Department of Youth & Community Development

Neighborhood Advisory Board Liaison Unit
2 Lafayette Street, 18th Floor
New York, New York 10007
Phone 646.343.6499 Email nab@dycd.nyc.gov
TTY 212.442.5903 www.nyc.gov/dycd

**BILL CHONG**
*Commissioner*

# INSTRUCTIONS FOR NEIGHBORHOOD ADVISORY BOARD MEMBERSHIP APPLICATION

***(revised 2/15)***

**This package should contain:**

- **1-page instruction cover sheet (please read, REMOVE AND KEEP for your files)**
- **2-page application: submit with proof of address and original signature – NO COPIES OR FAXES, please.**
- **2-page Conflict of Interest Rules (please read, REMOVE AND KEEP for your files)**

## Introduction

The Department of Youth and Community Development (DYCD) is using this application to determine the eligibility of the applicant to serve on their Neighborhood Advisory Board (NAB). The application looks at the candidate's satisfaction of membership requirements as set forth in the Rules and the By-Laws of the Community Services Block Grant/Community Action Program, such as whether an applicant:

(1) has been a resident for at least six months of the Neighborhood Development Area (NDA) served by the NAB,
(2) is over 18, and
(3) has a record of community involvement, particularly with issues of poverty.

Furthermore, this application looks at any potential or actual conflicts of interest which may arise from personal, business or professional affiliations. Neither the applicant nor anyone in his/her immediate family or household can be employed by DYCD or by an organization which receives NDA funding.

**Instructions (for further information please call 646-343-6499, or email *nab@dycd.nyc.gov*)**

1. Please completely provide the requested information with respect to yourself, your spouse, and in some instances, members of your immediate family and/or household.
2. If additional space is needed to answer any question, you may use blank sheets at the end. Please note your name and your NAB on each attached sheet.
3. All questions must be completed. Enter "N/A" if an item is not applicable to you.
4. Once appointed, members must advise DYCD in writing of any change in address or in employment or affiliation that pertains to their involvement in the New York City Community Action Program and which may create a conflict of interest.
5. Please thoroughly read the attached "Conflict of Interest Rules." After reading, please remove the Rules and keep them for your reference and files.
6. NAB members must complete the form candidly and completely. A material false statement or willful omission may result in disqualification from service on the Neighborhood Advisory Board.
7. Please mail completed application AND proof of address, ***with original signature – NO photo copies or faxes accepted*** – to:

**Department of Youth and Community Development**
**Neighborhood Advisory Board Liaison Unit**
**2 Lafayette Street, 18th Floor**
**New York, New York 10007**

**PLEASE KEEP THIS PAGE – DO NOT SUBMIT WITH APPLICATION**

# APPLICATION FOR
# NEIGHBORHOOD ADVISORY BOARD MEMBERSHIP
# NYC Department of Youth and Community Development

*(revised 2/15)*

**NEIGHBORHOOD ADVISORY BOARD (NAB) #** **BOROUGH:**

**THIS FORM MUST BE SUBMITTED IN ORIGINAL – PLEASE, NO COPIES OR FAXES**

Referred by: _____ Application Date: _____
(If you were referred, please give name. If referred by an elected official, also include office held.)

Name: _____

Ms., Mr., Title: _____

Home Address: _____

_____

_____

Length of time at this residence:_____

Company/work name: _____

Company/work address: _____

_____

_____

Phone: Home: (_____)_____ Work (_____)_____

Cell: (_____)_____ Fax (_____)_____

Email: _____

Over 18: Yes ☐ No ☐ (if no, when will you turn 18?) _____

Emergency Contact Name: _____ Phone: _____

***PLEASE READ THIS NOTICE:***

*Please include a copy of a recently postmarked official* ***ENVELOPE*** *addressed to you as proof of address, (such as a utility bill or other piece of business mail.) For your privacy, please do* ***NOT*** *include account or social security numbers or billing amounts.*

1. Are you or your spouse, parent/in-law, non-emancipated child or anyone else in your household an employee of the Department of Youth and Community Development (DYCD)? If yes, you are ineligible to serve as an NAB member. Yes ☐ No ☐

   If yes, please indicate who, and their title:

   _____

   _____

2. Are you, your spouse, parent/in-law, non-emancipated child or anyone else in your household, directly or indirectly currently involved with, or employed at, DYCD-funded contract agencies, or an agency which is seeking DYCD funding? Yes ☐ No ☐

   If yes, please explain the nature and extent of the involvement.

   _____

   _____

   _____

*(continued on page 2)*

3. Have you ever served previously on an NAB or an Area Policy Board? If so, what board and when:

   _____

4. In order to serve on the Board you must not have any conflicts of interest as described in the "Conflict of Interest Rules," which are attached. Please read the rules and detach for your files.

   Have you read the Conflict of Interest Rules (attached)? Yes ☐ No ☐

   Please disclose any actual or potential conflict of interest which you may have.

   _____

   _____

   _____

5. Civic, fraternal and community organizations in which you are, or have been active. Give name of organization, dates of membership, offices held, etc. NAB members serve as representatives of low-income residents in your community. Please highlight your involvement with poverty issues, if any.

   _____

   _____

   _____

6. Why are you applying to the NAB? What do you see as significant issues affecting your community?

   _____

   _____

   _____

*Please note: Although volunteers, NAB members are involved in implementing the Community Action Program in New York City and have impact on the distribution and allocation of program funds. As such, by becoming An NAB member you should be aware of and understand the seriousness of the responsibilities you are proposing to undertake. Further, as this application is for membership to an advisory board to a public agency, the Freedom of Information Law (FOIL) may, upon request, allow for public review of the information contained in this application.*

Declaration and Certification

I,_____, wish to join NAB # ___ in _____ (Borough). I understand as a member, I will advise, help set priorities and make recommendations to DYCD, in reference to agencies that may be funded and provide services, primarily through the Needs Assessment and Request for Proposals process. I will attend all NAB meetings, generally held quarterly. I understand that failing to attend three consecutive regularly scheduled board meetings (or 60%) during any 12-month period will result in my removal from the Board. I will perform such other NAB-related tasks as the Board or DYCD may require. I have read and will abide by DYCD's Conflict of Interest Rules. Should I move out of the district, or become employed at or involved with any organization which presents a conflict of interest, I understand I must inform the Board and DYCD, and resign my position.

Signature:_____ Date: _____

# CONFLICT OF INTEREST RULES
# APPLICABLE TO NEIGHBORHOOD ADVISORY BOARDS
# NYC Department of Youth and Community Development

*(revised 2/15)*

**BEFORE FILING THIS APPLICATION, PLEASE READ THESE RULES.**

## REMOVE AND KEEP THEM

**FOR YOUR RECORDS AND REFERENCE.**

## PLEASE KEEP THESE TWO CONFLICT OF INTEREST PAGES DO NOT SUBMIT WITH YOUR APPLICATION

A member of a Neighborhood Advisory Board (NAB) must avoid situations and relationships which are, or may appear to others to be, in conflict of interest of the Community Action Program of the City of New York. To ensure the integrity of the Program, the private and commercial/financial interests and personal relationship of NAB members must take a secondary place to the proper discharge of their official duties and responsibilities.

In support of that effort, the Department of Youth and Community Development (DYCD), in accordance with federal regulations relating to conflict of interest, has established the following Conflict of Interest Rules applicable to individual board members.

The rules contain a listing of impermissible conduct, activities, and relationships involving participants that might detract from the integrity, propriety and impartiality of the Community Action Program.

Accordingly, the following situations shall constitute conflicts of interest and require remediation.

### A. COMMERCIAL (FINANCIAL) CONFLICTS

1. An NAB member may not have financial interest or business dealings, direct or indirect, or make personal investment in, or any commercial agreement with, a DYCD-funded contract agency in the member's NDA, or an agency seeking DYCD funds in the member's Neighborhood Development Area (NDA.)

2. An NAB member may not act as attorney, agent, broker, director, officer, employee or consultant for any person, firm or commercial entity interested directly or indirectly in any manner whatsoever in business dealings with a DYCD-funded contract agency in the member's NDA.

3. An NAB member may not accept any valuable gift whether in the form of service, loan, thing, promise, or in any other form, from any other person, firm, organization or entity which to his knowledge is interested directly or indirectly in dealings with a DYCD-funded contract agency in the member's NDA.

4. An NAB member may not use or attempt to use his position to obtain financial gain, privilege or other private or personal advantage, directly or indirectly, for himself or any other person, firm, organization or other entity with which he is associated.

*(continued on NAB Conflict of Interest Rules, page 2)*

## B. PERSONAL CONFLICTS

1. An NAB member may not simultaneously serve as a board member or staff/consultant of any agency or organization applying for or receiving NDA allocation funds in the member's NDA.

2. An NAB member, may not serve on a NAB, if his or her spouse, parent*, unemancipated child*, in-law, sibling*, or other member of his or her household is currently serving as a board member or staff/consultant in any agency or organization applying for or receiving NDA allocation funds in the member's NDA.

3. An NAB member, or his or her spouse, parent*, unemancipated child*, in-law, sibling*, or other member of his or her household may not be employed by DYCD as staff/consultant.

## C. OTHER RESTRICTIONS

1. Any NAB member who may have a direct financial or personal interest in any proposed matter coming before the NAB whether falling within the above proscription or otherwise, shall publicly disclose on the official records of the NAB the nature and extent of such interest.

2. Notwithstanding the specific provisions contained herein, DYCD retains the right to investigate any allegations of conflict of interest situations, affiliations, relationships, or improprieties involving NAB participants and to make a determination that a particular activity or relationship is in conflict with the best interest of the Community Action Program of the City of New York.

** Natural, Foster, or Step.*