

**Theater Subdistrict Council
Transmittal Form – Million Dollar Challenge**

This page for all applicants; one for each member of a consortium, submitted together).

Applicant's Name: _____

Project Title: _____

Check if member of consortium:

Estimated Project Budget: _____

Check if lead member:

Amount Requested: _____

Mailing Address:

Business Address (if different):

Year Incorporated: _____

FY Start Date: _____

FY 2012 Operating Income: _____

Contact Person: _____	Tel: _____
Title: _____	Fax: _____
E-Mail: _____	

In the space below, please identify key budget areas and anticipated expenses for the project. Organizations invited to submit a full proposal will be required to present a complete budget; only broad categories and expenses related to those categories are requested at this stage.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

Name and Title of Chief Operating Officer

Signature and Date

Mail completed transmission form(s) with two-page concept proposal to:
Barbara Janowitz, TSC Program Administrator
c/o NYC Department of City Planning
22 Reade Street
New York, NY 10007

Submissions postmarked after July 17, 2013 will not be accepted – no exceptions.

This page for consortium applicants only.

Use only this space to briefly describe the existing and/or prior professional history among consortium members, the relevant background of the entities forming a new consortium, and why this project is best served by a consortium.

A large, empty rectangular box with a thin black border, occupying the majority of the page below the instructions. It is intended for applicants to provide details about their consortium's professional history and background.