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**NF 2010 AWARD APPLICATION FORM / (SUBMIT ORIGINAL AND 2 COPIES/)**

Application **Deadline:** on or before 4:00 p.m. Friday, January 28, 2011- No exceptions.

Applicant Organization Legal Name

Operating Address (within Community Board 12)

City

State

Zip

Telephone – Day

Telephone -- Evening

E-mail (print clearly)

Fax Number

Name of Contact Person

Title

Name of Chairperson/President, Board of Directors **(please attach a list if necessary)**

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>FILL OUT THIS SECTION **ONLY** IF YOUR ORGANIZATION CANNOT CASH CHECKS WITHOUT A FISCAL CONDUIT:  
If you are awarded a check: HOW is it to be filled out? \_\_\_\_\_

Fiscal Conduit Legal Name: \_\_\_\_\_

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

City

State

Zip

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

Telephone

Fax

Contact name

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**\*\*Please note that check will be issued under name of fiscal conduit\*\***

ALL OTHERS APPLICANTS CONTINUE:

FEDERAL EIN NUMBER for Applicant or Fiscal Conduit \_\_\_\_\_

Has your organization ever applied to the **NEIGHBORHOOD FUND?** Y N

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

If declined, please indicate reason(s):

Organization Name:

**Executive Summary Sheet of the Proposed Project/Event:**

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

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

**CURRENT MAJOR SOURCES OF ORGANIZATION FUNDING: (PLEASE LIST PRIVATE, FEDERAL, STATE AND CITY FUNDING)**

<u>Source</u>	<u>Annual Amount</u>	<u>Purpose(s)</u>
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Organization Name:

Print or type:

Please describe the **overall purposes** and **general activities** of your organization in the space below. Please attach **a copy** of organizational brochures, flyers, advertising, etc., if available.

OMOrga

Print or type (circle where needed):

Title of **program proposed for funding**

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Is the program **new?** or **existing?**      Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

Within the space provided below, please give a brief, but complete description of the program for which funds are requested.

1. State the purpose of the program.
2. What is its importance to the community?
3. How is the community involved in the program?
4. State the number of people who will directly benefit from this program.
5. Please attach biographies or resumes of those involved in this program.

Kindly use this space only.

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Organization Name:

Budget for the **SPECIFIC PROGRAM** being considered for funding

[COPY this page as needed]

*FILL IN ALL boxes, including SHADED BOXES with Neighborhood Fund request amounts:*

**I. PROPOSED PROGRAM BUDGET**

EXPENSES	Column I: TOTAL BUDGET COSTS\$	Column II: NF GRANT REQUEST \$
Personnel Payroll (name & title) 1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
A. TOTAL PERSONNEL EXPENSES		
<u>Other Program Expenses</u> 6. Space Rental 7. Equipment Rental 8. Transportation 9. Program Supplies 10. Advertising & Publicity 11. Other (specify)	6. 7. 8. 9. 10. 11.	6. 7. 8. 9. 10. 11.
B. TOTAL OTHER EXPENSES	D.	
TOTAL add line A + line B for both columns in section I >		

(note: \$ totals in both shaded boxes should be the same number)

**II. CURRENT SOURCES OF INCOME FOR PROPOSED PROGRAM**

SOURCES		
1. Corporate/Business 2. Foundation 3. Govt. (specify) 4. Other private/individual 5. Other	1. 2. 3. 4. 5.	
C. CURRENT PROGRAM INCOME		
AMOUNT REQUESTED FROM NEIGHBORHOOD FUND <i>should equal total of Column II above&gt;</i>		
TOTAL PROGRAM INCOME (add line C + line D from Section II.)		

**Note: NEW APPLICANTS NEED NOT SUBMIT THIS PAGE!!**

Print or type:

Medical Center Neighborhood Fund 2010-2011 Application

Organization Name:

**PREVIOUS PROGRAM DESCRIPTION** to help us determine the effectiveness of the Neighborhood Fund awards: \_\_\_\_\_ Year of most recent award: \_\_\_\_\_

If you have previously received an award from the Medical Center Neighborhood Fund, please use the space below to give a brief description of the most recently funded program and the way(s) in which the funds were used.

Describe the **impact** of the program on the community, **the community's involvement**, and the qualifications of **staff** participating in this program. **Indicate** any setbacks as well as successes.

Please attach a copy of any brochures, concert programs, publicity, or other related materials that accompanied this previously awarded program.

Kindly include copies of photos for Medical Center Neighborhood Fund files & possible publicity use.