## FY18 PRE-APPLICATION

**Phase I: Discovery and Visioning**

**DEADLINE: Monday, November 6, 2017, 4:30PM**

Complete and return Pre-Application via e-mail

EMAIL: BCCINFO@culture.nyc.gov

SUBJECT: “BCC Phase 1 Pre-Application [CBDO Name]”

*Please TYPE all responses in the boxes provided*

**I. APPLICANT TEAM INFORMATION AND ELIGIBILITY**

**A. Community Based Development Organization (CBDO)**

|  |  |
| --- | --- |
| Organization/AKA: |  |
| CEO Name & Title: |  |
| Phone: | -   -     ext: |
| Email: |  |
| Contact Name & Title: |  |
| Contact Phone: | -   -     ext: |
| Email: |  |
| Street Address + Zip: |  |
| Website: |  |

|  |
| --- |
| State your organization’s mission. Briefly identify your principal activities, service area(s), and target audience. |
|  |

**B. CBDO Eligibility Checklist**

| Indicate whether your organization: YES NO | | |
| --- | --- | --- |
| Qualifies as a CBDO (see Exhibit B of the Application Guidelines for eligibility criteria) |  |  |
| Is tax exempt under section 501(c)(3) of the Internal Revenue code |  |  |

**C. Cultural Partner**

|  |  |
| --- | --- |
| Organization/AKA: |  |
| CEO Name & Title: |  |
| Phone: | -   -     ext: |
| Email: |  |
| Contact Name & Title: |  |
| Phone: | -   -     ext: |
| Email: |  |
| Street Address + Zip: |  |
| Website: |  |

|  |
| --- |
| State your organization’s mission. Briefly identify your principal activities and service area(s). |
|  |

**D. Cultural Partner Eligibility Checklist**

| Indicate whether your organization: YES NO | | |
| --- | --- | --- |
| Is tax exempt under section 501(c)(3) of the Internal Revenue code |  |  |
| Serves the proposed BCC neighborhood as its primary constituency |  |  |

**II. PROPOSED BCC NEIGHBORHOOD INFORMATION AND ELIGIBILITY**

| Define the area to be served by the BCC program by providing the street names of its outermost boundaries (north, south, east, west), or attach a map of the neighborhood, including street boundaries. |
| --- |
|  |

| Indicate whether the BCC target neighborhood: YES NO | | |
| --- | --- | --- |
| Has a population that is at least 51% low and moderate income |  |  |
| Is at least 51% residential |  |  |
| Is part of a recent or ongoing City-led planning initiative. If so, please give the name and lead City agency: |  |  |

|  |  |
| --- | --- |
| **III. CERTIFICATION AND RELEASE** | |
| The Chief Executive Officer or an employee who has signatory authority must sign below. The undersigned certifies that: s/he is an authorized signatory of the applicant organization with the authority to obligate it and having knowledge of the information contained herein, the information presented within or as a supplement to this proposal is accurate or represents a reasonable estimate of future operations and is free of misrepresentations and material omissions; the applicant organization releases the City of New York, its employees and agents, with respect to damages to property or other claims in connection with the materials submitted herewith. | |
| **CBDO**  **Chief Executive Officer**    Name of Organization    Typed Name and Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | **Cultural Partner**  **Chief Executive Officer**    Name of Organization    Typed Name and Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| **FOR DCLA USE ONLY** | |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTES: | |