**2023 Community Leader Grant – Application Questions**

***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/communityleaders***](https://www.citizensnyc.org/communityleaders)

[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.

**CitizensNYC awards micro-grants up to $3,000** to community building projects carried out by resident-led groups to improve neighborhood life, strengthen local leadership, and scale community partnerships. Grassroots leaders know and have what it takes to roll up their sleeves and make change to boost civic engagement, neighborhood wealth, and community health.

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 grants@citizensnyc.org.

**ELIBIGLITY**

* Program must take place within one of the five NYC boroughs
* At least two individuals must apply together
* You do NOT need to be a nonprofit organization to apply (volunteer-based efforts are eligible)
* Nonprofits that do apply must have annual budget less than $150,000 (public schools are exempt from this limit)
* Applicants cannot be a chapter or affiliate of a larger organization
* Programs cannot promote religious, political or any other ideologies

**SECTION 1: BASIC INFORMATION**

**Please list two contact names for your group, including working phone numbers and emails. Both contacts should be actively involved in the grant project and be able to discuss the application, as we may contact you for more information.**

1. Primary Contact First Name
2. Primary Contact Last Name
3. Primary Contact Telephone
4. Landline or cell?
5. Primary Contact Email
6. Primary Contact home address
	1. Street
	2. City
	3. State
	4. Zip Code
7. 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
* 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 senior or elder (at least 65 years of age)?
* Yes
* No
1. Is the primary contact a person with a disability?
* Yes
* No
1. Primary Contact Social Media
2. Website
3. Facebook
4. Twitter
5. Instagram
6. LinkedIn
7. Secondary Contact First Name
8. Secondary Contact Last Name
9. Secondary Contact Telephone
10. Landline or cell?
11. Secondary Contact Email
12. Secondary Contact home address
	1. Street
	2. City
	3. State
	4. Zip Code
13. 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 senior or elder (at least 65 years of age)?
* Yes
* No
1. Is the secondary contact a person with a disability?
* Yes
* No
1. Secondary Contact Social Media
	1. Website
	2. Facebook
	3. Twitter
	4. Instagram
	5. LinkedIn

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

1. What is the name of your group, organization, or public school?
2. If your group has submitted applications in previous years under a different name (even slightly different), please indicate the previous group name(s) below
3. Group Primary Address (Location of group/nonprofit or address of primary group leader if no physical space exists).
4. Street
5. City
6. State
7. ZIP Code
8. Based on the location where your project will primarily take place in, please list the following:
* City Council District #:
* Community Board #:
* State Assembly District #:
* State Senate District #:
* US Congressional (House of Representatives) District #:
* Borough:
* Neighborhood:

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

1. Group Social Media Website
2. Facebook
3. Twitter
4. Instagram
5. N/A
6. What was your group’s total budget in the prior fiscal year? (N/A as option)
7. **Does your group have 501(c)(3) status? (*Note that groups are not required to have this status* *to receive a grant from us. If your group’s 501(c)(3) application is pending, please state that.*) *If yes, please include a link to your group’s 990 if it is available.* If yes, please provide your group's Employer ID Number.**

**SECTION 3: TELL US ABOUT YOUR GROUP’S WORK**

***Please note that from this point forward, all the questions relate to the one specific project for which you and other members of your group are submitting this application.***

1. What is the name of your project?
2. In no more than 200 words, tell us your group's story! Please describe your group's mission, major accomplishments, and any quotes from community members on the impact of your group's work.
3. In no more than 400 words provide a detailed project description. The description should include answers to each of the following questions (approximately 100 words for each):
	* Why is the project needed in your community?
	* How will the project conduct outreach to existing and new members in the project?
	* How will the project strengthen relationships among community members and project participants, and
	* How will the project be sustained after the grant period?
4. In list form, describe your project timeline including the tasks and people responsible for completing your project. Below is an example of a project timeline for a community garden.

Example: Garden Renewal Project March 1st 2022 – November 30th 2022

* March 1 - Garden Season Kick-off Event (John and Susie with All Gardeners (approximately 40 people))
* March 1-30 - Check all water systems (sprinklers, collection barrels, hoses) (John and Margaret)
* April 1 - Begin planting spring pollinator back wall and weeding common garden spaces (Need 6 Lead Gardeners for Spaces and Back wall)
* April 1 - Purchase ladders to reach collection barrel roofs and assess winter damage (Susie & Margaret)
* April 15-30 - Fix underground pipe leaks (Consult Schilke Irrigation with Susie managing)
* April 1 - May 30 - Monitor plant health of new plants and remove invasive plants (John, Susie, and 6 Lead gardeners)
* April 1-May 30 Add new seedlings and plugs from Greenbelt Native Plant Center (John, Susie and 4 Lead gardeners)
* May 30 - September 30 - Maintain community garden spaces (all gardeners)
* October 1-30 - Drain water systems for winter and begin preparation for winter, include soil amendment and replenishing where soil erosion occurred (John, Susie, and Margaret with all gardeners)
* October 1-November 30 - Plant fall and late fall plants and seeds for pollinators, buy additional plants as needed from Greenbelt Native Plant Center (Margaret, John, and 6 Lead gardeners)
* November 30 - Mulch common garden spaces and put to bed for winter (all staff and lead gardeners)
1. To your best estimate, how many volunteers will be involved in your project?
2. To your best estimate, how many paid or stipend staff will be involved in your project?
3. To your best estimate, how many people will benefit from this project?
4. Please indicate which category your 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 an optional 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

**SECTION 4: PROJECT BUDGET AND REQUESTED GRANT AMOUNT**

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 Community Leader Grant is $3,000.)
2. Please complete the budget template below. 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.

Item Cost Notes

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**Almost Done**

* By checking this box, I acknowledge that “Submitted Materials" (videos & photographs) will be deemed not to be confidential or secret and may be used by us in any manner consistent with the Citizens Committee for New York City’s (CitizensNYC) Website, Social Media & Marketing Privacy Policy. 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
* Volunteer support
* Other [please specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR FILLING OUT THE APPLICATION**

**Please remember to click "Submit" to send in your application!**

We will notify you of the grant decision by summer of 2024.

Please follow us on social media for ongoing updates and information.