



NYC Reduce, Reuse & Repair Grant Application

Section 1: General Information

1. What is your name or the name of your group?
2. When was your project or group formed – month and year?
3. In what neighborhood(s) and borough(s) do you or your group work?
4. List your:

Community Board #:	Council District #:
State Senate District #:	Assembly District #:
Congressional District #:	

If you do not know the above information, please visit <http://www.mygovnyc.org> to find your elected officials.

5. Do you or your group have 501(c)(3) status?
Groups are not required to have this status to receive a grant. If your group's 501(c)(3) application is pending, please state that.

6. If you or your group is on the web (website, blogs, social media, etc.), please list the URLs.

7. Please list your contact information or if you are a group please list **two** contact names for your group, including primary phone numbers and emails

Contact 1 Name:	Contact 1 Phone #:	Contact 1 Email:
Contact 2 Name:	Contact 2 Phone #:	Contact 2 Email:

8. What is your or your group's mailing address? (You must be able to receive mail at this address).

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9. Have you or your group received a grant from MSWAB, MBPO or Citizens Committee for New York City in the past? If yes, what grant(s) and in what year(s)?

10. Briefly describe your or your group's purpose, history, and major accomplishments as it pertains to this grant. (Maximum of two short paragraphs)

Section 2: Tell Us About Your Project

From this point forward, all the questions relate to the one specific project for which you are submitting this application, and not to your or your group's work as a whole.

1. What is your project's name (if any)?
2. Is this the first reduce, reuse, or repair project your group is undertaking? If not, describe briefly previous reduce, reuse, or repair projects you have carried out / are undertaking?
3. What experience do you have related to reduce, reuse, or repair? Indicate your level of expertise and/or plans for training.
4. If you are working with partners who will donate or lend you materials or space that are critical to the mission of your project, please provide a letter validating this partnership.
5. How will you measure the success of the project? Please use [this](#) environmental calculator to estimate environmental benefits of your project. (This calculator is based out of the UK, pounds will need to be converted to US dollars.)
6. How will you measure the number of items reused or repaired? What is your projected number of items that will be collected over the course of the project?
7. How will you conduct waste prevention outreach and education in your community?
8. Please list all volunteers and/or partners who will help to coordinate and run the project.
9. How do you or the group plan to sustain your project after the initial grant funding?
10. Where in NYC will this project take place, specifically? Please list the address(es) where the project will take place (or cross streets if there is no address). Mail will not be sent there.

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11. Describe your project and its goals on this page (maximum one page). Include how you will make this project easy to replicate across NYC. *Include drawings or schematics as additional attachments, if applicable.*

Section 3: Work Plan & Timeline

Provide us with a basic work plan and timeline for your project. This should include outreach, planning, construction or work days, workshops, etc.

Please keep in mind that your project should be completed within one year of receiving the grant.

Task (What work will be accomplished? Use extra space if needed).	Target Completion Date	Responsible Person(s)

Section 4: Project Budget & Requested Grant Amount

Tell us how much your project will cost and how much you or your group is requesting from us. Please detail specifically all major expenses related to your project. We encourage applicants to make an effort to find free space for their projects.

Materials/Services (Please fully describe all materials/services included in the budget including material and condition if applicable)	Cost
	\$
Total Budget	\$
Total Amount Requested from MSWAB/CCNYC	\$

Please do not request more than the maximum grant of \$2000. Only request an amount of money that you can fully justify in order to accomplish your objectives.

Final Questions

1. Would Citizens Committee/SWAB be the only funders for this project? If not, what other organizations do you expect funding from and how much? If you have already received funding for the project, please list the funding organization(s) and amount awarded.

2. How did you hear about the Reduce, Reuse, and Repair Grant?

Please note that your response does not influence our decision about your application.

Borough President

Blog (What blog?)

City Agency (Which agency?)

Community Board

Community Council

Community event

Community organization (What organization?)

Friend/Colleague

Elected official

Internet (What site?)

Newspaper (What newspaper?)

Radio/Television (What station?)

Word of mouth

Other (Describe!)

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Funding Application

Note: This application must be completed by all organizations requesting funding from the Manhattan Solid Waste Advisory Board and Citizens Committee for New York City. Please return this application to Katie Grassle at kgrassle@citizensnyc.org.

Section A. Organization, Group or Individual Information

Name of Grantee _____

Name of Fiscal Conduit (if applicable) _____

Address _____ City _____ State _____ ZIP _____

Community Board _____ Neighborhood _____

Phone _____ Email _____

Website _____

Size of Grantee (if applicable)

The organization’s budget for its current fiscal year is: \$

Contact Person

Name _____ Title _____

Phone _____ Email _____

Secondary Contact Person

Name _____ Title _____

Phone _____ Email _____

Section B. Program/Project Information

Program/Project Title _____

Program Implementation Date(s) _____

Amount Requested _____

Section C. Certification of Authorization to Submit and Application Completeness

I certify that:

- I am authorized by the organization seeking funding to complete and submit this request for funding on behalf of the organization.
- I have taken reasonable steps to make sure that the information on this form is complete, true and accurate.
- No board member, officer or person in a position of managerial control in the organization seeking funding is a member of the Manhattan Solid Waste Advisory Board, or employee of the Citizens Committee for New York City or the Manhattan Borough President’s Office nor is a child, parent, sibling, spouse or domestic partner of a member of the Manhattan Solid Waste Advisory Board, Citizens Committee for New York City or Manhattan Borough President’s Office.

Authorized Official: Signature _____ Date _____

Authorized Name: Print _____ Date _____