



# NYC CLEAN STREETS PROGRAM

## APPLICATION FOR FISCAL YEARS 2009-2010

### ORGANIZATIONAL INFORMATION

**Name of Organization:**

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**EIN/ Date of Incorporation:**

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**NY State not-for-profit status (if applicable):**

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**Number of dues-paying members & amount of dues (if applicable):**

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**Address:**

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City: 

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State: 

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Zip: 

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**Phone Number:**

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**Fax Number:**

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**Website:**

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**Executive Director:**

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**Contact Person and Title:**

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**Contact's Address:**

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City: 

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State: 

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Zip: 

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**Contact's Telephone:**

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**Contact's E-mail:**

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## GEOGRAPHIC TARGET AREA

**Borough/  
Neighborhood(s):** \_\_\_\_\_

**Target Area:**

List blocks targeted for cleanup (for example, 3rd Ave. between 75th and 84th Streets, both sides of the street).

Please attach a map of the corridor to this application.

**Total number of blocks:** \_\_\_\_\_

**Community Board(s):** \_\_\_\_\_

## RETAIL/COMMERCIAL CONCENTRATION OF TARGET AREA

The NYC Clean Streets program is designed to serve commercial corridors. Only those target areas in which 75% of the ground-floor establishments are retail or commercial will be considered for the program:

Provide the total number of ground-floor establishments within the target area: \_\_\_\_\_

Of these, how many are of:

- Commercial Use: \_\_\_\_\_
- Residential Use: \_\_\_\_\_
- Government: \_\_\_\_\_
- Not-for-Profit Use: \_\_\_\_\_
- Vacant: \_\_\_\_\_
- Other: \_\_\_\_\_

## EXISTING SUPPLEMENTRY SANITATION SERVICES

Please list any existing supplementary sanitation programs in the target area. Please indicate how often and by whom these services are provided:



- How will your organization market the program? Specifically, describe your organization's strategy for engaging local property owners, merchants and residents so that they become convinced of the value of the services NYC Clean Streets offers.
- How will your organization fundraise for the NYC Clean Streets program? Specifically, what approach will you take to meet each of the required six-month milestones? What diverse funding sources have you identified?
- How will the NYC Clean Streets program help grow your organization? Specifically, how will the opportunity to manage and raise funds for the program allow you to better serve your constituents? How will it allow you to take on new commercial revitalization initiatives in the future?

Responses should not exceed three pages.

### **LETTERS OF SUPPORT FOR NYC CLEAN STREETS PROGRAM (20 points)**

Under cover of Appendix C, please provide letters from a minimum of 5 local property or business owners in support of your organization's participation in the NYC Clean Streets program.

Under cover of Appendix D, please provide a letter from your organization's board chairperson in support of your organization's participation in the NYC Clean Streets program.

Elements of a compelling letter of support may include statements that reflect the following:

- Letter writer's understanding that the NYC Clean Streets program will require the raising of funds
- Letter writer's willingness to mobilize support among local stakeholders for the program
- Letter writer's willingness to financially contribute to the program

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Applications are available online at [http://www.nyc.gov/html/sbs/html/neighborhood/clean\\_streets.shtml](http://www.nyc.gov/html/sbs/html/neighborhood/clean_streets.shtml).

Eligible organizations must submit their applications via mail or in person to the New York City Department of Small Business Services via regular mail post. Applications must be received no later than February 15, 2008 to be considered for funding.

NEW YORK CITY DEPARTMENT OF SMALL BUSINESS SERVICES  
 110 WILLIAM STREET, 7<sup>TH</sup> FLOOR  
 NEW YORK, NY 10038  
 ATTN: Christopher Dorrian 212-618-8920  
 EMAIL: [cdorrian@sbs.nyc.gov](mailto:cdorrian@sbs.nyc.gov)