CitizensNYC, founded in 1975, is one of the nation's oldest micro-funding organizations, providing financial and capacity building support to thousands of neighborhood leaders across New York City who are making their communities more connected, resilient, and healthier.

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 the wide range of initiatives your business undertakes to positively impact your community in the areas of arts and culture, education and youth, environment and climate, health and wellness, economic development, and public safety.

Please remember projects must take place between October 2025 and September 2026.

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 July 25, 2025, at 5pm.** If you have any questions, please email 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 for two years
- Business must employ no more than 10 full-time employees. They CANNOT be part of a franchise.
- Grant funds must be used to implement a project that strengthens local communities by fostering neighborhood connections and increasing resident engagement.
  - Grant funds CANNOT support business overhead costs, including rent or employee salaries beyond a $250 per person stipend.
- They must be able to provide proof of business, such as bank statements, tax documents, or POS terminal statements.

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)

   a. Street

   b. City

   c. State

   d. Zip Code

   e. Borough

   f. Neighborhood

6. Based on the location where your business is located, please list the following

   a. City Council District #

   b. Community Board #

   c. State Assembly District #:

   d. State Senate District #:

e. US Congressional (House of Representatives) District #:

If you do not know the above information, please visit www.mygovnyc.org (right mouse-click to open in a new browser tab.)

7. Business Social Media

   a. Website

      ☐ Yes
      ☐ No

   b. Facebook

      ☐ Yes
      ☐ No

   c. Twitter

      ☐ Yes
      ☐ No

   d. Instagram

      ☐ Yes
      ☐ No

   e. Does your business have another form of social media?

      ☐ Yes
      ☐ No

8. Primary Contact First Name

9. Primary Contact Last Name

10. Primary Contact Telephone

11. Landline or cell?

12. Primary Contact Email

13. Primary Contact home address

a. Street

b. City

c. State

d. Zip Code

14. Primary Contact Social Media

a. Website

☐ Yes
☐ No

b. Facebook

☐ Yes
☐ No

c. Twitter

☐ Yes
☐ No

d. Instagram

☐ Yes
☐ No

e. LinkedIn

☐ Yes
☐ No

The demographic information you provide is confidential and will not be used in the grant selection process. Instead, it helps us create an accurate picture of our applicant pool and ensure our efforts engage all New Yorkers. This data is shared only upon request to our supporters to ensure transparency and accountability in our goal of serving all New Yorkers equitably in our application process.

15. Please indicate the race or ethnicity of the primary contact (choose all that apply)

☐ White (for example German, Irish, English, Italian, Lebanese, Egyptian, etc.)

- ☐ Black or African American (for example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ American Indian or Alaskan Native (for example, Cayuga Nation of Indians, Oneida Indian Nation of New York, Onondaga Indian Nation, St. Regis Mohawk Tribe, Seneca Nation of Indians, Shinnecock Indian Nation, Tonawanda Band of Seneca, the Tuscarora Nation, etc.)
- ☐ AAPI
  - o Asian Indian
  - o Chinese
  - o Filipino
  - o Japanese
  - o Korean
  - o Vietnamese
  - o Native Hawaiian
  - o Guamanian or Chamorro
  - o Samoan
  - o Other Pacific Islander
- ☐ Other

16. Ethnicity of primary contact (check one)

- ☐ No, Not Hispanic, Latino, or Spanish Origin
- ☐ Latinx, Hispanic or Spanish Origin – if yes, select all that apply
  - o Mexican, Mexican American, Chicano
  - o Puerto Rican
  - o Dominical
  - o Another Hispanic, Latino, or Spanish Origin (for example Salvadoran, Cuban, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)

17. Does the primary contact identify as part of the LGBTQ+ community?

- ☐ Yes
- ☐ No

18. Which gender does the primary contact identify as?

- ☐ Male
- ☐ Female
- ☐ Nonbinary
- ☐ Other

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

- ☐ No
- ☐ Yes, 1ST generation (born outside of the United States)

☐ Yes, 2nd generation (born in the United States but have parents who were born abroad))

20. Is the primary contact a person with a disability?
   ☐ Yes
   ☐ No

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

   ☐ Yes
   ☐ No

22. Secondary Contact First Name

23. Secondary Contact Last Name

24. Secondary Contact Telephone

25. Landline or cell?

26. Secondary Contact Email

27. Secondary Contact home address

   a. Street

   b. City

   c. State

   d. Zip Code

28. Secondary Contact Social Media (write "N/A" if you do not have this account)

   a. Website

   ☐ Yes
   ☐ No

   b. Facebook

   ☐ Yes
   ☐ No

c. Twitter

- ☐ Yes
- ☐ No

d. Instagram

- ☐ Yes
- ☐ No

e. LinkedIn

- ☐ Yes
- ☐ No

29. Please indicate the race or ethnicity of the secondary contact (choose all that apply)

- ☐ White (for example German, Irish, English, Italian, Lebanese, Egyptian, etc.)
- ☐ Black or African American (for example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ American Indian or Alaskan Native (for example, Cayuga Nation of Indians, Oneida Indian Nation of New York, Onondaga Indian Nation, St. Regis Mohawk Tribe, Seneca Nation of Indians, Shinnecock Indian Nation, Tonawanda Band of Seneca, the Tuscarora Nation, etc.)
- ☐ AAPI
  - o Asian Indian
  - o Chinese
  - o Filipino
  - o Japanese
  - o Korean
  - o Vietnamese
  - o Native Hawaiian
  - o Guamanian or Chamorro
  - o Samoan
  - o Other Pacific Islander
- ☐ Other

30. Ethnicity of secondary contact (check one)

- ☐ No, Not Hispanic, Latino, or Spanish Origin
- ☐ Latinx, Hispanic or Spanish Origin – if yes, select all that apply
  - o Mexican, Mexican American, Chicano
  - o Puerto Rican
  - o Dominical

   o Another Hispanic, Latino, or Spanish Origin (for example Salvadoran, Cuban, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)

31. Does the secondary contact identify as part of the LGBTQ+ community?

 ☐ Yes
 ☐ No

32. Which gender does the secondary contact identify as?

 ☐ Male
 ☐ Female
 ☐ Nonbinary
 ☐ Other

33. Is the secondary contact a 1st or 2nd generation immigrant)?

 ☐ No
 ☐ Yes, 1ST generation (born outside of the United States)
 ☐ Yes, 2nd generation (born in the United States but have parents who were born abroad))

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

 ☐ Yes
 ☐ No

35. 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. 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

4. Year Business Established (YYYY)

5. What is you and your community's preferred language?

6. Is your business established as a New York City or New York State M/WBE business?

   - ☐ Yes
   - ☐ No

7. Is your business registered B-corp?

   - ☐ Yes
   - ☐ No

8. Average Gross Annual Revenue ($)

9. Average Net Annual Revenue ($)

10. Average Annual Payroll ($)

11. Total Number of Employees

a. Number of Full-Time Employees

b. Number of Part-Time Employees

12. Current Business Bank Account Balance ($)

13. Current Bank Statement which reflects the Reported Balance

14. List all business owners with greater than 20% ownership stake.

15. Are you or any owner of your business an owner of any other business or have common management with any other business?

☐ No
☐ Yes
    o If yes, include a listing of all affiliates and describe the relationship.

16. Is your business a part of a national franchise?

☐ No
☐ Yes
    o If yes, please share the name of the national franchise.

SECTION 3: GRANT REQUEST INFORMATION

Please note that from this point forward, all the questions relate to the one specific project for which your business is submitting this application.

Please only apply for projects that are taking place between October 2025 and September 2026. Projects completed before October 2025 will not be considered.

1. In at least 150 words, provide a detailed project description. Tell us what your project is. Explain what is going to be done beyond what you do in your everyday operations. For an example, click here.

2. In at least 150 words, why is the project needed in your community? What does a successful project look like? For an example, click here.

3. In at least 150 words, how will your project strengthen relationships among community members and project participants? For an example, click here.

4. In at least 150 words, please describe any additional funding or non-monetary resources you are considering to ensure the project's success this year. For an example, [click here.](#)

5. 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

6. 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

7. 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

8. Please complete the attached 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
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

Almost Done
CitizensNYC data security and privacy policy

All responses provided in this application are confidential and stored securely. We will never share your information with marketers or advertisers. While we may use application data for research, policy purposes, or to support our partnerships, any information shared externally— whether with researchers, nonprofits, community-based partners, elected officials, or city agencies—will not include any personally identifiable information and will strictly follow our privacy and data security standards.

- ☐ By checking this box, I acknowledge that I understand and accept CitizensNYC's data security and privacy policy as noted above.
- ☐ 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
☐ Other [please specify] _____

We will notify you of the grant decision by Fall of 2025. Please follow us on social media for ongoing updates and information.