**2024 Neighborhood Business Grant Application**

***Please note that this downloadable application is for reference only, in order to be considered please submit your application online at:*** [***https://www.citizensnyc.org/nbg***](https://www.citizensnyc.org/nbg)

[Citizens Committee for New York City](https://www.citizensnyc.org/) (CitizensNYC) is a non-profit organization with a mission to help New Yorkers - especially those in low-income areas - come together and improve the quality of life in their neighborhoods.

We believe that small businesses are the backbone of our local communities. NYC businesses are more than just a place of commerce: they are often a gathering place where neighbors come to enjoy a sense of community. Small businesses preserve and sustain local culture, serving as anchors and meeting places where community members make connections, share values, strengthen culture, and support local leaders. As a small business leader, when you get involved in your local community, you both create enormous goodwill and set up your business for greater success.

**We support small businesses who are “doing well by doing good” in their neighborhood by making annual grant awards of up to $5,000.** These awards can provide funding to support thewide range of initiatives your business undertakes topositively impact your community, especially those that are custom-tailored to meet the local needs you see.

The application is intended to be accessible. We estimate it will take 2 to 3 hours to draft a thoughtful submission. Please submit your application by Friday March 1, 2024. If you have any questions, please email [businessgrants@citizensnyc.org](mailto:businessgrants@citizensnyc.org).

**ELIGIBILITY REQUIREMENTS**

**To be eligible for a grant:**

* Business must be located in one of New York City’s five boroughs.
* Active for-profit business that has generated revenue on or before January 1, 2020
* Business must employ no more than 10 full time employees.
* Grant must be used to support community development and engagement.

**To show eligibility, a business can provide proof of business, such as tax return, business bank account or business license.**

**BENEFITS OF APPLYING**

Grantees will:

* Receive updates on available resources for small businesses.
* Be connected with other Neighborhood Business Grant recipients to exchange information and strategies for resilience.
* Be able to join a network of groups across the city, contributing year-round to improve the quality of life in their neighborhoods.
* Experience increased business awareness! Doing good for the community is good for business. Customers will often show loyalty to businesses that care about the community they serve.

**APPLICATION**

**SECTION 1**: **BASIC INFORMATION**

1. Business Legal Name
2. DBA (Doing Business As)
3. Business Tax ID Number (either your Employer ID Number, or Social Security Number)
4. Business Phone
5. Business Address (Location of business)
   1. Street
   2. City
   3. State
   4. Zip Code
   5. Borough
   6. Neighborhood
6. Based on the location where your business is located, please list the following
   1. City Council District #
   2. Community Board #
   3. State Assembly District #:
   4. US Congressional (House of Representatives) District #:

*If you do not know the above information, please visit* [*www.mygovnyc.org*](http://www.citizensnyc.org/)

1. Business Social Media
   1. Website
   2. Facebook
   3. Twitter
   4. Instagram
   5. Other
2. Primary Contact First Name
3. Primary Contact Last Name
4. Primary Contact Telephone
5. Landline or cell?
6. Primary Contact Email
7. Primary Contact home address
   1. Street
   2. City
   3. State
   4. Zip Code
8. Primary Contact Social Media (write “N/A” if you do not have this account)
   1. Website
   2. Facebook
   3. Twitter
   4. Instagram
   5. LinkedIn
9. Please indicate the race or ethnicity of the primary contact (choose all that apply)

* AAPI
* American Indian or Alaskan Native (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
* Black or African American (for example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
* White (for example German, Irish, English, Italian, Lebanese, Egyptian, etc.)
* Other

1. Ethnicity of primary contact (check one)

* Latinx, Hispanic, or Spanish Origin
* No, not of Latinx, Hispanic, or Spanish Origin

1. If the primary contact identifies as part of the LGBTQ+ community, check all that apply:

* Lesbian
* Gay
* Bisexual
* Transgender
* N/A
* Other

1. Which gender does the primary contact identify as?

* Male
* Female
* Nonbinary
* Other

1. Is the primary contact a 1st or 2nd generation immigrant or a child of an immigrant?

* Yes
* No

1. Is the primary contact a person with a disability?

* Yes
* No

1. Is the primary contact a senior or elder (at least 65 years of age)?

* Yes
* No

1. Secondary Contact First Name
2. Secondary Contact Last Name
3. Secondary Contact Telephone
4. Landline or cell?
5. Secondary Contact Email
6. Secondary Contact home address
   1. Street
   2. City
   3. State
   4. Zip Code
7. Secondary Contact Social Media (write “N/A” if you do not have this account)
   1. Website
   2. Facebook
   3. Twitter
   4. Instagram
   5. LinkedIn
8. Please indicate the race or ethnicity of the secondary contact (choose all that apply)

* AAPI
* American Indian or Alaskan Native (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
* Black or African American (for example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
* White (for example German, Irish, English, Italian, Lebanese, Egyptian, etc.)
* Other

1. Ethnicity of secondary contact (check one)

* Latinx, Hispanic, or Spanish Origin
* No, not of Latinx, Hispanic, or Spanish Origin

1. If the secondary contact identifies as part of the LGBTQ+ community, check all that apply:

* Lesbian
* Gay
* Bisexual
* Transgender
* N/A
* Other

1. Which gender does the secondary contact identify as?

* Male
* Female
* Nonbinary
* Other

1. Is the secondary contact a 1st or 2nd generation immigrant or a child of an immigrant?

* Yes
* No

1. Is the secondary contact a person with a disability?

* Yes
* No

1. Is the secondary contact a senior or elder (at least 65 years of age)?

* Yes
* No

**SECTION 2**: **TELL US MORE ABOUT YOUR BUSINESS**

1. Please provide a brief description of your business. (200-word limit)
2. If your business has submitted applications in previous years under a different name (even slightly different), please indicate the previous name(s) below and years below.
3. We understand that businesses are essential in the fabric of communities. We look for businesses that frame the way they give back to the community they serve. How does your business support the community?
4. Business Industry (Select up to 3)
   * Advertising & Marketing
   * Art
   * Construction
   * Education
   * Entertainment
   * Event Production
   * Fashion
   * Fitness
   * Health/Medical services
   * Hospitality
   * Legal Services
   * Media
   * Music
   * Pet Care
   * Real Estate
   * Repair
   * Restaurant
   * Retail
   * Sports & Recreation
   * Technology
   * Travel & Tourism
   * Wellness & Beauty
   * Other
5. Year Business Established (YYYY)
6. What is you and your community's preferred language?
7. Is your business established as a New York City or New York State M/WBE business?
8. Is your business registered B-corp?
9. Average Gross Annual Revenue ($)
10. Average Net Annual Revenue ($)
11. Average Annual Payroll ($)
12. Total Number of Employees
    1. Number of Full-Time Employees
    2. Number of Part-Time Employees
13. Current Business Bank Account Balance ($)
14. Current Bank Statement which reflects the Reported Balance
15. List all business owners with greater than 20% ownership stake.
16. Are you or any owner of your business an owner of any other business or have common management with any other business?
    1. If yes, include a listing of all affiliates and describe the relationship.
17. Is your business a part of a national franchise?
    1. If yes, please share the name of the national franchise.

**SECTION 3**: **GRANT REQUEST INFORMATION**

1. Tell us how much you would like to request. If awarded a grant, the grant may not equal the amount requested. (Please keep in mind that the maximum of our Neighborhood Business Grant is $5,000)
2. In no more than 800 words provide a detailed project description. The description should include answers to each of the following questions (approximately 200 words for each):
   * Why is the project needed in your community?
   * How will your business conduct outreach to the community in support of your project?
   * How will your business use this project to strengthen relationships among community members and project participants, and
   * How will the project be sustained after the grant period?
3. Please select which category your community initiative primarily falls under. *We consider all categories to be under the umbrella of civic engagement.*

* Arts & Culture
* Economic Development
* Education
* Environment and Climate
* Health and Wellness
* Public Safety

1. You may also select a second category which your initiative falls under.

* Arts & Culture
* Economic Development
* Education
* Environment and Climate
* Health and Wellness
* Public Safety

1. CitizensNYC aims to link potential grantees with other community initiatives and networking possibilities. To facilitate this connection, please select up to three items that provide a deeper description of the project goals.

* Community Beautification
* Community Service
* Cost of Living Support
* Cultural Awareness
* Disaster and Emergency Management OR Emergency Care
* Diversity and Intergroup Relations
* Economic Justice
* Entrepreneurship Training
* Environmental Justice
* Financial Counseling
* Food and Healthy Living
* Health Care Access
* Immigrant Services
* LGBTQ+
* Mental Health Care
* Music
* Performing Arts
* Public Housing
* Sports and Recreation
* Public Arts
* Public Transportation
* Senior Services
* Shelter and Residential Care
* STEM
* Tenants’ Organizations
* Visual Arts
* Women’s Rights OR Women’s Services
* Youth Development

1. Please download the attached budget template. Tell us how much your project will cost - list all the items you will need to carry it out, including accurate estimates. If awarded a grant, the grant may not equal the amount requested, depending on whether budget items and amounts fall within our guidelines.
2. Upload your business logo
3. Please upload up to 3 photos that you believe tell your business’s story well. If you want to share a video (max. 3 minutes) that includes ways in which your business impacts the community, your personal story as a small business owner in New York City, or anything else you would like to share, please email the video to [businessgrants@citizensnyc.org](mailto:businessgrants@citizensnyc.org)

**Almost Done**

* By checking this button, I acknowledge that "Submitted Materials" (logo, video & photographs) will be deemed not to be confidential or secret, and may be used by us in any manner consistent with Citizens Committee for New York City's Website, Social media & Marketing Privacy Policy. Citizens Committee for New York City (CitizensNYC) has the rights to include videos and photographs in any press releases, promotional materials, periodic public reports, newsletters, internal communications, and other communications that CitizensNYC may publish from time to time.
* I certify in good faith that: All the information that I have included in the application (including but not limited to: need for grant and tax/financial documents) are accurate, and that the grant will be used for intended purpose.

Additional Opportunities for Support

Please check the box for any additional opportunities that you would be interested in. Your responses will not impact the review of your application.

* Being featured on CitizensNYC social media
* Being featured on CitizensNYC website
* Being contacted by local media
* Other [please specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will notify you of the grant decision by summer of 2024. Please follow us on social media for ongoing updates and information.