

The Downtown Brooklyn  
Neighborhood Alliance (DBNA)  
2019 Capacity Building  
Grant Program

**APPLY TO THIS PROGRAM ONLY IF  
YOUR ORGANIZATION  
DOES NOT HAVE 501(c)3 STATUS!**

*Fulfilling a  
mission begins  
with getting your  
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# The Downtown Brooklyn Neighborhood Alliance (DBNA) Capacity Building Grant Program Funding Guidelines

**Before applying for The DBNA Capacity Building Grant Program, please carefully read the following guidelines and instructions. APPLY TO THIS PROGRAM ONLY IF YOUR ORGANIZATION DOES NOT HAVE 501(c)3 STATUS!**

## **INTRODUCTION**

*Fulfilling a mission begins with getting your organization properly established.*

We, at The Downtown Brooklyn Neighborhood Alliance (DBNA), believe that assisting an organization so that it can achieve and sustain stronger gains is the best investment we can make. **The DBNA Capacity Building Grant Program** supports organizations and initiatives who would like to obtain 501(c)(3) status. The Capacity Building Grant Program is designed for organizations seeking to build their own internal capacity, and strengthen their overall effectiveness and long-term sustainability. This grant strengthens a not-for-profit's ability to operate more effectively at an organizational level.

## **APPLICATION PROCESS**

The Downtown Brooklyn Neighborhood Alliance (DBNA) Capacity Building Grant Program is open to organizations and initiatives located in Brooklyn, New York. Organizations interested in applying for a grant should complete the application and attach all necessary documentation. The Capacity Building Grant Program has one funding cycle per calendar year. Only one grant will be awarded per organization per year. We are not obligated to fund in any category. In addition, there will be one site visit by a DBNA staff member. Organizations are required to submit an Interim Grant Report and a Final Grant Report.

**All completed applications must be submitted by Monday, July 15, 2019.** (NOTE: Email is the primary source of correspondence for the DBNA Capacity Building Grant Program. Please make sure the email address you provide is legible, valid, and checked frequently.) DBNA expects to make funding decisions by Fall 2019.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Applications will be approved or denied based on application criteria and DBNA's available resources.

Please allow sufficient time to carefully review each request. Allow at least two months after the deadline date (see above) for notification of the result of the grant request. If, by that time, the DBNA Capacity Building Grant Program has not contacted you, please feel free to contact us via email at [DBNACapacityBuilding@thedbna.org](mailto:DBNACapacityBuilding@thedbna.org).

# The Downtown Brooklyn Neighborhood Alliance (DBNA)

## Capacity Building Grant Program

### Funding Categories

The DBNA Capacity Building Grant Program supports organizations and initiatives whose mission is aligned with one of the following five categories.

#### **A. Fostering Economic Self-Sufficiency**

DBNA supports organizations and initiatives which work to promote economic self-sufficiency, overcome barriers to employment, and foster entrepreneurship, including those that develop and facilitate access to:

- Workforce skills training programs which help make individuals job ready.
- Business skills and management training programs for small, minority- and women-owned, and locally-based businesses.
- Financial education programs which equip individuals in their everyday lives.

#### **B. Prisoner Re-Entry Initiatives**

DBNA supports organizations and initiatives which help the formerly incarcerated to make a productive transition back into society through efforts such as:

- Educational and skills training.

#### **C. Youth and Child Programs**

DBNA supports organizations and initiatives which have a positive impact on the lives of young people, including those that:

- Encourage early childhood literacy and school readiness.
- Serve young people during after-school hours with educational activities and programs.
- Foster youth leadership.
- Provide skills training for job readiness.

#### **D. Health Programs**

DBNA supports organizations and initiatives which seek to improve and assure access to quality healthcare for those who are underserved, especially the young and the elderly. DBNA is particularly interested in organizations that:

- Promote health wellness and prevention.
- Work to educate individuals about healthcare options and services, as well as the best way to access the healthcare system.

#### **E. Environmental Sustainability**

DBNA supports organizations and initiatives which work to foster environmental sustainability in their communities, including:

- Programs that educate the public.
- Hands-on workshops.

# The Downtown Brooklyn Neighborhood Alliance (DBNA) Capacity Building Grant Program

## GRANTS AWARDS CRITERIA

In order to be considered for a grant from "The Downtown Brooklyn Neighborhood Alliance (DBNA) Capacity Building Grant Program," applicant organizations must meet the following criteria:

### 1. Organizational Criteria

- An organization or initiative must be operating for at least one (1) year.

### 2. Programmatic Criteria

- Programs and initiatives outlined in the grant application must fall within one of these five areas: (1) Fostering Economic Self-Sufficiency, (2) Prisoner Re-Entry Initiatives, (3) Youth and Child Programs, (4) Health Programs, and (5) Environmental Sustainability.
- Organizations whose proposed program meets funding guidelines and also reaches residents in Community Boards 2, 3, 6, and 8, will receive priority.
- No grant may be made to an individual, or a political, labor, or fraternal organization.

# The Downtown Brooklyn Neighborhood Alliance (DBNA) Capacity Building Grant Program Application

Please answer the following questions completely and return this form no later than Monday, July 15, 2019 at 5pm by email (DBNACapacityBuilding@thedbna.org), fax (718.625.3410), OR send it to the following address:

DBNA Capacity Building Grant Program  
c/o The House of the Lord Church  
415 Atlantic Avenue  
Brooklyn, NY 11217

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

## PART ONE: CONTACT INFORMATION

### 1. Applicant Organization and Contact Information (Print Clearly.)

<b>Contact Name:</b>	
<b>Title:</b>	
<b>Organization Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail address:</b>	
<b>Website address:</b>	

**NOTE: Email is the primary source of correspondence for DBNA. Please make sure the email address you provide is legible, valid, and checked frequently.**

### 2. Which funding area does your organization cover? (Choose one.)

- Fostering Economic Self-Sufficiency
- Prisoner Re-Entry Initiatives
- Youth and Child Programs
- Health Programs
- Environmental Sustainability





6. Describe how the program's outcomes and effectiveness will be measured.

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Additional questions:

7. Have you ever filed for an EIN (Employment Identification Number) for this organization?  NO  YES

8. Have you ever filed for a Certificate of Incorporation for this program?  NO  YES

Please note: To file for an EIN is free. To file for a Certificate of Incorporation (as of Feb. 2018) is \$75 (and \$85 for a certified copy). The grant will cover the cost of all fees associated with the steps to obtaining a 501(c)3 status.



## AUTHORIZATION PAGE

I have read the Guidelines and Application Process, and answered all questions above truthfully and to the best of my knowledge and ability. I understand that any provided information found to be misleading or false may lead to my organization's disqualification in the DBNA Capacity Building Grant Program and may jeopardize my organization's ability to participate in the Foundation in the future.

**PLEASE NOTE: The application MUST be signed by the highest authority within your organization. Volunteers, teachers, and/or clerical staff cannot authorize the application.**

Organization: \_\_\_\_\_  
Authorizing Official's Name (print): \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

Contact Person (print): \_\_\_\_\_  
Contact Person's Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_