondary school, unless 100% of the student body consists of special education students with disabilities whose tuition costs are paid by the New York City Department of Education, and the school does not share its building(s) with another school. (See the Guidelines for additional information.)

d. Are the responses to question 2 above consistent with this requirement?
Yes ☐ No ☐

If NO, do NOT continue to fill out this Organization Form.

3.

a. Is the Organization a charter school?
Yes ☐ No ☐

If YES, complete the rest of this question 3.

b. Is the charter school requesting funding for Standalone Equipment, Equipment System and/or Initial Outfitting that consists of technology items (e.g., a computer system)?
Yes ☐ ☐
If YES, do NOT continue to fill out this Organization Form. Charter schools seeking funding for such Projects are not subject to this process and therefore should not submit a Capital Request Form. Please contact the New York City Department of Education on how to apply for such funding.

c. Is the charter school in the same location as a public school?
Yes ☐ No ☐

If YES to (c), answer the next three questions:

(i) Does the charter school expect to remain co-located with a public school over the next year?
Yes ☐ No ☐

(ii) Is the requested City funding intended for a Project solely for the use and benefit of the charter school?
Yes ☐ No ☐

(iii) Is the requested City funding intended for a Project for the benefit and use of both the charter school and its co-located public school(s) (such as improvements to common space)?
Yes ☐ No ☐

Please explain your answers to (ii) and (iii) above:

L. City Operating Contracts (Expense Funds):

See Glossary for definition of "City Operating Contract."

1. City Operating Contract Requirements for Real Property Projects (e.g., construction, renovation, and acquisition of buildings; see the definitions of "Real Property" and "Real Property Acquisition Projects" in the Glossary):

   - Total of at least $50,000 of City Operating Contracts in each of the City Fiscal Years 2022, 2023, and 2023

   If applicable, does the Organization meet this requirement? *

   Yes ☐ No ☐ N/A (not requesting funding for Real Property Projects) ☐

   Note: Regardless of whether or not they have a City Operating Contract, Housing Projects (see Glossary), may receive capital funds for Real Property Projects.

2. City Operating Contract Requirements for Moveable Property and Vehicle(s) Projects:

   - Total of at least $25,000 of City Operating Contracts in City Fiscal Year 2024

   If applicable, does the Organization meet this requirement? *

   Yes ☐ No ☐ N/A (not requesting funding for Moveable Property and/or Vehicle Projects) ☐

   Note: Regardless of whether or not they have a City Operating Contract, Hospitals and Clinics (see Glossary) may receive capital funds for Moveable Property.

   If the Organization does meet the exception for the City Operating Contract requirement, and the Moveable Property Project(s) will be used for Hospital or Clinic services, see question 6.

3. Complete the table below indicating, for each such City Operating Contract, (i) the annual amount, (ii) the administering City agency (e.g., DOHMH, DFTA, DYCD, ACS), (iii) the purpose of each such contract (e.g., after-school programs, senior services), (iv) the contact person at the City agency and (v) the contract registration number (not the PIN), for registered contracts.

ANNUAL AMOUNT	CITY AGENCY	CONTRACT PURPOSE	CITY AGENCY CONTACT PERSON	CONTRACT NUMBER (If Registered)
City FY 2024				
City FY 2023				
City FY 2022				

* City Operating Contracts DO NOT include capital contracts, awards and/or grants.

If the Organization has additional contracts, please complete a supplemental table in this form and attach as **Attachment O.12 City Operating Contracts Table.**

M.

1. Identify all Affiliates and Related Organizations (see Glossary) in the table below. If there are no such Affiliates and Related Organizations, please indicate below.

   Please note that many Organizations have failed to disclose all Affiliates and Related Organizations, so please confirm with your accountant or attorney that the table below is completed fully and accurately. Such failure to disclose may result in the refusal of the City funds requested herein to be granted.

Affiliate and Related Organization	Corporate Status (i.e., for profit or non-profit)	Nature of Relationship (e.g., majority ownership interest, majority voting interest in the board, economic interest, control by management contract, affiliation agreement or other means)

Please try to fit the response in the space provided above, but if necessary, complete a supplemental table in this form and attach as **Attachment O.13 Affiliates and Related Organizations**.

2. Does the Organization share paid employees and/or facilities with another tax-exempt or taxable entity?

   Yes ☐ No ☐

If YES, please explain and list such entity or entities:

N. Please describe in detail ANY religious or sectarian activities that the Organization provides/will provide, or that an Affiliate and Related Organization provides/will provide.

Religious or sectarian activity that should be disclosed includes worship, prayer and/or proselytization occurring any time, regardless of the duration, the frequency and the sponsor of such activity. In addition, it includes administration and implementation of such activities.

When answering this question, please consider and disclose any broader programs that may have worship, prayer and/or proselytization as even a small component of such programs. Failure to disclose activities that may have religious or sectarian components will lead to delays in, reduction of and/or rescindment of City capital funding. **It is recommended that if there is any uncertainty as to whether a certain activity is a religious or sectarian activity, it be disclosed.**

Please acknowledge that you have read and agreed to this statement: ☐

If not applicable, please check here: ☐

O. Describe the frequency, duration and location of such religious or sectarian activity.

If not applicable, please check here: ☐

P. Is the Organization affiliated with any religious corporation?

Yes ☐ No ☐

If YES, please attach a description of the religious corporation's religious or sectarian programming and the relationship between such programming and the Projects for which funding is being requested herein as **Attachment O.14 Religious Corporation Description.**

2) Operations and Management:

A.

1. How many paid full-time employees (on the Organization's payroll) does the Organization have? _____

   If the Organization does not have any paid full-time employees, the City will not provide funding.

2. How many full-time equivalents (not including full-time employees) does the Organization have? _____

3. Does the Organization intend to have a separate organization, including an Affiliate and Related Organization, own or operate a part or all of one or more Projects for which funding is being requested herein?*

   Yes ☐ No ☐

   *(For Housing Projects (see Glossary) for which the HDFC has not yet been created, it is understood that the HDFC (and not the applying Organization) will operate the Housing Project.)

   IF YES, the City will not provide funding for such Project(s). Note: only the applicant itself may receive funding and carry out, own and operate the Project.

   Failure to disclose any such subsidiary organization or Affiliate and Related Organization will lead to delays in, reduction of and/or rescindment of City capital funding. It is recommended that if there is any uncertainty as to whether another entity will own or operate one or more Projects, that it be disclosed.

   Please acknowledge that you have read and agreed to this statement: ☐

B. Please list the names, titles, annual gross salaries and other compensation of the Organization's three highest-paid employees/officers. Other compensation includes but is not limited to housing allowances, bonuses and travel allowances.

Employee/Officer Name	Title	Annual Gross Salary from the Organization	Annual Gross Salary from all of the Organization's Affiliates and Related Organizations	Other Compensation from the Organization and all of the Organization's Affiliates and Related Organizations	Total
					$0
					$0
					$0

3) Programming, Marketing and Membership:

A. Attach a sample of the Organization's brochures and/or flyers describing the types of programs offered. (**Attachment O.15 Brochures**)

B. Unless the Organization is a Hospital or Clinic, complete the table below indicating the category of service or program provided and the number of persons served in each category:

Service/Program	No. of People Served in City FY 2023	No. of People Served in City FY 2024 (Projected)	No. of People Served in City FY 2025 (Projected)
Total	0	0	0

Please try to fit the response in the space provided above, but if necessary, complete a supplemental table in this form and attach as **Attachment O.16 Programming Table.**

C. Unless the Organization is a Hospital or Clinic, complete the following questions:

1. Are fees charged for services?
   Yes ☐ No ☐

   If YES, attach a current fee schedule as **Attachment O.17 Program Fees**.

2. Is membership in the Organization required to participate in any of the Organization's programs or to be a recipient of Organization's services?
   Yes ☐ No ☐

   If YES, attach all membership and program or service applications with fee schedules, a description of membership requirements and an explanation of different membership categories, where appropriate, as **Attachment O.18 Membership Requirements, Applications and Categories**.

4) City Capital Funding:

A. Has the City appropriated capital funds for the Organization in previous City fiscal years?
   Yes ☐ No ☐

   If YES, complete the table below and answer B.

Description of Project Funded (e.g., reconstruction of main office, computer purchase, theater lighting, etc.)	Total Appropriation Amount	Has a Funding Agreement been Executed by the City? (Y/N)	Actual Amount of Funding Agreement	Has a Funding Agreement been Registered by the City?(Y/N)	Contract Number -if registered	Has any City funding been disbursed in the last 5 years? (Y/N)

Please try to fit the response in the space provided above, but if the Organization has additional appropriations, please complete a supplemental table in this form and attach as **Attachment O.19 City Capital Funding Table.**

B. Status Report:
For each Project listed above for which a contract has (i) not been registered, (ii) been registered and the Organization has received some but not all of the agreed City capital funding thereunder or (iii) been registered but the Organization has not received any City capital funding thereunder, please upload the status report in the form provided in Exhibit 4A- Project Status Report as **Attachment O.20 Status Report**.

C. Compliance Certificate- Real Property:
For Real Property Projects listed above for which a contract has been registered and the Organization has received any City capital funding, please instruct an authorized officer to complete one Compliance Certificate for each address/location
(see Exhibit 4B – Compliance Certificate – Real Property). Submit such certificate(s) in one file attachment as **Attachment O.21 Compliance Certificate – Real Property**.

D. Compliance Certificate- Moveable Property and Vehicles:
For Moveable Property and vehicle projects listed above for which a contract has been registered and the Organization has received any City capital funding within the last five (5) years, please instruct an authorized officer to complete one Compliance Certificate for all Moveable Property and vehicles (see Exhibit 4C – Compliance Certificate –Moveable Property and Vehicle(s)). Submit such certificate as **Attachment O.22 Compliance Certificate – Moveable Property and Vehicle(s)**.
Please note that, in certain instances, an Organization will be submitting both a Status Report and a Compliance Certificate for the same Project.

E. **Please acknowledge that you have carefully reviewed the preceding and determined whether the Organization is required to submit any Status Reports or Compliance Certificates:** ☐

F. If the City has appropriated capital funds for the Organization in previous City fiscal years, listed in the table on the previous page, and the Organization is not attaching a Status Report or Compliance Certificate, please explain why such a report or certificate is not necessary:

5) Financial Information:

A. Provide the Organization's three most recent **audited** financial statements. (**Attachment O.23 Audited Financial Statements – Year 1 of 3, Attachment O.24 Audited Financial Statements – Year 2 of 3, and Attachment O.25 Audited Financial Statements -Year 3 of 3.**) Please note that the Organization's most recent audited financial statements should generally be for Organization's fiscal year ending October 2022 or later. If Organization's most recent audited financial statements are older, please upload at Attachment O.25 Audited Financial Statements- Year 3 of 3 **both** the Organization's most recent audited financial statements and an explanation of why it does not have more recent audited financial statements.

If the Organization cannot comply with the requirement above, the City will not provide funding.

B. Provide a copy of the most recent tax form filed with the IRS by your Organization (e.g., Form 990) as **Attachment O.26 Form 990**. Please be sure to attach the complete Form 990, and not just the notice of receipt.

NOTE: For Housing Projects (See Glossary), upload a document that states that the Form 990 is not applicable as **Attachment O.26 Form 990**.

C. The following chart **MUST** be completed in its entirety.

BUDGET CHART		
The following should set forth actual and projected budgets for the Organization. Provide accurate actual or projected amounts in all categories.	TOTAL CURRENT FY INCOME (PROJECTED)	$0
	TOTAL CURRENT FY EXPENSES (PROJECTED)	$0

ANNUAL OPERATING BUDGETS (FY OF ORGANIZATION)

	Prior FY Actual	Current FY Projected	Upcoming FY Projected
EARNED INCOME:			
Membership Fees			
Contracted Services - City			
Contracted Services – State			
Contracted Services - Other			
Tuition, Class/Workshop Fees			
Publications			
Fundraising (Gross)			
Other Earned Income			
TOTAL EARNED INCOME	$0	$0	$0
UNEARNED/NONGOVERNMENT INCOME:			
Corporate Contributions			
Foundation Grants			
Individual Contributions			
Other Unearned			
SUBTOTAL	$0	$0	$0
UNEARNED/GOVERNMENT INCOME (specify):			
Federal:_____			
State: _____			
Other Federal/State			
City: _____			
City: _____			
Other: _____			
Other: _____			
SUBTOTAL	$0	$0	$0
TOTAL UNEARNED INCOME	$0	$0	$0
EXPENSES:			
Personnel Administrative			
Programs & activities			
Fundraising			
Other (specify): _____			
Other (specify): _____			
Payments to Affiliates and Related Organizations			
Outside Professional Services			
Space rentals/Utilities			
Equipment Rental/Supplies			
Travel/Transportation			
Advertising/Promotion Marketing			
Other Expenses			
TOTAL EXPENSES	$0	$0	$0
SURPLUS/DEFICIT	$0	$0	$0
IN-KIND SUPPORT			
IN-KIND + EXPENSES	$0	$0	$0

6) Hospitals and Clinics

A Hospital or Clinic is defined as an organization engaged principally in providing health services to the general public (via an ambulatory care site or an emergency room) by or under the supervision of a physician or dentist, for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition. In addition, such institution must be: (1) organized and operated for exempt purposes under section 501(c)(3) of the Internal Revenue Code of 1986, (2) fully accredited and meet all applicable Federal, State and local licensing requirements for the provision of such health services, and (3) eligible to participate in Medicare and the New York State Medicaid programs. The terms "Hospital" and "Clinic" shall NOT include (a) a nursing home or other residential health care facility that provides care only to occupants of such nursing home or other facility, and any other long-term care facility. (See Glossary.)

A. Is the Organization a Hospital or a Clinic as defined above and in the Glossary?

Yes ☐ No ☐

If YES, please explain how the Organization meets such definition of Hospital or Clinic, including how the Organization's services are open and available to the general public.

Please note that the exception that relates to a Moveable Property Project for a Hospital or Clinic that does not meet the City Operating Contract Requirement (see question 1(L)), can ONLY apply if the Moveable Property will be used for Hospital or Clinic services.

If YES, please complete the following questions B and C.

B. Is the Organization a licensed operator in good standing under the New York State Public Health Laws and/or the New York State Mental Hygiene Laws to provide the programs and services utilizing the proposed Project(s)?

Yes ☐ No ☐

If YES, please provide the facility identification number for the Organization's main site:

_____

If YES, please provide the operating certificate number(s) for the Organization's main site:

_____

If YES, upload a copy of the current operating certificate(s) and any accompanying letters from the New York State Department of Health, the New York State Office of Mental Health and/or the New York State Office for People With Developmental Disabilities evidencing that the Organization is licensed to conduct such program(s) and service(s) under the applicable New York State Laws, as **Attachment O.27 Operating Certificate(s) and Accompanying Letter(s).**

If NO, the Organization must explain in detail why current and valid operating certificate(s) are not available for such programs and services.

C. Is the Hospital or Clinic an enrolled or participating provider in good standing under the Medicare and New York State Medicaid programs?

Yes ☐ No ☐

If YES, provide Medicare National Provider Identifier: _____

If YES, provide Medicaid National Provider Identifier: _____

If NO, explain:

List of Attachments

THESE ATTACHMENTS MUST BE SUBMITTED ELECTRONICALLY WITH THE FORM.

Required Attachments for this Form**:**

- O.2 Articles and Certificate of Incorporation
- O.4 IRS Tax-Exempt Status
- O.8 Lobbying Certification Form
- O.9 Conflict of Interest Disclosure and Compliance Certification
- O.10 Doing Business Data Form
- O.15 Brochures
- O.23 Audited Financial Statements – Year 1 of 3
- O.24 Audited Financial Statements – Year 2 of 3
- O.25 Audited Financial Statements – Year 3 of 3
- O.26 Form 990

Attachments that **may be required** to be fully responsive to questions in this Form:

- O.1 Organization Background
- O.3 NYS License and Good Standing
- O.5 Tax-Exempt Revocation
- O.6 NYS Charities Registration Exemption
- O.7 Form CHAR500
- O.11 Private School Description
- O.12 City Operating Contracts Table
- O.13 Affiliates and Related Organizations
- O.14 Religious Corporation Description
- O.16 Programming Table (not applicable for Hospitals/Clinics)
- O.17 Program Fees (not applicable for Hospitals/Clinics)
- O.18 Membership Requirements, Applications and Categories (not applicable for Hospitals/Clinics)
- O.19 City Capital Funding Table
- O.20 Status Report
- O.21 Compliance Certificate – Real Property
- O.22 Compliance Certificate – Moveable Property and Vehicle(s)
- O.27 Operating Certificate(s) and Accompanying Letter(s)