

THE CITY OF NEW YORK  
 MANHATTAN COMMUNITY BOARD 3  
 59 East 4th Street - New York, NY 10003  
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Gigi Li, Board Chair

Susan Stetzer, District Manager

**Human Services Committee Questionnaire**

Human Services committee questionnaire to be completed prior to committee appearance as agenda item.  
 Agreed by consensus on February 10, 1993.

Date \_\_\_\_\_

Agency name \_\_\_\_\_

Telephone \_\_\_\_\_

Address of proposed site \_\_\_\_\_

**Agency information:**

What is main purpose of your agency and how long have you been in existence?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please give an overview of the proposed project and include the target population.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your organization provide this service elsewhere? \_\_\_\_\_

Please provide evidence of having held a public meeting for the purpose of informing the \*immediate neighbors\* about the proposed project. (\*immediate neighbors refers to neighbors within 2 blocks)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who is funding the project? \_\_\_\_\_

\_\_\_\_\_

Is funding dependent on community support? \_\_\_\_\_

From where will you get referrals? \_\_\_\_\_

Will residents of board #3 have priority service? \_\_\_\_\_

Will employment opportunities be available to board #3 residents? \_\_\_\_\_

Will you develop a community advisory council with immediate neighbors as a constituency

Group? \_\_\_\_\_

How can we help you \_\_\_\_\_

Are there other facilities within a block radius performing same or similar functions? \_\_\_\_\_

Indicate on attached map which social service programs are in the immediate area (1-block radius)

Will program be fully accessible to persons with disabilities? \_\_\_\_\_

Which members of applicants' board of directors are residents? \_\_\_\_\_

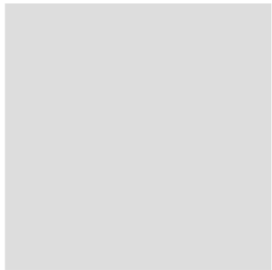
Subsequent to our approval of this project, we request that you return to communicate any future changes in the proposal.

Include target population, number of clients, number of floors, and number of employees.

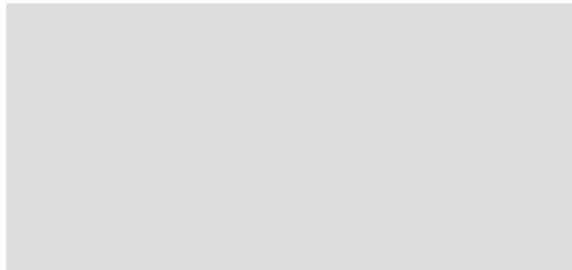
Kindly complete this questionnaire if you wish to be scheduled for the human services committee agenda.



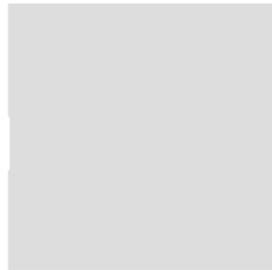
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