



## Eligibility Requirements

### Statement of Purpose

The Medical Center Neighborhood Fund is a voluntary donations effort made by employees of Columbia University Medical Center, NewYork-Presbyterian and New York State Psychiatric Institute. One hundred percent of the donations received are awarded each year to assist community based organizations in their efforts to provide quality recreational, social services, arts and other support services to residents of the Washington Heights and Inwood community. Each year, the Medical Center Neighborhood Fund awards applicant organizations up to \$3,000 following a careful application and review process based on the following eligibility criteria.

### Eligibility Guidelines

- Groups and organizations must be headquartered in Washington Heights or Inwood, north of 155<sup>th</sup> Street (Community Board 12 Manhattan);
- Only not-for-profit organizations are eligible. Proof of 501(c)3 non-profit operating organizations or 509 educational institution status is necessary by law;
- Organizations without a 501(c)3 status, must provide a fiscal conduit with 501(c)3 status along with EIN number and signed W-9 form;
- Public agencies are not eligible to apply, but public library branches located in Community Board 12 and after-school, non-curricular program based at public schools in Region 10 may apply. Divisions, schools and departments of Columbia University Medical Center, NewYork-Presbyterian and New York State Psychiatric Institute may not apply;
- Programs must demonstrate direct benefits to the residents of Washington Heights/Inwood;
- Only one application per organization will be considered;
- Funds must be spent for new or continuing programs or services, or program related equipment, but may not be used for capital and personnel expenditures;
- Programs conducted by Washington Heights/Inwood based organizations, involving participation by Washington Heights/Inwood residents but conducted outside of Washington Heights/Inwood are reviewed on a case-by-case basis;

- Organizations in which Columbia University Medical Center, New York-Presbyterian and New York State Psychiatric Institute personnel may serve as officers are eligible as long as they meet all other funding criteria.

### **Funding Criteria**

The following factors will be taken into consideration in the evaluation of grant applications submitted to the Medical Center Neighborhood Fund:

- Awards range from **\$500- \$3000** (applications exceeding this range will not be considered);
- Ability of program to meet neighborhood needs;
- Demonstrated need for funding;
- Clearly defined goals and objectives;
- Ability of the organization to carry out the proposed program/event;
- Community support/need for program;
- Groups sponsoring events should make best effort to host activities in ADA capable facilities;

### **Site Visits**

All organizations applying to the Medical Center Neighborhood Fund **MUST** undergo a site visit. Funding is dependent on site visit and site visitor's evaluations. *Note:* No awards will be made without a site visit. Site visits are scheduled with the organization's designated contact person during the months of February and March. Site visitors will contact organizations directly.

### **General Calendar for 2015-2016**

*December 7, 2015:* Applications mailed  
*January 29, 2016:* Completed applications due  
*February/March 2016:* Site Visits Review Process  
*May 2016:* Award recipients notified/ Awards Ceremony



## **Application Submission Checklist**

*In order for applications to be considered, applicants must follow all application guidelines:*

***APPLICATION DEADLINE: Friday, January 29, 2016 by 4:00 p.m.***  
*Incomplete or late applications will not be considered after January 29, 2016.*

### ***A COMPLETE APPLICATION MUST INCLUDE:***

- ❑ *A complete original application with (2) stapled copies of the application;*
- ❑ *A copy of organization's or fiscal conduit's revenue information 501(c)3 form;*
- ❑ *A copy of the organization's or fiscal conduit's W-9 form;*
- ❑ *Contact information for organization's representative;*
- ❑ *Copies of program materials, invites and flyers;*

**Completed Applications must be mailed or hand delivered to:**

***Medical Center Neighborhood Fund  
Columbia University Medical Center  
c/o Office of Government & Community Affairs  
51 Audubon Avenue, 8<sup>th</sup> Floor, Suite 800  
New York, N.Y. 10032***



Phone: 212-305-8060 Fax: 212-342-3914 E-mail: [gca@cumc.columbia.edu](mailto:gca@cumc.columbia.edu)

**2016 REQUEST FOR APPLICATIONS**  
Application Deadline: Friday, January 29, 2016

Name of organization:

Title of program:

\_\_\_\_\_

\_\_\_\_\_

Address:

Total program budget: \$\_\_\_\_\_

Amount requested in this proposal: \$\_\_\_\_\_

\_\_\_\_\_

Tax ID #: \_\_\_\_\_

\_\_\_\_\_

Program director:

Fiscal conduit (if applicable):

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Geographic area(s) served by this program:**

\_\_\_\_\_

**Collaborative partners (if applicable):**

\_\_\_\_\_

Has your organization ever applied to the Medical Center Neighborhood Fund? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the amount and the most recent fiscal year: \$\_\_\_\_\_ YR\_\_\_\_\_

Signature of program director:

Signature of fiscal conduit:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Year organization formed: \_\_\_\_\_ Annual operating budget: \$ \_\_\_\_\_  
Approximate population within service area \_\_\_\_\_  
Number of employed staff \_\_\_\_\_ Number of volunteers \_\_\_\_\_

**I. CURRENT MAJOR SOURCES OF ORGANIZATION FUNDING**  
Source Annual Amount

**II.** Please describe the overall purposes and general activities of your organization. Please attach organizational brochures or other supportive material such as flyers and website addresses.

Organization Name: \_\_\_\_\_

**Title of proposed program for funding:** \_\_\_\_\_

Is the program new? or existing?      Start date: \_\_\_\_\_      End date: \_\_\_\_\_

I.      Executive Summary

        Please provide a summary of the proposed program/ project.

II.      Please provide the following information for your proposed program: (purpose of the program, importance to the community, community involvement, if any in the program, number of people who will directly benefit, staff and their responsibilities to the program)

Organization Name: \_\_\_\_\_

Medical Center Neighborhood Fund 2015-2016

# BUDGET SHEET

## I. PROPOSED PROGRAM BUDGET

A. EXPENSES	TOTAL PROGRAM BUDGET \$	TOTAL FUNDING REQUEST \$
1. Program Supplies	1.	1.
2. Equipment Rental	2.	2.
3. Transportation	3.	3.
4. Space Rental	4.	4.
5. Advertising & Publicity	5.	5.
6. Other/ Consulting Services/ Stipend (specify)	6.	6.
<b>TOTAL EXPENSES</b>		
<b>B. PERSONNEL EXPENSES</b>	1. 2. 3. 4. 5. 6.	<b>*MCNF grants cannot be used to cover or support personnel expenses</b>
1.		
2.		
3.		
4.		
5.		
6.		
<b>TOTAL BUDGET (A+B)</b>		<b>MCNF Funding Request \$</b>

## II. OTHER SOURCES OF INCOME FOR PROPOSED PROGRAM

SOURCES	
1. Corporate/Business	1.
2. Foundation	2.
3. Govt. (specify)	3.
4. Other private/individual	4.
5. Other	5.

Organization Name: \_\_\_\_\_

Medical Center Neighborhood Fund 2015-2016 Application

## Funded Program Summary Report

(If your organization has received a Medical Center Neighborhood Fund Award in the past, kindly provide a brief summary report on the outcomes of the funded program.)

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Funded Program \_\_\_\_\_ Year Awarded: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Describe the impact the program or project had in the community, did the program meet the goals and objectives, how did the intended audiences benefit as well as any setbacks, successes and lessons learned.

Organization Name: \_\_\_\_\_

Medical Center Neighborhood Fund 2015-2016 Application