



# Lower Manhattan Community and Cultural Enhancement Program Application Coversheet

Cultural Organization    Community Organization    Government Organization

Date: \_\_\_\_\_

**Legal Name of Applicant Organization:** \_\_\_\_\_

Executive Director: \_\_\_\_\_

Primary contact name and title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date founded: \_\_\_\_\_

Organizational mission statement (abbreviated, if necessary):

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

**Level of support sought:**

Amount requested: \_\_\_\_\_

*Please explain in detail if your great request is outside the preferred range of grant amounts (\$100,000-\$1,000,000):*

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

**Type of support sought (check one):**

- Capital: Site acquisition or lease       Capital: Construction       Capital: Equipment
- Program: Event       Program: Service

**Application Deadline: Friday, November 5, 2010, 3 PM**

*This application must be completed, signed on page 2, and sent with required attachments to:*

**Lower Manhattan Development Corporation, 1 Liberty Plaza, New York, NY 10006**

**Attn: Lower Manhattan Community & Cultural Enhancement Program**

*For funding criteria and additional information, please visit our website at [www.renewnyc.com](http://www.renewnyc.com).*

Brief description of project (100 words or less):

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Organizational Budget Summary

FYE09 operating expenses for organization (audited): \$ \_\_\_\_\_  
FYE09 operating income for organization (audited): \$ \_\_\_\_\_  
FYE10 operating expenses for organization (estimated): \$ \_\_\_\_\_  
FYE10 operating income for organization (estimated): \$ \_\_\_\_\_  
FYE11 operating expenses for organization (estimated): \$ \_\_\_\_\_  
FYE11 operating income for organization (estimated): \$ \_\_\_\_\_

Project Budget Summary

Total project budget (if requesting capital support, include soft costs): \$ \_\_\_\_\_  
Funds raised to date for project: \$ \_\_\_\_\_  
Amount requested from LMDC: \$ \_\_\_\_\_

Anticipated sources for any non LMDC funds needed (be as specific as possible):

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Schedule for project implementation as budgeted (be as specific as possible; if capital, include design, construction and occupancy):

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I, \_\_\_\_\_, \_\_\_\_\_ (title) for \_\_\_\_\_ the Applicant, hereby (1) certifies that all information which it has provided (or may in the future provide) with respect to its application is true and correct in all material respects and does not omit to state any material facts; (2) acknowledges that the submission and receipt of the application do not give rise to any promise or commitment by LMDC to the Applicant; and (3) agrees that the granting or denial of funding at all times remains within the sole and exclusive discretion of LMDC.

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_