

**Office of the Staten Island Borough President
Fiscal Year 2018 Capital Budget Application**

Section 1 – Organization Contact Information

Organization Name:

If a school, please include school number (Example: Public School 22 – John Doe Academy”)

Street Address:

City:

State:

Please write out. Example: ‘New York’ instead of NY’

ZIP Code:

Executive Director/Principal’s Name:

Executive Director/Principal’s Official Title:

Example: President, Principal, CEO, Executive Director, et al...

Executive Director/Principal’s Office Phone:

Executive Director/Principal’s Cell Phone:

Executive Director/Principal’s Email Address:

If the contact for this application is different from the Executive Director/Principal, please complete the following:

The Capital Request Contact is the person that the Borough President's staff should reach out to if they have any questions regarding your application and/or project.

Capital Request Contact's Name:

Capital Request Contact's Official Title:

Capital Request Contact's Office Phone:

Capital Request Contact's Cell Phone:

Capital Request Contact's Email Address:

Section II – Organizational Funding History

Has your organization received an operating contract with the City of New York?

Yes No

Please select the most accurate description of your organization's OPERATING CONTRACTS with the City of New York for EACH Fiscal Year listed.

Operating contracts include monies paid to the organization from Mayoral agencies, as well as City Council expense funding. If you are Public School, please select "None."

None Less than \$25,000 Between \$25,000 and \$50,000 More than \$50,000

FY 2017

FY 2016

FY 2015

FY 2014

Section III – FY 2018 Project Information

Name of Project:

Example: 'Hospital – Mammography Center'

Street Address of Project Site:

Where will the project be located? Please indicate Street, City & ZIP Code.

Council District of Project Site:

Please select the correct Council District

Please provide a brief description of the project and how the Borough President's funding will be used.

Example: The Mammography Center will screen patients for breast cancer. The borough president's dollars will be used to purchase a mammography scanning unit for the center.

Section III continued – Project Type

Directions:

- a) Read both definitions of the two project types.
- b) Determine whether your organization's project falls under Project TYPE 1 or Project TYPE 2

PROJECT TYPE 1 – "City-Owned"

Definition: Projects, whether construction or equipment, that occur on city-owned property such as schools, parks, and other.

Examples: Public plazas, parks, schools, etc...

PROJECT TYPE 2 – "Non-City-Owned"

Definition: Projects, whether construction or equipment, that occur on non city-owned property or when city property is leased by a non-city entity.

Examples: Charter schools, performance spaces, affordable housing developments, private ambulance services, etc...

Select a Project Type:

Is your project a TYPE 1 or a TYPE 2 project?

PROJECT TYPE 1 – "City-Owned"

PROJECT TYPE 2 – "Non-City-Owned"

Section III continued – Project Type 1 – City-Owned projects

If your project is a “City-Owned” project, please answer the following. If your project is a “Non-City-Owned” project, please select “My project is a Non-City-Owned project.”

Select a Project Category

City Park or Playground Improvement (including recreation centers managed by the NYC Department of Parks and Recreation)

Public School (Includes any PS, MS, IS, JHS, or HS in Staten Island. DOES NOT INCLUDE PUBLIC CHARTER SCHOOLS)

Other (Includes any improvement to city-owned property not described above. Examples: streetscape enhancements, decorative lighting, public plazas, wayfinding, etc...)

My project is a Non-City-Owned project.

Section III continued – Project Type 2 – Non-City-Owned Projects

If your project is a “Non-City-Owned” project, please answer the following. If your project is a “City-Owned” project, please select “My project is a City-Owned project.”

NOTE: IF YOUR PROJECT IS A NON-CITY-OWNED PROJECT, YOU ARE REQUIRED TO SUBMIT AN ADDITIONAL APPLICATION THROUGH THE CITY’S “CAPGRANTS” SYSTEM. PLEASE VISIT <http://www.nyc.gov/html/capgrants/capgrants.html> FOR MORE INFORMATION.

Select a project category that best describes what you are seeking funding for.

Equipment (Example: vehicles, computers, and other – this includes initial outfitting)

Construction (Improvements to property)

My project is a City-Owned project

Is your project an affordable housing development?

Yes No

If your project is an affordable housing development, do you currently exercise site control over the project site?

Yes No Not Applicable

If your project is an affordable housing development, are you currently enrolled in an HPD loan program?

Yes No Not Applicable

Section IV – Funding Requested for FY 2018

Please enter in the amount or funds you are requesting from each source for this project in the FY 18 cycle. If you are not requesting funds from a given source, enter “0”.

A) Borough President:

Format \$XXX,XXX – example \$240,000

B City Council:

Format \$XXX,XXX – example \$240,000

Section IV continued – Funding Previously Allocated

Please enter in the amount of funds that have been PREVIOUSLY ALLOCATED from each source for this project. If no funding has been allocated to this project from a given source, enter “0”.

C Borough President:

Format \$XXX,XXX – example \$240,000

D Mayor or Mayoral Agency:

Format \$XXX,XXX – example \$240,000

E City Council:

Format \$XXX,XXX – example \$240,000

F State of New York:

Format \$XXX,XXX – example \$240,000

G Federal Government:

Format \$XXX,XXX – example \$240,000

H Non-Governmental/Private Funding Sources:

Format \$XXX,XXX – example \$240,000

Section IV continued – Total Cost

TOTAL COST OF YOUR PROJECT:

The sum of lines A through H must equal the total cost of your project. Format \$XXX,XXX – example \$240,000

Certification

By checking this box, I certify that the information contained in this application for capital budget funding is true and accurate to the best of my knowledge.

Electronic Signature of Executive Director/Principal

Please type out your name.