



**NEIGHBORHOOD INCENTIVE MATCHING GRANTS PROGRAM
FY-19 APPLICATION FORM**

Please print clearly or type. Please answer all questions and use the space provided.

I. GENERAL INFORMATION	
COMMUNITY ORGANIZATION:	
INDICATE TYPE: <input type="checkbox"/> Civic League/Association <input type="checkbox"/> Neighborhood Group	REQUEST TO BE CONSIDERED FOR: <input type="checkbox"/> Beautification <input type="checkbox"/> Neighborhood Improvement <input type="checkbox"/> Special Community Initiative Project
CONTACT PERSON :	
ADDRESS:	PHONE:
	EMAIL:
ALTERNATE CONTACT PERSON :	
ADDRESS(if different than above):	PHONE:
	EMAIL:
PROJECT NAME:	
PROJECT LOCATION:	PARTNERING ORGANIZATION(S) (If applicable):
AMOUNT REQUESTED:	

This section must be completed by the person presiding over the community organization.

CERTIFICATION OF AUTHORIZED OFFICIAL		
<p><i>By signing this form, I certify that the information contained in the application is true and correct to the best of my knowledge. I certify that the contact person will be the only contact person for the project, the only person who is able to submit or request reimbursements, and is a member of our community organization.</i></p> <p><i>If the project is approved, I understand that the City will enter into a contract with the applicant organization to ensure completion of the project as described in the application.</i></p>		
NAME:	TITLE:	CONTACT NUMBER:
SIGNATURE:		DATE:

II. PROJECT SERVICES

1. Please describe your project in detail. *(If applicable, provide the project location/address.)*

2. Do you have the support of the adjacent property owner(s) to implement the proposed project?

Yes No

If yes, please provide supporting documentation (i.e. letter of approval).

3. a. Will your project require the City of Portsmouth to provide a permit or approval?

Yes No

b. If yes, please explain:

4. Describe the maintenance required after the project is completed, who will be responsible for maintenance, and the plan for complying with the maintenance requirements.

III. NEIGHBORHOOD INVOLVEMENT

1. Describe how your neighborhood will benefit from the project.

2. How were members of the neighborhood civic league/association (if applicable, members of the partnering organizations and/or businesses) involved in the selection and planning of the project? For example, did you have special meetings or did you survey the neighborhood for needs? (Provide documentation of any special meeting agenda or neighborhood survey).

IV. PROJECT SCHEDULE & BUDGET

Complete the following two sections to outline the project schedule and budget. Project must be completed by May 31, 2019 if approved.

A. PROJECT SCHEDULE

Activity	Responsible Party	Start Date	Completion Date
<i>Example: Planting Trees</i>	<i>Jane Dow</i>	<i>6-May</i>	<i>20-May</i>

B. BUDGET REQUEST

BUDGET ITEM / PROJECT NAME	CITY FUNDS	MATCH	TOTAL
<i>Example: Trees & Shrubs</i>	500.00	125.00	628.00
Grand Total			

Name of Fiscal Agent (if different than applying community organization, please provide information for contact person, i.e. address, phone number, and email address).

C. MATCH DESCRIPTION

Describe how you will arrive at your match. Explain if your match will be raised through neighbor-labor, other volunteers, in-kind or cash donations.

V. CIVIC LEAGUE OR NEIGHBORHOOD ORGANIZATION APPROVAL		
<i>Neighborhood Project proposals must have the endorsement of the local civic league or neighborhood organization. Please have your civic league or neighborhood organization president sign below.</i>		
ENDORSEMENT OF CIVIC LEAGUE/NEIGHBORHOOD ORGANIZATION PRESIDENT		
<i>By signing below, I certify that I am the president of the local civic league or neighborhood organization and that I am in support of this application.</i>		
NAME:	TITLE:	CONTACT NUMBER:
SIGNATURE:	DATE:	

VI. REQUIRED ATTACHMENTS	
<p>These items must be submitted in order to be considered for funding:</p> <ul style="list-style-type: none"> • Recent bank statement of the fiscal agent • Before photographs (if applicable) • Sketch of improvements (if applicable) • Proof of 25% match including <ul style="list-style-type: none"> Proof of Cash Availability (Bank Statement) Donation Letters (if applicable) Volunteer Commitment forms and Release and Hold Harmless Agreements 	

Please return your application to: Office of the City Manager, ATTN: FY19 Neighborhood Incentive Matching Grant Program, 801 Crawford Street, Portsmouth, VA 23704.
Applications shall be received by September 14, 2018.