



Eligibility Requirements

Statement of Purpose

The Medical Center Neighborhood Fund (MCNF) is a voluntary effort of the many employees of Columbia University Irving Medical Center (CUIMC), NewYork-Presbyterian (NYP) and the New York State Psychiatric Institute (NYSPI). One hundred percent of the donations received are awarded each year to assist community-based organizations in their efforts to provide services to residents of the Washington Heights/Inwood community. Each year, the MCNF awards applicant organizations up to **\$5,000** following a careful application and review process based on the following eligibility criteria.

Eligibility Guidelines

- Groups and organizations must be headquartered in Washington Heights/Inwood or have a satellite office specifically designed to serve the Washington Heights/Inwood community as defined as the area encompassed by Community Board 12 Manhattan (CB 12);
- Organizations must show evidence of a 501(c)3 status or must provide a fiscal conduit with 501(c)3 status along with EIN/TIN number and signed W-9 form;
- Public agencies are not eligible to apply, but public library branches located in CB 12 and after-school, non-curricular program based at public schools in District 6 may apply;
- Programs must demonstrate direct benefits to the residents of Washington Heights/Inwood;
- Only **one** application per organization and per program will be considered, regardless of whether, it is submitted through a fiscal conduit
- Funds must be spent for new or continuing programs or services, or program related equipment. Equipment expenses or personnel costs will be considered on a case-by-case basis;
- Funding may be used for civic education purposes; however, under no circumstances should it be allocated for lobbying or partisan political activities. Religious institutions may apply for MCNF funding, but the program or activity funded by the grant must be equally open to all regardless of faith;
- CU Divisions, schools, centers and departments of CUIMC, NYP and the NYSPI are not eligible;

Funding Review Criteria

The following factors will be taken into consideration in the evaluation of grant applications submitted to the MCNF:

- Awards range from **\$1000- \$5000** (applications *exceeding this range will not be considered*)
- Ability of program to meet neighborhood needs
- Demonstrated need for funding
- Clearly defined goals and objectives
- Ability of the organization to carry out the proposed program/event
- Community support/need for program

Site Visits

Site visits are essential and required in order to assess and review the organization and or program.

- All organizations applying to the MCNF **MUST take part in an interview and/or a site visit** as designated by the evaluation committee. Interviews or site visits will be scheduled with the organization's designated contact person during the months of March and April. Site visitors will contact organizations directly
- Funding is dependent on the interviewer or site visitor's evaluations



COLUMBIA

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER



New York State
Psychiatric Institute



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2026 REQUEST FOR APPLICATIONS

Application Deadline: Wednesday, January 28, 2026

1. ORGANIZATIONAL INFORMATION

Name of organization:

Address: (If new address, click here)

Head of organization:

Title:

Phone:

Email:

Tax ID/ EIN #:

Year organization formed:

Number of employed staff (Full time): (Part time): (# of Volunteers):

If you are interested in having volunteers from the MCNF, please check here:

FISCAL CONDUIT (if applicable):

Organization Name:

Address:

Phone:

Email:

Tax ID/ EIN #

Organization Name:

Medical Center Neighborhood Fund 2026 Application

2. ORGANIZATION MISSION, POPULATION SERVED, AND GEOGRAPHIC AREA SERVED.

(250 words max)

What is the primary mission or focus area of your organization?

- | | |
|----------------------------|-------------------------------------|
| Food & Housing Insecurity | Education, Health & Wellness |
| Arts, Culture & Recreation | Social Services, Advocacy & Support |

Organization Name:
Medical Center Neighborhood Fund 2026 Application

3. CURRENT MAJOR SOURCES OF FUNDING FOR YOUR ORGANIZATION

Total operating budget:

Top 3 sources of funding:

Source	Annual Amount

4. PROJECT/ACTIVITY PROPOSED TO RECEIVE FUNDING

Title of project to be funded:

Amount requested in this proposal:

Is the program new or already existing ? Start date:

What is the total cost of the activity that will be funded:

If other organizations will also be supporting the costs for this same effort, please outline that support below:

Funder	Funding Amount
Total Project Cost	

What is the primary focus of the program for which you are seeking funding?:

Food & Housing Insecurity

Education, Health & Wellness

Arts, Culture & Recreation

Social Services, Advocacy & Support

Organization Name:

Medical Center Neighborhood Fund 2026 Application

If your program is currently addressing food insecurity, please respond to the following questions to provide further detail:

- a) How many clients are served in total?
- b) Please share any pertinent information on client demographics that highlight your food insecurity efforts.
- c) Please share the frequency of food distribution to address insecurity (i.e., daily, weekly, monthly etc.).
- d) Are there volunteer opportunities to support your agency's food insecurity efforts?

Please describe the activity/project. Include what services are provided; any community partners; the number of people who will directly benefit; and how the project will be staffed and carried out.
(500 words max)

Organization Name:

Medical Center Neighborhood Fund 2026 Application

5. BUDGET SHEET

Please itemize Your Planned Uses of the Requested Funds.

Item	Use	\$
<i>For example: Art Supplies</i>	<i>Classroom Materials</i>	<i>\$500</i>
<i>For example: Paralegal Services</i>	<i>Process claims for clients</i>	<i>\$1000</i>

Item	Use	\$

Organization Name:

Medical Center Neighborhood Fund 2026 Application

6. USE OF PREVIOUS MCNF FUNDS

Has your organization ever applied to the Medical Center Neighborhood Fund? Yes No

If yes, please indicate the amount and the most recent fiscal year: Year:

If yes, kindly describe the impact the program or project had on the community (250 words max). In addition, please provide 2-3 photos to show the work that the previous funding assisted with. Please note that these photos may be posted on the Columbia University Irving Medical Center and NewYork-Presbyterian Hospital websites.

Organization Name:

Medical Center Neighborhood Fund 2026 Application

7. SIGNATURES

Signature of program director:

Signature of fiscal conduit (if applicable)

Print Name:

Print Name:

Phone:

Date:

Email:

Date:

8. W9 and 501-C3 Submission

Please provide a completed and signed W9 form. A W9 form is attached below for your convenience. Additionally, kindly attach your 501(c)(3) determination letter to verify your nonprofit status.

Organization Name:

Medical Center Neighborhood Fund 2026 Application

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they