

# Application

## Fiscal Year 2010

Please read through the Avenue NYC Proposal Guidelines before completing the application.



### ORGANIZATIONAL INFORMATION

Name of Organization:		
Employer Identification Number (EIN):		
Is your organization incorporated as a nonprofit entity in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Incorporation:
Is your organization registered with the Charities Bureau of the New York State Office of the Attorney General?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Most Recent Filing:
Under what section is your organization in the Internal Revenue Code?	If other, please indicate:	
Organization Address:		
	City:	
	State:	Zip:
Phone Number:	Fax Number:	
Website:		
Organization Head and Title:		
Telephone:	E-Mail:	
Contact Person and Title: (If different from organization head)		
Telephone:	E-mail:	

Briefly describe the mission, history, and principal activities of your organization:

## COMMERCIAL AREA SERVED BY ORGANIZATION

Borough:	Neighborhood(s):
Commercial Area Boundaries:  List specific street boundaries (example: 14 <sup>th</sup> Street from Avenue A to Avenue C)	
Community Board(s):	
City Council Member & District(s):	
State Assembly District(s):	
State Senate District(s):	
U.S. Congressional District(s):	

Please describe the targeted commercial area (retail mix, anchor stores, vacancy rate, etc.), highlighting current conditions as well as any trends or recent changes.

*This description should set the context for your project proposals.*

**A: EXISTING ORGANIZATIONAL CAPACITY (40 points)**

Please provide the following information on your organization's staff/volunteers:

What is the total number of staff employed by your organization? Full-Time: \_\_\_\_\_ Part-time: \_\_\_\_\_

What is the total number of volunteers? \_\_\_\_\_

On average, how many hours per week do your volunteers work? \_\_\_\_\_

What is the total number of people involved in the programmatic work of the proposed Avenue NYC projects?  
(Do not include people who will function as administrative or support staff):

Paid staff: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Please provide the following information about your organization's Board of Directors:

How many members are on your full board? \_\_\_\_\_ Do members have term limits? Yes  No

How often does your full board meet? Monthly  Quarterly  Annually  Other  \_\_\_\_\_

Please provide the following information about your organization's finances:

Are members of the board required to make financial contributions to the organization? Yes  No

If so, what percent of the board contributed in the last completed fiscal year? \_\_\_\_\_ %

Does your organization include dues paying members? Yes  No

If yes, how many dues paying members? \_\_\_\_\_ What is the amount for each member? \_\_\_\_\_

Please provide the following information about your organization's contract history:

Has your organization been funded by SBS in the past? Yes  No

If yes, please describe the work completed under the most recent SBS contract, including the year in which the contract was completed and any work that is still outstanding.

Provide a list of your organization's contracts with the City of New York (if applicable) in FY2008 and FY2009:

	<u>Agency</u>	<u>Funding Amount</u>	<u>Purpose</u>	<u>Year of Funding</u>
1		\$		
2		\$		
3		\$		
4		\$		
5		\$		
6		\$		

Please provide the following information about your organization's commercial revitalization experience:

Has your organization implemented commercial revitalization initiatives in the past? Yes  No

If not, why is your organization poised to do so now?

If so, please provide one example of a successful commercial revitalization initiative undertaken by your organization, including the goal of the initiative, the approach taken by your organization, and the results of the completed initiative.

Goal:

Approach Taken:

Results/Outcomes/Year Completed:

## B: AVENUE NYC PROJECT PROPOSALS (50 points)

Please check the box next to the project(s) for which your group is seeking funding and provide a brief project summary for each:

Project Area	Project Summary
<input type="checkbox"/> Business Attraction Amount Requested: \$	
<input type="checkbox"/> Business Improvement District (BID) Formation/Expansion Amount Requested: \$	
<input type="checkbox"/> Façade Improvement Management Program Amount Requested: \$	
<input type="checkbox"/> Merchant Organizing Amount Requested: \$	
<input type="checkbox"/> Neighborhood Economic Development Planning Amount Requested: \$	
<input type="checkbox"/> Placemaking Amount Requested: \$	
<input type="checkbox"/> Special Commercial Revitalization Projects Amount Requested: \$	
<input type="checkbox"/> Website Development	
<p>By applying for the website project, I agree to complete all written content by the agreed upon deadlines, work with SBS to obtain professional photographs for the website, attend all trainings related to the website, and maintain the website upon its completion.            (Please refer to the Program Guidelines for more information)</p>	

*For detailed information on each of these projects, please see the Avenue NYC Program Guidelines.*

## BUSINESS ATTRACTION

If you are applying for this project, please answer the following questions in the space provided:

What is your organization's overall vision for the retail mix of your commercial corridor?

What are your organization's goals for engaging in a business attraction project?

How many new businesses do you plan to attract in the fiscal year?	Total Number of New Businesses:

Of the total number of new businesses that your organization plans to attract, how many will meet each of the following needs?

Need that the new business will fill:	Types of businesses you will attract to fill each need:	Sub-Total Number of New Businesses:
More Diverse Retail Mix		
Attraction of a Large store or Anchor Store		
Increase in Cluster of Similar or Complementary Businesses		
Other/No Specific Need		

Have you already identified vacant storefronts that you will be targeting to fill? Yes  No

If yes, please list them:

Address	Size (sq. ft.)	Annual Rent per sq. ft.

What is your organization’s approach to carrying out a business attraction project? Where applicable, explain how your organization will specifically work toward each one of your goals.

Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on this Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

## BUSINESS IMPROVEMENT DISTRICT (BID) FORMATION & EXPANSION

If you are applying for this project, please answer the following questions in the space provided:

Are you applying for BID Formation or BID Expansion?  BID Formation  BID Expansion

**If you are applying for BID Expansion**, please explain why you are aiming to expand.

**If you are applying for BID Formation**, why does your organization believe that a BID is appropriate for the area? Please include how the BID will address the specific needs in the commercial corridor.

**All applicants**, please provide the initial proposed boundaries of the BID or BID Expansion.

Number of Block Faces in Proposed Area: \_\_\_\_\_ Number of Property Owners in Proposed Area: \_\_\_\_\_

Have there been previous attempts to establish a BID or expand a BID in the area?  Yes  No

If so, please describe them in detail.

Has the BID formation or expansion process already begun in the commercial area?  Yes  No

If so, in which of the 11 steps of BID formation/expansion laid out by SBS is the process?

Please see website for reference: <http://nyc.gov/html/sbs/html/neighborhood/bid.shtml>



Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on this Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

## FAÇADE IMPROVEMENT MANAGEMENT PROGRAM

If you are applying for this project, please answer the following questions in the space provided:

Has your organization secured funding for capital improvements to façades in your corridor? Yes  No

Describe the source/nature of the funds that pay in full (or in part) for the improvement of storefronts in your organization's commercial area. Include any restrictions on use of funds and any applicable expiration dates.

If you answered yes to the first question above, how much have you secured? \_\_\_\_\_

How much has your organization already allocated and/or spent (if any)? \_\_\_\_\_

How many facades have already been completed as a part of this program (if any)? \_\_\_\_\_

If you answered no to the first question above, does your organization anticipate securing funds for capital improvements to facades in your corridor in fiscal year 2010? Yes  No

If you are anticipating funding, please describe the source, including the length of time for which the funding will be available.

What is your organization's approach for carrying out a Façade Improvement Management Program?

Is your commercial area in a New York City-designated historic district? Yes  No

Please review the maps on the New York City Landmarks Preservation Commission website to verify the status of your commercial area: [http://www.nyc.gov/html/lpc/html/maps/historic\\_district.shtml](http://www.nyc.gov/html/lpc/html/maps/historic_district.shtml)

Have you identified potential candidates for inclusion in the program? Yes  No

If yes, how many potential candidates have you identified for inclusion in the program? \_\_\_\_\_

Please list those business owners who have expressed interest in improving their storefronts with the help of your façade improvement program:

Business Name:	Types of Façade Improvements:	Estimated Cost of Improvements:

For each of the businesses listed above, please attach the following:

- Photograph(s) of the façade (s) targeted for improvement
- Letter expressing business/property owners' interest in participating in the program

*If you currently have a façade improvement program, please provide before and after pictures of successful façade improvements with your application.*

At the end of FY2010, how many façades will have been improved in your commercial area? \_\_\_\_\_

Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on the Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

## MERCHANT ORGANIZING

If you are applying for this project, please answer the following questions in the space provided:

Are you applying to create a new organization or to revitalize an existing organization?

Create a new Merchant Association  Revitalize an existing Merchant Association

Are there current attempts or have there been previous attempts (within the past 5 years) at forming a Merchant Association in your area? Yes  No

If applicable, please describe all previous and/or current attempts at forming a Merchants Association. What challenges were faced or are currently being faced and how will they be overcome?

Please explain the current conditions in your commercial corridor. What are the specific needs in the area and how will organizing the merchants in the commercial corridor address those needs? Please describe the proposed services the Merchant Association will provide.

What is your organization's approach to organizing merchants? Please explain how your organization will outreach to merchants within your area and what your organization's role will be in the organizing effort.

Please explain what the organization will have accomplished by the end of the contract year. Specifically, indicate what projects and/or initiatives will be completed.

What role will the business owners play in this project?

Who from the business owner community is currently leading (or your organization will target to lead) the merchant organizing efforts?

Name:	Business:	Role in merchant organizing activities:

Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on the Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

## NEIGHBORHOOD ECONOMIC DEVELOPMENT PLANNING

If you are applying for this project, please answer the following questions in the space provided:

---

What are your organization's goals for engaging in a neighborhood economic development project? Please include your overall vision for your commercial corridor.

What is your organization's approach to carrying out a neighborhood economic development planning project? When applicable, explain how your organization will specifically work toward each one of your goals.

What format do you envision the finalized plan to take and what will your organization deliver to SBS at the end of the contract term? Also, who is the targeted audience for the finalized plan?

Please explain which community stakeholders your organization will engage in the planning process.

How will the final plan be used to guide your organization's long-term commercial revitalization strategy?

Will you contract with a vendor outside of your organization (i.e. consultants) to create the plan?

Yes  No

If you have already selected a consultant, please provide their name and title:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who from your organization will take the lead in managing the planning efforts?

\_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on this Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

## PLACEMAKING

If you are applying for this project, please answer the following questions in the space provided:

---

What is your organization's vision for the district or strategy for creating a "place," and why does your organization believe it is appropriate for the area?

Who is your organization's target audience and how will your organization engage this audience in establishing a sense of place?

As part of Placemaking, your organization is required to develop a comprehensive strategy (if none already exists) and deliver well-designed projects or initiatives. Please describe your organization's initial ideas for a concrete project below.

Project Description:

What unique neighborhood characteristics you will emphasize in your placemaking initiative(s)?

What specific steps will your organization take in the planning and execution of this project?

How will this project bolster a sense of place or position your district as a destination?

Projected Date of Project Completion: \_\_\_\_\_

Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on the Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

## SPECIAL COMMERCIAL REVITALIZATION INITIATIVES

If you are applying for this project, please answer the following questions in the space provided:

Describe the commercial revitalization initiative your organization proposes to undertake and its overall objectives.

What is your organization's specific approach to carrying out this initiative and meeting your objectives?

Please discuss the various stakeholders that will benefit from this initiative.

What does your organization aim to accomplish by the end of the fiscal year?

Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on this Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

## WEBSITE DEVELOPMENT

If you are applying for this project, please answer the following questions in the space provided:

Does your organization currently have an existing website that you wish to replace? Yes  No

What is the URL of your current website? \_\_\_\_\_

**If your organization already has a website, why is this website inadequate for your organization's needs?**

**All applicants, why does your organization need a new website?**

What is your organization's plan for maintaining the website once it is created?

How will you publicize the website?

Who from your organization will take the lead in managing this Avenue NYC project?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How many hours per week will this person dedicate to this Avenue NYC project? \_\_\_\_\_

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on this Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

**REMINDER:**

In your submission email, include as attachments:

- Completed Avenue NYC Application
- Completed Avenue NYC Application Budget Page
- Completed Staff/Volunteer/Board List
- FY2008 Actual Operating Budget
- FY2009 Current Operating Budget
- For those organizations applying for the Façade Improvement Management Program, photos of completed façades and/or potential façades for inclusion in the program