

2025 Community Leaders Grant –Application Questions

[CitizensNYC](#), founded in 1975, is one of the nation’s oldest micro-funding organizations, providing financial and capacity building support to thousands of neighborhood leaders across New York City who are making their communities more connected, resilient, and healthier.

Every year, CitizensNYC awards hundreds of microgrants of up to \$5,000 across all five boroughs to small nonprofits, volunteer-led initiatives, and public schools in the areas of arts and culture, education and youth, environment and climate, health and wellness, economic development, and public safety.

The application is intended to be accessible. We estimate it will take 2 to 3 hours to draft a thoughtful submission. Please submit your application by Friday February 7, 2025. If you have any questions, please email grants@citizensnyc.org.

ELIBIGLITY

- Program must take place within one of the five NYC boroughs
- At least two individuals must apply together
- You do NOT need to be a nonprofit organization to apply (volunteer-based efforts are eligible)
- Nonprofits that do apply must have annual budget less than \$250,000 (public schools are exempt from this limit)
- Applicants cannot be a chapter or affiliate of a larger organization
- Programs cannot promote religious, political or any other ideologies

SECTION 1: BASIC INFORMATION

Please list two **different** contact names for your group, including working phone numbers and emails. Both contacts should be actively involved in the grant project and be able to discuss the application, as we may call for more information.

1. Primary Contact First Name
2. Primary Contact Last Name
3. Primary Contact Telephone
4. Landline or cell?
5. Primary Contact Email
6. Primary Contact home address

- a. Street
- b. City
- c. State
- d. Zip Code

The demographic information you provide is confidential and will not be used in the grant selection process. Instead, it helps us create an accurate picture of our applicant pool and ensure our efforts to engage all New Yorkers. This data is shared only upon request to city and state agencies to ensure transparency and accountability in our goal of serving all New Yorkers equitably in our application process.

7. Please indicate the race or ethnicity of the primary contact (choose all that apply)

- ☐ White (for example German, Irish, English, Italian, Lebanese, Egyptian, etc.)
- ☐ Black or African American (for example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ American Indian or Alaskan Native (for example, Cayuga Nation of Indians, Oneida Indian Nation of New York, Onondaga Indian Nation, St. Regis Mohawk Tribe, Seneca Nation of Indians, Shinnecock Indian Nation, Tonawanda Band of Seneca, the Tuscarora Nation, etc.)
- ☐ AAPI
 - ☐ Asian Indian
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Japanese
 - ☐ Korean
 - ☐ Vietnamese
 - ☐ Native Hawaiian
 - ☐ Guamanian or Chamorro
 - ☐ Samoan
 - ☐ Other Pacific Islander
- ☐ Other

8. Ethnicity of primary contact (check one)

- ☐ No, Not Hispanic, Latino, or Spanish Origin
- ☐ Latinx, Hispanic or Spanish Origin – if yes, select all that apply
 - ☐ Mexican, Mexican American, Chicano
 - ☐ Puerto Rican
 - ☐ Dominical

- Another Hispanic, Latino, or Spanish Origin (for example Salvadoran, Cuban, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)

9. Does the primary contact identify as part of the LGBTQ+ community?

- ☐ Yes
- ☐ No

10. Which gender does the primary contact identify as?

- ☐ Male
- ☐ Female
- ☐ Nonbinary
- ☐ Other

11. Is the primary contact a 1st or 2nd generation immigrant?

- ☐ No
- ☐ Yes, 1ST generation (born outside of the United States)
- ☐ Yes, 2nd generation (born in the United States but have parents who were born abroad)

12. Is the primary contact a senior or elder (at least 65 years of age)?

- ☐ Yes
- ☐ No

13. Is the primary contact a person with a disability?

- ☐ Yes
- ☐ No

14. Primary Contact Social Media

a. Website

- ☐ Yes
- ☐ No

b. Facebook

- ☐ Yes
- ☐ No

c. Twitter

☐ Yes

☐ No

d. Instagram

☐ Yes

☐ No

e. LinkedIn

☐ Yes

☐ No

Please list a DIFFERENT contact than the primary.

15. Secondary Contact First Name

16. Secondary Contact Last Name

17. Secondary Contact Telephone

18. Landline or cell?

19. Secondary Contact Email

20. Secondary Contact home address

a. Street

b. City

c. State

d. Zip Code

21. Please indicate the race or ethnicity of the secondary contact (choose all that apply)

☐ White (for example German, Irish, English, Italian, Lebanese, Egyptian, etc.)

☐ Black or African American (for example African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)

☐ American Indian or Alaskan Native (for example, Cayuga Nation of Indians, Oneida Indian Nation of New York, Onondaga Indian Nation, St. Regis Mohawk Tribe, Seneca

Nation of Indians, Shinnecock Indian Nation, Tonawanda Band of Seneca, the Tuscarora Nation, etc.)

- ☐ AAPI
- ☐ Asian Indian
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Japanese
 - ☐ Korean
 - ☐ Vietnamese
 - ☐ Native Hawaiian
 - ☐ Guamanian or Chamorro
 - ☐ Samoan
 - ☐ Other Pacific Islander
- ☐ Other

22. Ethnicity of secondary contact (check one)

- ☐ No, Not Hispanic, Latino, or Spanish Origin
- ☐ Latinx, Hispanic or Spanish Origin – if yes, select all that apply
- ☐ Mexican, Mexican American, Chicano
 - ☐ Puerto Rican
 - ☐ Dominical
 - ☐ Another Hispanic, Latino, or Spanish Origin (for example Salvadoran, Cuban, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)

23. Does the secondary contact identify as part of the LGBTQ+ community?

- ☐ Yes
- ☐ No

24. Which gender does the secondary contact identify as?

- ☐ Male
- ☐ Female
- ☐ Nonbinary
- ☐ Other

25. Is the secondary contact a 1st or 2nd generation immigrant (child of an immigrant)?

- ☐ No
- ☐ Yes, 1ST generation (born outside of the United States)
- ☐ Yes, 2nd generation (born in the United States but have parents who were born abroad))

26. Is the secondary contact a senior or elder (at least 65 years of age)?

- ☐ Yes
☐ No

27. Is the secondary contact a person with a disability?

- ☐ Yes
☐ No

28. Secondary Contact Social Media

a. Website

- ☐ Yes
☐ No

b. Facebook

- ☐ Yes
☐ No

c. Twitter

- ☐ Yes
☐ No

d. Instagram

- ☐ Yes
☐ No

e. LinkedIn

- ☐ Yes
☐ No

SECTION 2: TELL US MORE ABOUT YOUR GROUP

1. Are you applying on behalf of a volunteer group, nonprofit organization, or school?

- ☐ Volunteer group

- ☐ Nonprofit organization
- ☐ School

2. What is the name of your group, organization, or public school?
3. If your group has submitted applications in previous years under a different name (even slightly different), please indicate the previous group name(s) below
4. Group Primary Address (Location of group/nonprofit or address of primary group leader if no physical space exists).
 - a. Street
 - b. City
 - c. State
 - d. ZIP Code
 - e. Borough:
 - f. Neighborhood:
5. Does your group have a
 - a. Website
 - ☐ Yes
 - ☐ No
 - b. Facebook
 - ☐ Yes
 - ☐ No
 - c. Twitter
 - ☐ Yes
 - ☐ No
 - d. Instagram
 - ☐ Yes

☐ No

6. What was your group's total budget in 2024?

7. **Does your group have 501(c)(3) status?** (*Note that groups are not required to have this status to receive a grant from us. If your group's 501(c)(3) application is pending, please state that.*) *If yes, please include a link to your group's 990 if it is available. If yes, please provide your group's Employer ID Number.*

8. Has your group received a grant us in the past?

☐ No

☐ Yes

- If you received a grant from us previously, please list the year(s) in which you received the grant(s).

SECTION 3: TELL US ABOUT YOUR GROUP'S WORK

Please note that from this point forward, all the questions relate to the one specific project for which you and other members of your group are submitting this application. [[insert sample application]]

1. What is the name of your project?
2. In no more than 200 words, tell us your group's story! Please describe your group's mission, major accomplishments, and any quotes from community members on the impact of your group's work. For an example, [click here.](#)
3. In at least 150 words, provide a detailed project description. Tell us what your project is. Explain what is going to be done beyond what you do in your everyday operations. For an example, [click here.](#)
4. In at least 150 words, please describe any additional funding or non-monetary resources you are considering to ensure the project's success this year. For an example, [click here.](#)
5. In at least 150 words, why is the project needed in your community? What does a successful project look like? For an example, [click here.](#)
6. In at least 150 words, how will your project strengthen relationships among community members and project participants? For an example, [click here.](#)
7. Please indicate which category your initiative primarily falls under. We consider all categories to be under the umbrella of civic engagement.

- ☐ Arts & Culture
- ☐ Economic Development
- ☐ Education
- ☐ Environment and Climate
- ☐ Health and Wellness
- ☐ Public Safety

8. You may also select a **second** category which your initiative falls under.

- ☐ Arts & Culture
- ☐ Economic Development
- ☐ Education
- ☐ Environment and Climate
- ☐ Health and Wellness
- ☐ Public Safety

9. CitizensNYC aims to link potential grantees with other community initiatives and networking possibilities. To facilitate this connection, please select up to three items that provide a deeper description of the project goals.

- ☐ Community Beautification
- ☐ Community Service
- ☐ Cost of Living Support
- ☐ Cultural Awareness
- ☐ Disaster and Emergency Management OR Emergency Care
- ☐ Diversity and Intergroup Relations
- ☐ Economic Justice
- ☐ Entrepreneurship Training
- ☐ Environmental Justice
- ☐ Financial Counseling
- ☐ Food and Healthy Living
- ☐ Health Care Access
- ☐ Immigrant Services
- ☐ LGBTQ+
- ☐ Mental Health Care
- ☐ Music
- ☐ Performing Arts
- ☐ Public Housing
- ☐ Sports and Recreation
- ☐ Public Arts
- ☐ Public Transportation
- ☐ Senior Services

- ☐ Shelter and Residential Care
- ☐ STEM
- ☐ Tenants' Organizations
- ☐ Visual Arts
- ☐ Women's Rights OR Women's Services
- ☐ Youth Development

10. In list form, describe your project timeline including the tasks and people responsible for completing your project. Below is an example of a project timeline for a community garden.

Example: Garden Renewal Project March 1st, 2023 – November 30th, 2023

- ☐ March 1 - Garden Season Kick-off Event (John and Susie with All Gardeners (approximately 40 people))
- ☐ March 1-30 - Check all water systems (sprinklers, collection barrels, hoses) (John and Margaret)
- ☐ April 1 - Begin planting spring pollinator back wall and weeding common garden spaces (Need 6 Lead Gardeners for Spaces and Back wall)
- ☐ April 1 - Purchase ladders to reach collection barrel roofs and assess winter damage (Susie & Margaret)
- ☐ April 15-30 - Fix underground pipe leaks (Consult Schilke Irrigation with Susie managing)
- ☐ April 1 - May 30 - Monitor plant health of new plants and remove invasive plants (John, Susie, and 6 Lead gardeners)
- ☐ April 1-May 30 Add new seedlings and plugs from Greenbelt Native Plant Center (John, Susie and 4 Lead gardeners)
- ☐ May 30 - September 30 - Maintain community garden spaces (all gardeners)
- ☐ October 1-30 - Drain water systems for winter and begin preparation for winter, include soil amendment and replenishing where soil erosion occurred (John, Susie, and Margaret with all gardeners)
- ☐ October 1-November 30 - Plant fall and late fall plants and seeds for pollinators, buy additional plants as needed from Greenbelt Native Plant Center (Margaret, John, and 6 Lead gardeners)
- ☐ November 30 - Mulch common garden spaces and put to bed for winter (all staff and lead gardeners)

11. This past year, roughly how many hours each week on average did you work for free on behalf of your organization?

- ☐ <5 hours
- ☐ 5-10 hours
- ☐ 10-15 hours
- ☐ 15-25 hours
- ☐ 25-40 hours
- ☐ >40 hours

12. This past year, roughly how many hours each week on average did ALL of your volunteers combined work for free on behalf of the organization?
- ☐ <5 hours
 - ☐ 5-10 hours
 - ☐ 10-25 hours
 - ☐ 25-50 hours
 - ☐ 50-100 hours
 - ☐ >100 hours
13. This past year, roughly how many individual people spent time volunteering 5 hours or more with your organization?
- ☐ 0
 - ☐ 1-5
 - ☐ 5-10
 - ☐ 10-25
 - ☐ 25-50
 - ☐ 50-75
 - ☐ 75-100
 - ☐ >100
14. What would you estimate to be the value of “in-kind” contributions to your organization each year? (“In-kind” contributions include free donations of equipment, food, clothing, or supplies, but NOT professional services.)
- ☐ \$0
 - ☐ \$1-\$500
 - ☐ \$500-\$1,000
 - ☐ \$1,000-\$2,500
 - ☐ \$2,500-\$5,000
 - ☐ \$5,000-\$10,000
 - ☐ >\$10,000
15. What would you estimate to be the value of “pro bono” contributions to your organization each year? (“Pro bono” contributions include free donations of professional services like accounting and tax filing support, legal advice, or tech support.)
- ☐ \$0
 - ☐ \$1-\$500
 - ☐ \$500-\$1,000
 - ☐ \$1,000-\$2,500
 - ☐ \$2,500-\$5,000
 - ☐ \$5,000-\$10,000
 - ☐ >\$10,000

16. Please list the address(es) where the project for this grant will take place (or cross streets if there is no address). Please complement with full address if providing a venue name, such as ABC Community Center or XYZ Community Garden. (Mail will not be sent there).

- ☐ Project Street Address
- ☐ Project Borough
- ☐ Project Address Zip/Postal

9. Based on the location where your project will primarily take place in, please list the following:

If you do not know the below information, please visit www.mygovnyc.org (right mouse-click to open in a new browser tab.)

- ☐ City Council District #:
- ☐ Community Board #:
- ☐ State Assembly District #:
- ☐ State Senate District #:
- ☐ US Congressional (House of Representatives) District #:

SECTION 4: PROJECT BUDGET AND REQUESTED GRANT AMOUNT

1. Tell us how much you would like to request. If awarded a grant, the grant may not equal the amount requested. (Please keep in mind that the maximum of our Community Leaders Grant is \$5,000.)
2. Please complete the budget template below. Tell us how much your project will cost - list all the items you will need to carry it out, including accurate estimates. If awarded a grant, the grant may not equal the amount requested, depending on whether budget items and amounts fall within our guidelines.

Item	Cost	Notes
_____	\$ _____	_____
_____	\$ _____	_____

_____ \$ _____

Additional Opportunities for Support

Please check the box for any additional opportunities that you would be interested in. Your responses will not impact the review of your application.

- ☐ Being featured on CitizensNYC social media
- ☐ Being featured on CitizensNYC website
- ☐ Being contacted by local media
- ☐ Volunteer support
- ☐ Other [please specify] _____

Almost Done

CitizensNYC data security and privacy policy

All responses provided in this application are confidential and stored securely. We will never share your information with marketers or advertisers. While we may use application data for research, policy purposes, or to support our partnerships, any information shared externally—whether with researchers, nonprofits, community-based partners, elected officials, or city agencies—will not include any personally identifiable information and will strictly follow our privacy and data security standards.

- ☐ By checking this box, I acknowledge that I understand and accept CitizensNYC's data security and privacy policy as noted above.
- ☐ By checking this box, I acknowledge that "Submitted Materials" (videos & photographs) will be deemed not to be confidential or secret and may be used by us in any manner consistent with the Citizens Committee for New York City's (CitizensNYC) Website, Social Media & Marketing Privacy Policy. CitizensNYC has the rights to include videos and photographs in any press releases, promotional materials, periodic public reports, newsletters, internal communications, and other communications that CitizensNYC may publish from time to time.
- ☐ I certify in good faith that: All the information that I have included in the application (including but not limited to need for grant and tax/financial documents) are accurate, and that the grant will be used for intended purpose.

THANK YOU FOR FILLING OUT THE APPLICATION

Please remember to click "Submit" to send in your application!

We will notify you of the grant decision by the spring of 2025.
Please follow us on social media for ongoing updates and information.