

# BROOKLYN ORG

## Grant Application Preview

**PLEASE NOTE:**  
**THIS IS NOT AN**  
**APPLICATION.**

This document is a preview of our online application, which we are providing as a courtesy to grant seekers.

**We do not accept applications by email, mail, or phone call.**

To apply for a grant from Brooklyn Org, complete our online application at [brooklyn.org/apply](https://brooklyn.org/apply).

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### Instructions

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**Asterisks (\*) indicate that a question is required.**

*Please note that some questions are conditional based on your response to a previous question. Therefore, not all questions may appear on your organization's individual application.*

### Organizational Information

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**Organization Name\***

*Character Limit: 250*

**DBA**

If your nonprofit uses a "doing business as" or assumed name, please enter below. More information can be found [here](#).

*Character Limit: 250*

**Organization Website\***

*Character Limit: 2000*

**Year Founded\***

*Character Limit: 250*

**Fiscal Sponsorship\***

Is the organization fiscally sponsored?

- Choices: No/Yes

**What is your leadership model?\***

Choices:

- Executive Director/President/CEO
- Co-leadership
- Cooperative
- Other

### Organizational EIN

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**EIN\***

*Character Limit: 250*

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### Fiscal Sponsor Information

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**Fiscal Sponsor Name\***

*Character Limit: 250*

**Fiscal Sponsor City\***

*Character Limit: 100*

**Fiscal Sponsor Website\***

*Character Limit: 2000*

**Fiscal Sponsor State\***

*Character Limit: 100*

**Fiscal Sponsor Primary  
Contact Email Address\***

*Character Limit: 50*

**Fiscal Sponsor Zip Code\***

*Character Limit: 5*

**Fiscal Sponsor Primary  
Contact Phone Number\***

*Character Limit: 15*

**Fiscal Sponsor Primary  
Contact\***

*Character Limit: 100*

**Fiscal Sponsor Address\***

*Character Limit: 100*

**Fiscal Sponsor Website\***

*Character Limit: 254*

### Additional Leaders

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#### Leadership Information

For co-led and cooperative organizations, please fill out the information of additional leaders, with decision-making power other than the primary leader associated with the organizational account.

	FULL NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER
Leader 1				
Leader 2				
Leader 3				
Leader 4				
Leader 5				
Leader 6				
Leader 7				
Leader 8				
Leader 9				
Leader 10				

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### **Financial Information**

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#### **Current Operating Budget\***

How to calculate your operating budget can be found here.

*Character Limit: 20*

#### **Previous Year's Operating Budget\***

*Character Limit: 20*

#### **Months of cash**

How to calculate your months of cash on hand can be found here.

*Character Limit: 250*

#### **Is your organization legally required to file a 990 tax form?\***

Choices: Yes/No

#### **Do you have audited financials from the past two years (e.g. 990)?\***

Audited financials are independently reviewed financial documents; read more here.

Statute and Description: N.Y. EXC. Law 7A §172-b

- A charitable organization with gross annual revenue less than \$250,000 must file a financial statement but it does not need to be one reviewed by an independent CPA.
- A charitable organization with gross annual revenue of between \$250,000-\$1,000,000 must file a financial review prepared by an auditor.
- A charitable organization with gross annual revenue over \$1,000,000 must file an audited financial statement prepared by an independent CPA.
- Every charitable organization that uses a professional solicitor in its fundraising functions must file an audited financial statement prepared by an independent CPA.

Choices: Yes/No

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### **Audited Financial Statements**

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**Upload your most recent audited financials from the past two years (e.g. 990)\***

*File Size Limit: 4 MB*

### **990**

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**Upload your most recent 990**

*File Size Limit: 10 MB*

### **Organizational Budget**

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**Most recent organizational budget\***

*File Size Limit: 4 MB*

### **Programming Details**

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**What is your organization's focus?\*** *Check all that apply*

Choices:

- Arts and Culture
- Civic Engagement
- Civil Rights
- Elders
- Environmental Justice
- Families
- Health and Well-being
- Housing
- Immigrants
- Jobs and Economic Opportunity
- Justice Reform
- Youth

**What type of work does your organization do?\*** *Check all that apply*

Choices:

- Advocacy
- Coalition Building
- Community Programs or Events
- Direct Service
- Education
- Media
- Organizing
- Other
- Research
- Workshops or Training

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### In which neighborhoods did your organization have a physical presence in the past year?\*

Examples: an office, programming, or events

*Check all that apply*

#### Choices:

- Bay Ridge
- Bedford Stuyvesant
- Bensonhurst
- Bergen Beach
- Boerum Hill
- Borough Park
- Brighton Beach
- Brooklyn Heights
- Brownsville
- Bushwick
- Canarsie
- Carroll Gardens
- City Line
- Clinton Hill
- Cobble Hill
- Coney Island
- Crown Heights North
- Crown Heights South
- Cypress Hills
- Ditmas Park
- Downtown Brooklyn
- DUMBO
- Dyker Heights
- East Flatbush
- East New York
- Flatbush
- Flatlands
- Fort Greene
- Gerritsen Beach
- Gowanus
- Gravesend
- Greenpoint
- Kensington
- Marine Park
- Midwood
- Mill Basin
- Ocean Hill
- Park Slope
- Prospect Heights
- Prospect Lefferts Gardens
- Red Hook
- Sheepshead Bay
- Sunset Park
- We do not have a physical presence in Brooklyn, but do programming open to Brooklynites
- We do not have a physical presence in Brooklyn; we are online only
- Williamsburg
- Windsor Terrace

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### Which neighborhoods did your organization serve in the past year?\*

Indicate which Brooklyn neighborhoods your clients or members live in.

*Check all that apply*

Choices:

- Bay Ridge
- Bedford Stuyvesant
- Bensonhurst
- Bergen Beach
- Boerum Hill
- Borough Park
- Brighton Beach
- Brooklyn Heights
- Brownsville
- Bushwick
- Canarsie
- Carroll Gardens
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**Which communities are served by your organization?\***

*Check all that apply*

Choices:

- Arab/ Middle Eastern/ North African/ Arab American
- Black (African/ African American/ Caribbean)
- East Asian/ Euroasian/ South Asian/Pacific Islander
- Indigenous/ Native American/ Alaskan Native
- Latinx
- Multiracial
- White

**Which immigrant communities are served by your organization?\***

*Check all that apply*

Choices:

- Caribbean
- Central America
- South America
- Middle East
- North Africa
- West Africa
- Central Africa
- East Africa
- Southern Africa
- Central Asia
- East Asia
- South Asia
- Southeast Asia
- Oceania
- Western + Northern Europe
- Southern Europe
- Eastern Europe

**Does your organization explicitly work with or create programming for the following communities?**

*Check all that apply*

Choices:

- Formerly Incarcerated Individuals
- LGBTQIAGNC+
- People with Disabilities
- Unhoused / Housing Unstable



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### Which age groups are served by your organization?\*

*Check all that apply*

Choices:

- 0-5
- 6-13
- 14-18
- 19-24
- 25-50
- 51-65
- 65+

### Approximately how many Brooklynites did your organization impact this past year?\*

Indicate the total number impacted by your direct services, attending events, impacted by your advocacy work, etc.

*Check all that apply*

Choices:

- 0-100
- 101-500
- 501-1,000
- 1,001-5,000
- 5,001-20,000
- 20,001+
- Our work is systemic and impacts all of Brooklyn (2.57m)

## Narrative Questions

### Briefly describe your organization's mission and history\*

*Character Limit: 1000*

### Describe your organization's work. Please provide examples.\*

*Character Limit: 3500*

### How do your programs and services confront and address systemic racism?\*

Please provide examples of how your organization combats systemic racism, such as anti-Blackness and colorism.

*Character Limit: 2000*

### How does your organization involve community members?\*

Please provide examples of how community members inform decision-making and the development of programs at your organization.

*Character Limit: 2000*