WHO SHOULD COMPLETE THIS SUPPLEMENTARY APPLICATION FORM

Any organization applying for New York City Council discretionary funding that was Created after July 1, 2014 must complete this form.

INSTRUCTIONS FOR COMPLETING SUPPLEMENTARY APPLICATION FORM

This supplementary application form must be completed by an officer or employee of the organization that is applying for Council discretionary funding. All forms must be legible, complete and accurate. All sections of the supplementary application form are mandatory unless otherwise noted.

All funding application forms submitted to the City Council are considered public documents.

The person who completes this form must be authorized by the organization to complete it and must know enough about the organization to be able to fully, truthfully and accurately complete the form.

WHERE AND WHEN TO SUBMIT THIS SUPPLEMENTARY APPLICATION FORM

Keep a copy of the completed supplementary application form for your records before it is submitted.

Please submit the original notarized document directly to:

Charles Davis, Chief Compliance Officer
Office of the General Counsel, NYC Council
250 Broadway, 15th Floor
New York, NY 10007

And submit a copy to:

The Council Member to whom the organization submitted the original “Organization Qualification Form.” For a list of Council Members’ contact information please visit:


The funding request will not be considered until this supplementary application form has been received.
1. Legal Name of Organization Requesting Funding \textit{(as displayed on Certification of Incorporation)}

2. Applicant Federal Employer Identification \# (FEIN) ___-___-____

**HISTORY OF ORGANIZATION AND PAST SERVICE DELIVERY**

3. What year did the organization receive its FEIN? ______________

Please attach a government issued document that shows the year the organization was assigned its FEIN (such as a FEIN Confirmation Notification letter from the IRS).

- Attached: Yes □ No □

4. In the past, has the organization provided services that are the same or similar to the services for which it requests this funding? Yes □ No □

\textit{If yes:} How long has the organization provided such services?

\textit{If No:} Why is the organization now providing such services?

**IN 2014, NUMBER OF PEOPLE SERVED AND SPECIFIC SERVICES DELIVERED**

5. For calendar year 2014, describe the services the organization delivered that were the same or similar to the services for which the organization seeks funding from the City Council. For the area of services for which the organization is seeking funding, please include detailed information that quantifies or measures the services delivered including the approximate number of people served, the number - and where relevant the expertise - of staff, the demographics of the population served, the type of location where the services were provided, the frequency with which the services were provided and the duration.

\textit{Sample response for a request to fund an afterschool basketball program: eight retired teachers ran a program in 2014 that coached afterschool basketball to 200 students aged 13-15 years old. The program ran five days a week for eight months, September through April from 3-5 pm at ABC High School in the Bronx in 2014.}

\textit{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.}
New York City Council Discretionary Funding Fiscal Year 2017
SUPPLEMENTARY APPLICATION FORM

SOURCES OF FUNDING AND REFERENCES

6. Has the organization ever applied for funding from the New York City Council? Yes ☐  No ☐
   If yes: In what fiscal year(s) (NYC fiscal year) did the organization apply for funding? ________

7. Has the organization ever received funding from the New York City Council? Yes ☐  No ☐
   If yes: In what fiscal year(s) (NYC fiscal year) did the organization receive funding? ________

8. Has the organization ever received funding from the City of New York? Yes ☐  No ☐
   If yes: In what fiscal year(s) (NYC fiscal year) did the organization receive funding? ________
   If yes: From what agency or department did the organization receive funding? ________

9. For the most recently completed fiscal year, please attach a list of all sources of funding, including
    the name of the source and the amount from each source.

Source of Funding List Attached Yes ☐  No ☐

10. Please provide contact information for the three funding sources that provided the most funding to
    the organization in the last 18 months. Attach additional paper as needed.

For each source of funding, please include the name of a contact person with the funding entity
who is knowledgeable about the services delivered by the organization. The contact person may
be called as a reference.

Please note that if a large percentage of funding comes from private donations please notate it as
follows: 35% of Funding comes from private donors. It is not necessary to submit list of contact
information for all private donors.
<table>
<thead>
<tr>
<th>Funding Received Year</th>
<th>Source of Funding Name</th>
<th>Source of Funding Address</th>
<th>Source of Funding Phone</th>
<th>Source of Funding Name of Contact Person Familiar With Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Legal Name of Organization ______________________________________________________

CERTIFICATION OF AUTHORIZATION TO SUBMIT AND COMPLETENESS

I certify that:

• I am authorized by the organization seeking funding to complete and submit this form 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 form that requests 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 __________________

Sworn to before me this _______ day of ______________________, 20____

________________________________________

Notary Public