

Safe in the City Grant – Application COVID-19 ONLY

One application will be accepted per applicant. Only completed applications will be considered. Answer questions thoroughly.
 Email completed application to SafeintheCityGrant@cityhall.nyc.gov
 SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR FUNDING.

******READ BEFORE BEGINNING APPLICATION******

1. Download & Save as a PDF > Input Data & Save
2. **To SUBMIT:** Click 'Submit Form' (purple bar top right)
 - a. 1st Prompt: Insert YOUR email and full name
 - b. 2nd Prompt: Select the email delivery option
 - i. DESKTOP: App will be sent from the email acct linked to your computer (i.e. Microsoft Outlook)
 - ii. INTERNET: For email services like Yahoo, Gmail, Hotmail, etc. Requires a manual email submission.

DESKTOP: Check your email account outbox folder to ensure the email was delivered. If delivered, do not send manually.
Note: If you choose Desktop and use an email account that is not linked to your computer the application will not be emailed.

To Submit Manually (Internet Option):
 Attach saved application to your email and send to SafeintheCityGrant@cityhall.nyc.gov

SECTION 1: CONTACT INFORMATION

Primary Contact Person	Secondary Contact Person
Phone	Phone
Email*	Email*
Mailing Address <i>(Number, Street, Borough, Zip code)</i>	Mailing Address <i>(Number, Street, Borough, Zip code)</i>
Neighborhood(s)/ Area(s) served	

*** (Use an email that is checked readily- primary contact will be made via email)*

Are you applying on behalf of an organization/ agency? If no, skip the next question.

YES *Name of Organization/Agency _____
 NO

Does this organization have 501(c)(3) status? *(Note: Organizations are not required to have this status to receive a grant. If status is pending; please check box.)*

YES
 NO
 PENDING

If awarded, make the check payable to:

(Ensure this information is accurate and the appropriate name under which the check may be deposited to avoid unnecessary delays.)

Individual/ Organization/ Agency Name
Mailing Address <i>(Number, Street, Borough, Zip Code)</i>

Tell Us About Your Proposal:

SECTION 2: PROJECT INFORMATION

Project Name <i>(if applicable)</i>	
Location(s) of Project	
Date(s) of Project <i>(if multiple, list all)</i>	
Event Time	
Amount Requested <i>(up to \$1,000)</i>	\$

1. Who is your Council Member? _____

2. What council member district will this project take place?

____ My Council Member

____ Other: _____

SECTION 3: PROJECT DESCRIPTION

Describe how your proposal aligns with the goals and objectives of this grant. If your proposal consists of separate/different events, please provide the requested information for each.

What category best describes your event:

Refer to the 'SICG Info' page for the types of activities that may fall under each category. Check all that apply.

____ Education around COVID-19

____ Support & Assistance for Vulnerable populations

____ Emergency Response Services

____ Other, _____

A. DESCRIPTION

1. Describe the components of your proposed project that directly support the category(ies) selected. **Your proposal must be related to COVID-19.**

2. **What demographic do you hope to reach?**

3. **What are your goals for this project? What do you hope to accomplish?**

4. **SAFETY PLAN:** If any level of in-person interaction and/or the acquisition of materials for distribution are elements of your proposal, please describe your safety plan for both individuals and items. Plan must include process to obtain, store, distribute items safely.

C. COORDINATION & PLANNING

Demonstrate how you will implement the proposed project.

1. What is your plan for outreach and promotion?

--

2. How many staff/volunteers will assist with this project?

--

3. Create a work plan and timeline of tasks needed to implement this project successfully.

Task (describe if necessary)	Completion Date

4. List your community partnerships for this project and their expected roles.

Partner	Expected Roles

D. BUDGET

Budget must be aligned with the proposal described above. **Note:** All budgeted items will be reviewed and assessed during the evaluation of your proposal. Be as accurate as possible. Donated items may be reflected on this budget as well.

Item (Short Description- if necessary)	Cost	Quantity	Total
Total Request (maximum \$1000):			\$

SECTION 4: GENERAL INFORMATION

1. Have applied for this grant before?

- YES
- NO

2. Have you ever been awarded?

- YES How many times? _____
- NO

3. How did you hear about this grant?

- Office to Prevent Gun Violence / Mayor’s Office of Criminal Justice
- Elected Official
- Community Event
- Community Based Organization
- Friend/Colleague
- Other: _____

CONGRATULATIONS, YOU’VE COMPLETED THE APPLICATION!!

******Please note: Submission of an application DOES NOT guarantee funding. ******

Refer to the instructions above for final submission. You will receive a confirmation email when your application is received.