



The ABNY Foundation 2026 Grant Application

The ABNY Foundation was created to provide funds for social, education, and civic initiatives that enhance the quality of life in the five boroughs of New York City. It is tax-exempt nonprofit corporation established in 1987.

In 2026, The ABNY Foundation will award funding to projects in two priority giving areas:

- **Economic Opportunity**
 - Maintain focus on career training, prioritizing tangible skill or accreditation at program completion.
 - Maintain programs that support small businesses, entrepreneurship, and vibrant commercial districts
- **Civic Engagement**
 - Initiatives that remove barriers to civic participation by increasing civic literacy and dialogue and cultivating the next generation of civic leaders

Please see all eligibility guidelines and current giving priorities [here](#).

Grant awards are for \$10,000.

Application & Award Process

Following a review of all submitted applications by The ABNY Foundation Trustees, all applicants will be contacted by The ABNY Foundation 30-days following the application deadline. The Foundation may request additional information or schedule a follow up phone call to verify the information provided.

Organization's selected for funding will be presented a grant agreement upon notification of funding, with funding made available within 14 days of the execution of the grant agreement by the receiving organizations. Grantees will then be required to submit an interim and final grant report 6-months and 12-months following the grant award.

Important Reminder

Applying organizations must be designated under the 501(c)(3) Section of the United States Internal Revenue Code or possess Fiscal Sponsorship from a registered 501(c)3 under the United States Internal Revenue Code. For-profit organizations are not eligible for grant awards from The ABNY Foundation.

Contact Name *

First Name

Last Name

Contact Title *

Organization *

Contact Email Address *

example@example.com

Contact Phone Number *

Please enter a valid phone number.

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please provide your organization's mission statement. *

Please describe the population your organization serves (for example, geographic area, demography, etc.) *

0/250

What is the size of the population your organization serves? *

The ABNY Foundation is committed to building and sustaining an equitable and inclusive New York City. Please describe your organization's Diversity, Equity, and Inclusion goals. *

0/250

How many Board members advise your organization? *

Please tell us about the composition of your Board. How many of your Board members identify as the following:

0 1-2 3-5 More than 5

Multiracial or Multiethnic

Arab or Arab American

Asian or Asian American

Black or African American

Hispanic or Latino/a/x

Native American, American Indian, or Alaska Native

Native Hawaiian or other Pacific Islander

White

Other

Unknown or declined to state

How many staff member does your organization employ? Please include full- and part-time employees. *

Please tell us about the composition of your staff. How many of your staff members identify as the following (please include full- and part-time staff):

0 1-2 3-5 More than 5

Multiracial or Multiethnic

Arab or Arab American

Asian or Asian American

Black or African American

Hispanic or Latino/a/x

Native American, American Indian, or Alaska Native

Native Hawaiian or other Pacific Islander

White

Other

Unknown or declined to state

Has your organization received funding from The ABNY Foundation previously? *

Yes, within the last five years.

Yes, prior to 2020.

No, my organization has not received funds from The ABNY Foundation previously.

Does your organization currently hold membership with the Association for a Better New York (ABNY), Inc.? *Please note, there is no preference given to ABNY member organizations, this information is for internal purposes only. *

Yes

No

I am unsure.

Does your organization share any employee, director, or trustee with ABNY or The ABNY Foundation? *

Yes

No

I am unsure.

If you answered "Yes" above, please explain.

Consistent with the ABNY Foundation's 2026 Priority Areas of Giving, under which category is your organization applying for a grant?

Click [here](#) for more information on each category.

Funding Priority Area *

- Economic Opportunity
- Civic Engagement

Please select the type of support your organization is seeking in 2026. *

- General operating support of initiatives related to above selected priority area
- Project specific funding

Proposal Summary:

Please describe the project below and why you are seeking support from The ABNY Foundation.

Please complete all fields. Incomplete applications will not be considered for funding.

Project Name *

Project date(s)/Timeline *

Please provide a description of the project and how a grant award from The ABNY Foundation would be utilized to support or make this work possible. (500 word limit) *

0/500

Please describe the target population that this project will serve. *

Total Project Budget *

Please describe how your organization plans to measure success. *

0/500

Please share any additional information about your organization you wish The ABNY Foundation to consider when reviewing this application.

By submitting this application, you agree to provide metrics and report on the use of the funds provided, if awarded.