

CAPACITY BUILDING INITIATIVES

If you are applying for this project, please answer the following questions in the space provided:

Describe the initiative that your organization proposes to undertake and its overall objectives.

Which neighborhoods will you work with this fiscal year and what services will you provide to them?

Neighborhood & Commercial District Boundaries:	Local Organization (if any):	Projects/Services:

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Neighborhood & Commercial District Boundaries:	Local Organization (if any):	Projects/Services:

What does your organization aim to accomplish by the end of the fiscal year, and how will you measure your success?

Who from your organization will take the lead in managing this Avenue NYC project?

Name: _____ Title: _____

How many hours per week will this person dedicate to this Avenue NYC project? _____

Please describe the relevant experience and expertise that qualifies this person to carry out these activities.

Who else from your organization will work on this Avenue NYC project?

Name:	Title:	Number of hours per week dedicated to Avenue NYC:

AVENUE NYC APPLICATION BUDGET PAGE (10 points) - attached to submission email

REMINDER:

In your submission email, include as attachments:

- Completed Avenue NYC Organizational Capacity Application
- Completed Avenue NYC Proposed Project Application
- Completed Avenue NYC Application Budget Page
- Completed Staff/Volunteer/Board List
- FY2011 Actual Operating Budget
- FY2012 Current Operating Budget