

FY2025

## Instructions

### Instructions:

This application must be completed by an officer or employee of the organization that is applying for discretionary funding. All requests for funding must be submitted and will only be accepted through the Blackbaud portal. Applications should be accurate and complete. Please keep a copy of the completed application for the organization's records before it is submitted. All sections of the application are mandatory unless otherwise noted.

The person(s) who complete this application must be authorized by the entity, and have a comprehensive understanding of the organization in order to fully, truthfully and accurately complete the form(s).

All requests for discretionary funding submitted to New York City Council are considered public documents.

### WHERE AND WHEN SHOULD APPLICATION BE SUBMITTED:

**Applications must be submitted from Thursday January 4, 2024 through Tuesday, February 20, 2024.**

Once the questionnaire portion of the application is completed, there will be a prompt to complete, sign and notarize (where applicable) documents that need to be uploaded into Blackbaud portal. Be advised that applications are not considered finalized without submission of required forms.

Please direct all questions to [discretionary@council.nyc.gov](mailto:discretionary@council.nyc.gov)

Both traditional and electronic notarization are acceptable methods for the required documents.

Please note Adobe Reader is required for viewing and printing of documents found in the last section of application.

## **Application Checklist**

Please review the following checklist to ensure you have access to all necessary information required to complete application.

### 1. Federal Employer Identification Number (FEIN)

Please note: The organization must be in possession of the Federal Employer Identification Number (FEIN) & Certificate of Incorporation prior to submitting an application for discretionary funding.

### 2. New York State Charities Bureau Registration Number

### 3. Annual Operating budget of Organization

### 4. HHS Accelerator Prequalification Status and Approved Service Areas.

### 5. Information/Documentation concerning inquiries, monitorships, government investigations, corrective action plans or audits (other than routine annual audit).

### 6. Organization's staffing information

### 7. Staffing information regarding programs/services

8. Certificate of Incorporation (for those incorporated on or after July 1, 2022)

9. Current list of Board Members and High/Executive Level Employees (as per IRS 990 Part VI §A and Part VII §A)

10. Please note Adobe Reader is required for viewing and printing the PDF (Portable Document Format) documents found at the end of the application.

Reminder: It is paramount that the organization be in possession of the above items prior to submitting an application for discretionary funding.

### Organization and Contact Info

#### Organization Information

Legal Name of Organization Requesting Funding

Organization Acronym and Other Names Used

What is the Organization's Current Federal Employment Number (FEIN)

(FEIN,TIN,EIN) Use the following format: 123456789 (no dash)

Is the FEIN currently being used or shared by another organization?

Has the FEIN ever been used or shared by another organization in the past?

If YES, please list name of organization and time period, otherwise please answer 0

Does the organization currently use or has the organization used an alternate or different FEIN?

If YES, please list alternate FEIN, otherwise please answer N/A

Is the entity tax exempt according to the Internal Revenue Service Code?

Is the organization's Internal Revenue Service tax exempt status current?

Was the FEIN/Tax exempt status revoked in the last 10 years? If yes, please enter the date of the revocation.

Has the organization ever applied for Council funding in the past?

What is the date of incorporation?

If the incorporation date is after July 1, 2022; a Supplementary Questionnaire MUST be completed as part of the application process: [Supplementary Application Form](#)

Please complete & submit this form with the application

Is the organization registered and current with the New York State Attorney General's Charities Bureau?

If yes, please provide the six digit ID Number.

If not, is the organization considered exempt from registering and filing with the Charities Bureau?

If the organization is designated Exempt (as per rationale issued by New York State) please complete & submit this form: [Charities Bureau Exemption Form](#)

What is the estimated operating budget for the organization's current fiscal year

## Administrative or Business Address

Please provide the administrative Street Address

City      State

NY

Zip Code

Please Provide the Organization's Web site

### Organization Primary Contact

Prefix              First Name      Last Name

- Select One -

Suffix

<None>

Title

Office Phone

Extension

E-mail

### Organization Budget/Funding Contact Person

Prefix	First Name	Last Name
	Suffix	
Title		
Office Phone		
	Extension	
E-mail		

## **Inquiries, Investigations & Compliance**

Within the past five (5) years, has the organization been subject to an independent inquiry, monitorship, government investigation or audit by any local, state or federal government (including a current or past audit by the NYC Comptroller, a request for information and/or an inquiry by the Department of Investigation, and/or an audit/inquiry by a licensing agency) other than a routine audit?

Within the past ten (10) years, has a current or former principal, senior employee, and/or officer of the organization been convicted of a felony, misdemeanor and/or been found in violation of any administrative, statutory and/or regulatory provision?

If yes, please provide the details of the conviction or violation.

Does any current principal, employee and/or officer have any felony, misdemeanor and/or administrative charges currently pending?

If yes, please provide the pending charges.

Is the organization currently negotiating or operating under a Corrective Action Plan (CAP)?

If yes, please briefly explain the reason and purpose of the CAP.

Within the past five (5) years has the entity been required to comply with Corrective Action Plan (CAP)?

If yes, please briefly explain the purpose and status of the CAP.

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

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

Has the organization created and registered an account through the Procurement and Sourcing Solutions Portal (PASSport)?

Please note The Mayor's Office of Contract Services (MOCS) requires all organizations to create accounts and complete MOCS Capacity Building Training requirements.

## Request Details

## Funding Information

Amount Requested

Minimum Award is \$5,000

Contracting Agency

Is the organization seeking funding related to Speaker Initiatives and/or City-Wide Initiatives

**Speaker Initiatives and/or City-Wide Initiatives List**

Please choose up to 10

No Selection / Not Applicable

Council Member

Has any principal, authorized official and/or executive member of the organization ever applied for discretionary funding as a representative of another organization?

(If yes, please provide year and outcome.)

**Purpose and Use of Funds**

Please provide mission statement of the organization.

What program/service is the funding being requested for?

Please describe the program/service that will be receiving the allocation?

Include a description on how the requested funds will be used.

When will the program operate

Please list days/times of program/service.

Please provide physical location(s) of program/service.

What is the target demographic for program/service?

What is the Geographic Area served

e.g. Citywide; Brooklyn; Council District 39; Community Board 6; Flatbush, etc.

Briefly describe the staffing for the program



## Fees

**Programs and services supported by Discretionary Funding are to be open and free to members of the community without costs or fees charged. Should fees be charged, the rate should not be at a level that discourages and/or impedes participation**

Does the organization charge fees for its services and/or programming?

If yes, does the organization have a hardship exemption and/or fee waiver policy?

## Participation

### Outreach

Please provide a description of what the organization does and plans to do that invite the community

What methods and/or practices are used to invite the community to participate in program/service?

Please describe the community benefit of the program / services that is being considered for funding

## Religious/Private Affiliation

Is/will the program/service be located in, operated by and/or affiliated with a religious/parochial and/or private school?

What estimated percentage of program/service participants also attend the religious/parochial and/or private school?

Is/will the program/service be located in, operated by and/or affiliated with a religious organization and/or place of worship?

What estimated percentage of program/service participants also participate or are members of the religious organization or place of worship?

Please describe what types of outreach and/or advertising is done to invite the community/general public to invite and participate in the programming/services being offered.

## Past Service & Capacity

Has the organization proposed or similar services in the past?

If yes, briefly describe how long service(s) have been offered.

If no, briefly explain why proposed service/program had not been previously offered; and what qualifications the organization has to start providing these services.

Did the organization receive funding for Fiscal Year 2023?

If yes, please describe how the Fiscal Year 2023 funds were utilized.

(Please respond to each separate allocation your organization received.)

Please list all performance evaluations from federal, state, and city agencies for the last three years (2021-2023)

Include agency, rating and date

Organizations requesting discretionary funding are responsible for delivering the program/service themselves. Subcontractors and/or consultants are solely ancillary support for delivering program/service. Does the entity have the capacity to provide the proposed program/service?

If no, will the organization be using subcontractors?

Please explain why a subcontractor is needed.

### **Acknowledgement and Attachments**

Please review the [discretionary funding policies and procedures](#)

Have you reviewed the Discretionary Policies & Procedures?

No

All applicants are required to submit a completed, signed and notarized FY2025 Certificate of Authorization form and a completed and signed FY2025 Conflict of Interests form. Applications are not considered finalized without the required forms. Both the Charities Exemption Form and Supplemental Questionnaire need only be completed if applicable and are within the application.

Do you certify that all statements, answers, information, and representations provided in the application, required forms and supporting documents are true, correct, and accurate?

No

Please download the forms from the link below, print them out and sign them.

[Certification of Authorization form](#)

Name of Person who signed Authorization Form

[Conflicts of Interest Disclosure Form](#)

Name of person who signed Conflicts of Interest form

**Additional Information/Documents**

(Advertising, Board of Directors lists, lien satisfaction, etc.)

**Additional Information/Documents**

(Advertising, Board of Directors lists, lien satisfaction, etc.)

**Additional Information/Documents**

(Advertising, Board of Directors lists, lien satisfaction, etc.)

**Additional Information/Documents**

(Advertising, Board of Directors lists, lien satisfaction, etc.)