



# Construction or Renovation Questionnaire

-Please type or print clearly-

Organization Name:	Executive Director:
Street Address:	Capital Budget Contact Name:
City:	Telephone:
State:	Fax:
Zip Code:	Email:

1. Title of Project:

2. Address of site or building where construction or renovation will take place:

3. Community District:      Council District:      Total Cost of Project:      Requested Amount:

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4. Description of Project (short summary):

5. Is this project currently receiving other City funds from an agency and/or City Council member(s)? If yes, please explain the details of the funding. If not, please disclose any current request for City funds to other elected officials.

# Construction or Renovation Questionnaire

You must mark YES in the boxes to the left of the corresponding questions below. Each box must be marked yes in order for your organization and project to be eligible to receive capital funds.

## Organization Check List

- 1. Our organization is a 501(c)(3) not-for-profit corporation and is non-sectarian.
- 2. Our organization received institutional or programmatic support from the Department of Cultural Affairs in the past three Fiscal Years (2006, 2007, or 2008).

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## Project Check List

- 3. Our project request is at least \$500,000\*.
- 4. The building or property that our organization intends to improve will be used to provide cultural services to anyone without bias or excessive user fees.

\*The \$500,000 minimum is required only if this is your first City capital funding request for this project.

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I certify that the information contained in this application for capital budget funding is true and accurate to the best of my knowledge. *(Note: Signature must be from Executive Director or Principal from the organization).*

Name/Title:

Signature or Initial  
(if emailed)/Date:

Send in your questionnaire one of the following ways:

**FAX IT:** (212)341-3820

**EMAIL IT:** [capitalrequest@culture.nyc.gov](mailto:capitalrequest@culture.nyc.gov)

**And:** Borough Presidents

Bronx – [BMccray@bronxbp.nyc.gov](mailto:BMccray@bronxbp.nyc.gov) or

[Jrausse@bronxbp.nyc.gov](mailto:Jrausse@bronxbp.nyc.gov)

Brooklyn – [ASteining@brooklynbp.nyc.gov](mailto:ASteining@brooklynbp.nyc.gov)

Manhattan – [TBowman@manhattanbp.org](mailto:TBowman@manhattanbp.org)

Queens – [MScott@queensbp.org](mailto:MScott@queensbp.org)

Staten Island - [MBryantsev@statenilandusa.com](mailto:MBryantsev@statenilandusa.com)

**MAIL IT:**

Capital Unit Funding Requests

NYC Department of Cultural Affairs

31 Chambers Street, 2<sup>nd</sup> Floor

New York, NY 10007



# Equipment for Initial Outfitting Questionnaire

-Please type or print clearly-

Organization Name:	Executive Director:
Street Address:	Capital Budget Contact Name:
City:	Telephone:
State:	Fax:
Zip Code:	Email:

1. Title of Project:

2. Address of site or building where construction or renovation will take place:

3. Community District: Council District: Total Cost of Project: Requested Amount:

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4. Description of Project (short summary):

5. Is this project currently receiving other City funds from an agency and/or City Council member(s)? If yes, please explain the details of the funding. If not, please disclose any current request for City funds to other elected officials.

# Equipment for Initial Outfitting Questionnaire

You must mark YES in the boxes to the left of the corresponding questions below. Each box must be marked yes in order for your organization and project to be eligible to receive capital funds.

## Organization Check List

- 1. Our organization is a 501(c)(3) not-for-profit corporation and is non-sectarian.
- 2. Our organization received institutional or programmatic support from the Department of Cultural Affairs in the past three Fiscal Years (2006, 2007, or 2008).

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## Project Check List

- 3. Our project request is at least \$35,000.
- 4. Our project is intended to outfit a new space within 6 months of the completion date of the construction or renovation of the site.

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Name/Title:

Signature or Initial  
(if emailed)/Date:

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Manhattan – [TBowman@manhattanbp.org](mailto:TBowman@manhattanbp.org)

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Staten Island - [MBryantsev@statenilandusa.com](mailto:MBryantsev@statenilandusa.com)

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# Equipment Questionnaire

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1. Title of Project:

2. Address of site or building where construction or renovation will take place:

3. Community District: Council District: Total Cost of Project: Requested Amount:

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4. Description of Project (short summary):

5. Is this project currently receiving other City funds from an agency and/or City Council member(s)? If yes, please explain the details of the funding. If not, please disclose any current request for City funds to other elected officials.

# Equipment Questionnaire

You must mark YES in the boxes to the left of the corresponding questions below. Each box must be marked yes in order for your organization and project to be eligible to receive capital funds.

## Organization Check List

- 1. Our organization is a 501(c)(3) not-for-profit corporation and is non-sectarian.
- 2. Our organization received institutional or programmatic support from the Department of Cultural Affairs in the past three Fiscal Years (2006, 2007, or 2008).

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## Project Check List

- 3. Our project request is at least \$35,000. Please note, each equipment item must cost at least \$35,000 or be part of a system that totals at least \$35,000.
- 4. Equipment purchased by our organization will be used to cultural services to anyone without bias or excessive user fees.

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I certify that the information contained in this application for capital budget funding is true and accurate to the best of my knowledge. *(Note: Signature must be from Executive Director or Principal from the organization).*

Name/Title:

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