Asian American Federation

CACF

hispanicfederation

New York Urban League

Communities of Color Nonprofit Stabilization Fund
Request for Applications

Application deadline: December 6, 2017

BACKGROUND

In 2014, the Hispanic Federation (HF), Coalition for Asian American Children and Families (CACF), and New York Urban League (NYUL) formed an alliance to provide capacity-building support to Black, Latino, and Asian-led community-based organizations (CBOs) throughout New York City's five boroughs. These three organizations, along with the Asian American Federation and Black Agency Executives, developed this initiative to generate new levels of support for the city's organizations. As a result, the New York City Council allocated $2.5 million to establish the Communities of Color Nonprofit Stabilization Fund (CCNSF) in Fiscal Year 2015, an amount that was increased to $3.7 million in Fiscal Year 2018. This initiative has supported 218 capacity-building projects for nonprofit organizations to date. Thanks to the continued support from the New York City Council, we are pleased to announce the release of the Request for Applications (RFA) for a fourth round of awards.

The first New York City Council fund of its kind, CCNSF aims to build the capacity of New York City nonprofits in recognition of the fact that organizations led by people of the community are best equipped to meet the needs of the community. CCNSF is also intended to promote learning among CBO leaders.

Applications will be reviewed and awards will be determined by the partner agencies in three separate funding streams, whose allocations were determined by U.S. Census data. An organization may apply to only **one** partner agency, even if it serves more than one ethnic group.

Awarded organizations will be expected to participate in a minimum of three technical assistance seminars on the subject of organizational development, and may be visited by CCNSF staff and/or Department of Youth & Community Development (DYCD) staff for project monitoring, to showcase progress, and for delivery of additional technical assistance.

ELIGIBLE APPLICANTS

To be eligible for funding, organizations submitting applications must meet the following requirements:

- Have tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and a history of at least three years as an incorporated nonprofit, including faith-based institutions.
- Be current in registration with the Charities Bureau of the New York State Office of the Attorney General.
- Be a New York City-based, direct social service organization that serves primarily (75%+) New York City residents (i.e., not an association or a re-granting or referral service).
- Have experience serving and currently serve communities where 51% or more of the population are people of color.
- Have demonstrated record of outreach to communities of color for recruitment of the executive director or CEO and members of the board of directors.
- Have an operating budget of at least $150,000. Preference will be given to organizations with budgets under $2 million.
- Have demonstrated commitment to equal employment opportunities.
- Have demonstrated commitment and capacity to deliver culturally competent services.
- Please note: Organizations that utilize fiscal sponsors/conduits are not eligible.

NEW YORK CITY COUNCIL REVIEW AND DYCD VETTING

All finalist organizations and consultants will be subject to a vetting process and database searches regarding any outstanding financial obligations, conflicts of interest, or other disqualifying issues. Sources used for vetting purposes will include, but not be limited to, the following:

I. Agencies

- Lexis Comprehensive Business Report (related entities, principals, tax warrants, liens, workers compensation violations, addresses)
- Lexis News Review (search for negative news)
- VENDEX (contract history with the City, cautions, performance evaluations)
- IRS Database (tax-exempt status)
- New York State Department of State Corporations Database (incorporation status)
- New York State Tax Warrant Notice Database
- New York City Department of Buildings (location occupancy status)
- New York City Department of Health and Mental Hygiene: Group Child Care Services
    - Day Care Center Inspections
- Review of use of funds to ensure that monies are not used in any prohibited manner
- Conflict of Interest forms
- Charities Exemption, if applicable, and
- Authorization forms review

II. Consultants

- Lexis Comprehensive Business Report (related entities, principals, tax warrants, liens, workers compensation violations, addresses)
- Lexis News Review (search for negative news)
- Registration with State Attorney General's Office
- Google and social media
- Conflict of Interest forms

ELIGIBLE PROJECTS

The purpose of the CCNSF capacity-building program is to help organizations identify and address their most pressing organizational needs. Organizations can apply for funding in one of seven areas:

1. *Management information systems design and development:* This includes securing and/or designing software, and building related staff skills necessary for managing work more effectively (e.g., tracking client demographic data, service utilization, and progress toward outcomes).

2. *Financial management and planning:* This includes assessment, planning, and development of financial systems, as well as staff skill-building to improve reporting systems and enable organizations to identify the most cost-effective services.

3. *Evaluation and outcomes system development:* This includes efforts to implement systems to keep information related to client needs, referral sources, and services provided; implement systems to measure and/or service recipient satisfaction and/or service recipient outcomes; develop programmatic success measures; and develop evaluation capacity.

4. *Leadership development:* This includes leadership succession planning; creation and implementation of volunteer management/recruitment plan; management/leadership training for staff; training for board of directors; and creation of board policies.

5. *New program planning and development:* This includes conducting a needs assessment of community needs and assets, planning of new programs through research on effective practices, and staff development in support of the new initiatives.

6. *Strategy and organizational development:* This includes efforts to create a staff performance review process; a strategic or operational/annual plan; a communications or marketing plan; and a fundraising or donor development plan.

7. *Collaboration and strategic alliances:* This includes efforts to establish partnership agreements, create action plans to collaborate with other agencies, and develop a plan for organizational mergers.

TOTAL AWARDS

Under this RFA, CCNSF will make awards of up to $35,000 for organizations with organizational budgets between $150,000 to $500,000 and awards of up to $45,000 for organizations with budgets that are $500,001 and above. The awarded funds must be expended and all services must be completed by June 30, 2018. There are no exceptions to this requirement. The possibility of future awards is contingent on the New York City Council's decision to continue funding CCNSF in FY 2019. Funding during one year of the program will not guarantee funding in subsequent years. However, successful implementation of a CCNSF grant may contribute to favorable consideration for renewed funding. In the event that additional funding becomes available, organizations will have to re-apply with a new project and proposal.

Award decisions will be made by three allocations panels, each organized by one of the CCNSF partners (HF; CACF and AAF; or NYUL). Each panel will be an independent and transparent seven-member body comprised of five voting members with expertise in philanthropy and capacity-building, as well as non-voting representatives from each of the other CCNSF partners.

Awards will be subject to terms of the contract between the City of New York and Hispanic Federation, New York Urban League, or Coalition for Asian American Children and Families. Awardees will be required to enter into an Awardee Agreement with the organization to which they applied. Funds will not be distributed to any awardee unless and until all contract requirements are met.

MONITORING AND AWARD RECIPIENT LEARNING ACTIVITIES

Awardee organizations will be required to submit monthly financial reports, a mid-year progress report in April 2018, and a final report in July 2018. During the award period, awardee organizations will also be expected to send at least two staff members to each of the three required seminars on organizational development topics. In addition, each awardee may be asked to host a site visit for CCNSF representatives to showcase progress and activities, as well as identify gaps or additional assistance needed.

EVALUATION CRITERIA

The strongest applications will be those that meet all or most of the following criteria:

- Project is focused, well-defined, and clearly aligns with one of the project areas identified on pages 2-3.
- Needs statement is compelling, relates to organizational effectiveness and fulfillment of mission, and addresses (when relevant) how increased capacity will enhance organization's ability to offer services in a culturally and linguistically competent manner. If you received an award in the last three years, briefly describe the project(s), results, and any impact.

- Organization demonstrates linguistic and cultural capacity; a track record of providing culturally competent and language accessible services; an understanding of cultural and linguistic needs of population served; demonstrated and successful record of outreach to communities of color for recruitment of the executive director or CEO and members of the board of directors; and a record of involving the community in the planning, implementation, or promotion of programs.
- Staff and consultants leading the project must show the necessary qualifications and experience needed to implement the project successfully. Project includes a plan to sustain the newly developed capacity after the award period ends.
- Project identifies a clear and realistically achievable timeline (project MUST be completed by June 30, 2018), as well as outcomes and indicators of success.
- Plan identifies a reasonable process for measuring progress towards benchmarks and overall success of project.
- Project budget is clear and relates to the program design.
- Project budget costs are reasonable and revenue is sufficient to accomplish goals of the project.
- Consultant is chosen with the following considerations:
    - Consultant cannot be existing staff, a current/former intern, or family/relatives of staff or board members
    - Consultant has been properly interviewed and references checked

APPLICATION

Please prepare the application using the following format:

I. Cover Sheet

Please complete or recreate the cover sheet provided as part of this RFA.

II. Project Abstract

Please complete or recreate the project abstract sheet provided as part of this RFA.

III. Narrative

The application narrative must not exceed five single-spaced pages (excluding cover page and attachments). Please number each page of the narrative and use 11-point Arial font and 1" margins. In preparing your narrative, please use the following outline:

A. About the Organization (one page)

- Date the organization was established and incorporated
- Mission statement
- Brief overview of community served
- Brief overview of key programs and accomplishments
- How the organization meets each of the RFA's eligibility criteria
- Outcomes of any CCNSF funding received in the past three years

B. Need/Opportunity (half-page to one page)

- Describe the organizational issue or problem to be addressed, why it is important to undertake the proposed project at this time, and the anticipated impact the project will have on the organization's clients. Where relevant, describe how the project will increase the organization's ability to deliver services in a culturally and linguistically competent manner. If you received an award in the last three years, briefly describe the project, results, and any impact.
- For organizations with budgets over $2 million, please describe your past investment in capacity-building, project undertaken, and the impact on your organization.

C. **Goals, Activities, and Timeline** (one page)

- Describe the goals for the project
- Describe the project activities and how CCNSF funding will be used
- Describe the rationale for project activities
- Include a timeline of the project
- Describe how this project will help to advance the mission of the organization or achieve a broader goal

D. **Outcomes** (one page)

- What are the outcomes you hope to achieve through this capacity-building project, and how will you know if your outcomes are achieved? What is your measure of success?

E. **Organizational Capability and Project Sustainability** (one page)

- Describe the organization's current and past record of providing services in a linguistically and culturally competent manner.
- Describe how the organization engages the community in planning, implementation, and promotion of programs.
- Describe the key staff, board, volunteers, and/or consultants to be involved in the proposed activity. Provide (as attachments) resumes and/or a description of roles for key staff. If consultants have already been identified, provide a justification. If consultants will be selected, include a list of desired qualifications and selection criteria.
- Describe how the capacity that the project develops will be sustained after the grant period.
- ***Please note***: It is preferable that applicants consider hiring a nonprofit consultant. At the upcoming community briefings, we will provide you with a list of consultants, both nonprofit and for-profit, that were used over the past three years. **This list is not an endorsement of the consultants themselves or of the services they provide.** All proposed consultants must submit current documentation and will be vetted in the current year.

IV. Required Attachments

- Project budget and budget narrative: Please use the template provided as part of this RFA. Some general expense limitations include:
    - Salary expenses allocated to CCNSF may not exceed 30% of the project's awarded budget and are allowed only under the following two scenarios: 1) existing staff are delivering training or professional development to other staff to enhance the capacity of the nonprofit CBO and is currently not compensated for offering this training; 2) existing staff are participating in training and other existing staff have to cover programs so there is no disruption to services.
    - Fringe benefits are capped at 15% of the salary line item.
    - All consultants (for-profit and nonprofit) are capped at 60% of the awarded budget.
    - Computer hardware and software expenses are capped at 30% of the awarded budget. No other capital expenses are allowed.
    - The budget narrative should explain how amounts were calculated and include any necessary details to illustrate how the award funds would be used. Please use attached template (downloadable).
- For identified consultants, attach the following documents:
    - Resume
    - EIN/Social Security Number
    - Contact Information
    - Conflict of Interest Disclosure Certification – Exhibit B (Attachment)
    - Client List
    - Description of consultant appropriateness/rationale for choosing the consultants
- IRS determination letter
- Proof of registration with the New York State Office of the Attorney General (Attached)
- List of board of directors and senior officers, and the affiliations, race, and ethnicity of each member

- MOCS Doing Business Form
  Download: http://on.nyc.gov/1wA3jxz
- MOCS Conflict of Interest Disclosure and Compliance Certification
  Download: http://on.nyc.gov/1xErOJc
- Agency budget for current fiscal year
- Key program staff's resumes, and consultant qualifications or description of qualifications (if applicable)
- Organization's most recent financial audit. If prior to 2013, also provide a preliminary report for 2013 and budget analysis YTD with variance. If the organization does not have an audit, please submit the most recent internal financial statements and/or IRS form 990 and also provide an explanation, in the cover sheet, as to why there is no audit.

HOW TO SUBMIT YOUR APPLICATION – Please submit your application to only one partner

A copy of your complete application can be submitted by email in one (1) PDF file to one (1) CCNSF partner no later than **5:00 p.m. Eastern Time on December 6, 2017**.

Applications submitted by mail must be postmarked on or before **December 6, 2017**.

Incomplete applications and applications received after the stated date and time will not be considered.

FOR APPLICATION SUBMISSIONS AND ADDITIONAL INFORMATION

Coalition for Asian American Children & Families
Mitchel Wu at mwu@cacf.org or 212-809-4675, ext. 107

Hispanic Federation
Fernando Aguilar at faguilar@hispanicfederation.org or 212-233-8955, ext. 137

New York Urban League
Yvonne Smothers at ssmothers@nyul.org or 212-926-8000, ext. 142

COMMUNITY BRIEFINGS

Potential applicants are strongly encouraged to attend any of the Community Briefings listed below to learn more about the grant and the application process:

Thursday, November 9, 2017 at 10:00 a.m.
Hispanic Federation (MANHATTAN)
55 Exchange Place, 5th Floor, New York, NY 10005
RSVP: faguilar@hispanicfederation.org

Monday, November 13, 2017 at 10:00 a.m.
Casita Maria Center (BRONX)
928 Simpson Street, Bronx, NY 10459
RSVP: faguilar@hispanicfederation.org

Wednesday, November 15, 2017 at 10:00 a.m.
Elmhurst Community Library (QUEENS)
86-07 Broadway, Elmhurst, NY 11373
RSVP: mwu@cacf.org

Thursday, November 9, 2017 at 2:00 p.m.
CPC Brooklyn Community Center (BROOKLYN)
4101 8th Avenue, Brooklyn, NY 11232
RSVP: mwu@cacf.org

Tuesday, November 14, 2017 at 11:00 a.m.
Office of the Manhattan Borough President
1 Centre St., 19th Fl. South, New York, NY 10007
RSVP: ssmothers@nyul.org

Friday, November 17, 2017 at 3:00 p.m.
Queensborough Community College – CUNY
39-07 Prince Street, Flushing, NY 11354
RSVP: info@aafederation.org

Monday, November 27, 2017 at 3:00 p.m.
Asian American Federation
120 Wall Street, 9th Floor, New York, NY 10005
RSVP: info@aafederation.org

APPLICATION PACKET CHECKLIST

- ☐ Cover sheet
- ☐ Project abstract
- ☐ Application narrative
- ☐ Project budget and budget narrative
- ☐ IRS determination letter
- ☐ Proof of registration with the New York State Office of the Attorney General
- ☐ List of board of directors, officers, and affiliations
- ☐ Agency budget for current fiscal year
- ☐ MOCS Doing Business Form
- ☐ Key program staff's resumes
- ☐ Description of proposed consultant qualifications
- ☐ If Consultant(s) are used, must submit consultant resumes, description of consultant qualifications, and Conflict of interest forms/Exhibit B

IMPORTANT DATES

Request for Applications Released	November 3, 2017
Deadline for Application Submissions	December 6, 2017
Grant Awards Announced	January 22, 2018
Interim Report Due	April 16, 2018
Services Delivered/Funds Expended By	June 30, 2018
Final Report Due	July 6, 2018

Nonprofit Stabilization Fund Application Cover Sheet

Legal Name:

Other Names Used:

EIN #:

Website:

Legal Address:

Executive Director:

Executive Director's Email Address:

Contact Person/Title:

Email Address:

Phone Number:

Location(s) of Services:

Organizational Budget:

City Council District:

Project Area:

Nonprofit Stabilization Fund
Application Project Abstract

Organization Name	
Grant Request Amount	
Grant Request Area (choose one): **1**-Management Info Systems **2**-Financial Management **3**-Evaluation and Outcomes **4**-Leadership Development **5**-New Program Planning **6**-Strategy and Org Development **7**-Collaboration/Strategic Alliance	
Were you a CoCNSF Grant Recipient in a prior year?	

About the Organization

Mission/date established: **Community served (geographically and demographically):** **How are Communities of Color (CoCs) represented in your board and leadership?**

Need/Opportunity

Issue or problem to be addressed: **Anticipated impact on clients and/or services:** **Where relevant, how project will increase ability to deliver culturally competent services:**

Narrative: Competency, Goals, Activities, and Timeline

Demonstrated track record of providing competent and accessible services in culturally and linguistically relevant manner: **Project goals:** **Project activities and how CoCNSF funding will be used:** **Timeline:**

Narrative: Outcomes, Monitoring, and Evaluation

Outcomes organization hopes to achieve: **How will organization know it has achieved them? (Please provide clear plan, benchmarks, and measures for success.)** **Does the organization have a plan to sustain capacity of project after the grant period? If so, what is the plan?**

Budget

Expense	Amount
Salaries and Wages	
Fringe	
Consultants	
OTPS	
Other (Briefly describe):	
Total	

Non-Profit Stabilization Fund
FY 2018 Budget Summary

Agreement ID #: _____

Grantor _____

Grantee _____

Address: _____

_____

Tel #: _____ **Fax #:** _____

Claim Period From: 1/1/2018 **Through:** 6/30/2018

Account Code	Budget Category	Budget Amount
1100	Salaries and Wages	
1200	Fringe Benefits	
2100	Consultants	
3000	OTPS	
	BUDGET AMOUNT	

Description of Budget Categories: Claimed expenses must be within described categories.		
Code	**Category**	**Description:**
1100	Salaries and Wages	Staff salaries are capped at 30% of the total budget.
1200	Fringe Benefits	Fringe Benefits cannot exceed 15% of salary allocation (may include Worker's Compensation, Disability, Unemployment Insurance, Medical, Life & Pension.)
2100	Consultants	Individuals, with specific skills, retained to perform limited programmatic tasks or to complete program related projects on a temporary and/or limited basis, where the tasks or projects cannot be accomplished by the contractor's staff. The services provided by the Consultant must be related to the program work scope described in the Consultant Agreement Form. Consultant's resume must be submitted. City Council requires no more than 60% of your total budget can be applied to a private, for-profit consultant or a non-profit consultants.
3000	OTPS	Refers to programmatic expenses other than Salaries, Fringe Benefits or Non-Staff Services (e.g. admission fees, seminars, workshops). Any hardware/software purchases are limited to 30% of your total budget. Limits to hardware and software relates to the capacity building initiative (eg. accounting and fundraising software). No administrative fees or overhead costs.

Salary and Wages / Consultant Details

1100 - Salaries and Wages

# Positions	Position Title	Amount
	Total	

1200 - Fringe Benefits

	Description	Amount
	Total	

2100 - Consultants

Consultant Name	Description of Services	Amount
	Total	

3000 - OTPS (please provide itemized breakdown of expenses)

Category	Description/Purpose	Amount
	Total	

Budget Narrative

(NOTE: The Budget Narrative is the justification of 'how' and/or 'why' a line item helps to meet the program deliverables.)

Capacity-Building Project Description:	
Salaries/Wages:	**Total:**
Fringe Benefits:	**Total:**
Consultants:	**Total:**
OTPS:	**Total:**

Mayor's Office of Contract Services

Bill de Blasio
Mayor

Lisette Camilo
City Chief Procurement Officer and Director of Contract Services

253 Broadway, 9th Floor
New York, NY 10007

212 788 0001 tel
212 788 0049 fax

New York State Charities Bureau Filing Certification

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, WILL RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, _____ (authorized officer), being a duly authorized officer of this corporation, certify that _____ (legal name of organization), submitted the attached annual filing for the fiscal year ending ___/___/___ (date) to the New York State Attorney General's Office, Charities Bureau on ___/___/___ (date). The information submitted has been verified and continues to the best of my knowledge to be full, complete and accurate. I understand that the City of New York will rely on the information supplied in this certification to determine compliance with New York State laws.

Required Attachments
(please check all that were submitted)

☐ Copy of check or money order dated ___/___/___ that paid the total of all applicable filing fees

☐ CHAR500

☐ IRS 990, IRS 990-EZ or IRS 990-PF

☐ Financial Statements *(check only one)*
- ☐ Financial Statements Reviewed by a Certified Public Accountant *(If organization received $100,001 to $250,000 in annual support and revenues within the fiscal year)*
- ☐ Financial Statements Independently Audited by a Certified Public Accountant *(If organization received more than $250,000 in annual support and revenues within the fiscal year)*

Legal Name of Vendor	Signature of Authorized Officer / Date
Phone Number	Print Name I Title of Signer
Vendor's Address	Email
City / State / Zip Code	Vendor's EIN

Submit signed Certification with all attachments to the Mayor's Office of Contract Services
Attn: Lishawn Alexander | CBO Analyst | Fax: (212) 312-0997 | Email: cbo@cityhall.nyc.gov

Printed on paper containing 30% post-consumer material.

Mayor's Office of Contract Services

Bill de Blasio
Mayor

Lisette Camilo
City Chief Procurement Officer and Director of Contract Services

253 Broadway, 9th Floor
New York, NY 10007

212 788 0001 tel
212 788 0049 fax

Conflict of Interest Disclosure and Compliance Certification

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYNG THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, MAY RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

No Conflict of Interest: Except as otherwise fully disclosed below (attach additional pages as needed), the Vendor affirms, to the best of its knowledge, information and belief, that no City Elected Official, nor any person associated with any City Elected Official, is an employee, Director or Trustee, Officer or consultant to/of, or has any financial interest, direct or indirect, in the organization, or has received or will receive any financial benefit, directly or indirectly, from the organization or from this funding. For purposes of this certification, "associated" persons include: a spouse, domestic partner, child, parent or sibling of a City Elected Official; a person with whom a City Elected Official has a business or other financial relationship, including but not limited to employees of a City Elected Official and/or a spouse, domestic partner, child, parent or sibling of such employees; and each firm in which a City Elected Official has a present or potential interest.

***NOTE:** THE VENDOR IS ENCOURAGED TO DISCLOSE ANY CONNECTION TO A CITY ELECTED OFFICIAL THAT COULD CREATE AN APPEARANCE OF A CONFLICT OF INTEREST. REGARDLESS OF WHETHER IT MEETS THE LISTED DEFINITIONS.*

Incorporation: Vendor is incorporated under NYS Not-for-Profit Corp. Law (√ one) □ Yes □ No *(explain* below)

Explain corporate status if you are <u>not</u> incorporated under NPCL:

***NOTE:** INFORMATION CONCERNING THE VENDOR'S CORPORATE STATUS WILL BE USED BY THE CITY TO VERIFY COMPLIANCE WITH APPLICABLE REQUIREMENTS FOR CHARITIES REGISTRATION, PAYMENT OF TAXES AND OTHER LEGAL MANDATES AND THIS CONTRACT WILL NOT BE ENTERED INTO UNLESS THE VENDOR IS IN COMPLIANCE.*

_____	_____
Name of Vendor	Signature of Authorized Official/Date
_____	_____
Vendor's Address	Print Name/Title of Signer
_____	_____
City, State, Zip Code	Vendor's EIN

Sworn to before me this ____ day of _____, 20___

_____
Notary Public

Printed on paper containing 30% post-consumer material.

Print Form

New York City Council Discretionary Funding
Conflicts of Interest Disclosure

Legal Name of Organization

POSSIBLE CONFLICTS OF INTEREST WITH CITY ELECTED OFFICIALS AND THEIR ASSOCIATES

Report personal and financial relationships between all City Elected Officials, persons or firms associated with the City Elected Official, and the organization and its staff that could give rise to an actual conflict of interest or the appearance of a possible conflict of interest.

City Elected Official: Ch.68, S.2601(10)
- New York City Mayor, Comptroller, Public Advocate, Borough President or Council Member

"Associated" Person or Firm: Ch68, S. 2601.5
- Spouse, Domestic Partner, Child, Parent, Sibling of a City Elected Official:
- Person with whom the public servant has a business or other financial relationship
- Firms in which the City Elected Official has a present or potential interest
- Employees of the Sponsoring Council Member and / or Spouse, Domestic Partner, Child, Parent, Sibling of Such Employees

Connection to Organization Including:
- Organization's Employee, Board Member, Director, Trustee, Officer or Consultant of the organization
- Persons with a direct or indirect financial interest in the organization
  Persons who have received or will receive any direct or indirect financial benefit from the organization or from this funding

Attach additional sheets as needed.

This MUST be signed and sent in even if you have no conflicts to disclose.

	Name, Title, Position of City Official or Associated Person	**Name, Title, Position and Relationship of Person with Organization**
	Sample Disclosure: *Council Member Chris Marks*	Sample Disclosure: *Council Member Marks serves on our board of directors*
	Sample Disclosure: *Carol Smith, Council Member Marks' Chief of Staff*	Sample Disclosure: *Carol Smith, Chief of Staff to Council Member Marks, is one of our paid consultants*
	Sample Disclosure: *Jake Jock, Council Member Marks' Deputy Chief of Staff*	Sample Disclosure: *Jake Jock's son owns the business that supplied equipment to a baseball team that we sponsored*
1		
2		
3		

Authorized Official: _____ Date
Signature

Print Name Title

CITY OF NEW YORK
EXHIBIT B COVERSHEET
CONSULTANT / SUBCONTRACTOR APPROVAL FORM FOR DISCRETIONARY CONTRACTS

Column on left denotes party responsible for completion of each section.

CONTRACT INFORMATION

AGENCY

Agency:	**Unit/Div:**
FMS Contract No.:	EPIN:
Contractor Name:	EIN/SSN:
Contract Value:	Registration Date:
Contract Description:	

CONSULTANT / SUBCONTRACTOR INFORMATION

If more than 4 consultants / subcontractors need approval please attach additional sheets.

CONTACTOR

Name:	Disclosure Attached: Yes ☑ No ☐	
Phone:	Fax:	
Address:	City: New York	State/Zip: NY
EIN/SSN:	E-Mail:	
Description of Agreement:		
Value of Agreement:	Start Date:	End Date:
Name:	Disclosure Attached: Yes ☐ No ☐	
Phone:	Fax:	
Address:	City:	State/Zip:
EIN/SSN:	E-Mail:	
Description of Agreement:		
Value of Agreement:	Start Date	End Date
Name:	Disclosure Attached: Yes ☐ No ☐	
Phone:	Fax:	
Address:	City:	State/Zip:
EIN/SSN:	E-Mail:	
Description of Agreement:		
Value of Agreement:	Start Date:	End Date:
Name:	Disclosure Attached: Yes ☐ No ☐	
Phone:	Fax:	
Address:	City:	State/Zip:
EIN/SSN:	E-Mail:	
Description of Agreement:		
Value of Agreement:	Start Date:	End Date:

AGENCY APPROVAL

AGENCY

Date of Receipt:	Date sent to City Council:
Final Agency Approval: Granted☐ Denied☐	City Council Approval: Granted☐ Denied☐
Signature:	Date:

Printed on paper containing 30% post-consumer material

CITY OF NEW YORK
EXHIBIT B
Conflict of Interest Disclosure Certification

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THESUBJECT MATTER OF THIS CERTIFICATION, MAY RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE INCONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINALCHARGES.

No Conflict of Interest: Except as otherwise fully disclosed below (attach additional pages as needed), the Consultant / Subcontractor affirms, to the best of its knowledge, information and belief, that no City Elected Official, nor any person associated with any City Elected Official, is an employee, Director or Trustee, Officer or consultant to/of, or has any financial interest, direct or indirect, in the organization, or has received or will receive any financial benefit, directly or indirectly, from the organization or from this funding. For the purposes of this certification, "associated" persons include: a spouse, domestic partner, child, parent or sibling of a City Elected Official; a person with whom a City Elected Official has a business or other financial relationship, including but not limited to employees of a City Elected Official and/or a spouse, domestic partner, child, parent or sibling of such employees; and each firm in which a City Elected Official has a present or potential interest.

NOTE: THE CONSULTANT / SUBCONTRATOR IS ENCOURAGED TO DISCLOSE ANY CONNECTION TO A CITY ELECTED OFFICIAL THATCOULD CREATE AN APPEARANCE OF A CONFLICT OF INTEREST, REGARDLESS OF WHETHER IT MEETS THE LISTED DEFINITIONS.

Name of Consultant / Subcontractor	Signature of Consultant or Authorized Officer / Date
Vendor's Address	Print Name / Title of Signer (if not Consultant)
City / State / Zip Code	Consultant / Subcontract EIN / TIN
Phone Number	Email Address

Sworn to before me this ____ day of _____, 20 _____.

_____

Notary Public