Neighborhood Council Funding Program





This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting. The Neighborhood Council, upon approval of the application, shall submit the approved application along with all required documentation to the Department of Neighborhood Empowerment.

SEC	TION I- APPLICANT VERIFICATION INFORMATION		ood Council Name	
1A)	Organization Name	Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
1B)	Organization Mailing Address	City	State	Zip Code
1C)	Business Address (If different)	City	State	Zip Code
1D)	Address of Affiliated Organization (If applicable)	City	State	Zip Code
2)	Name and address of person designated to receive	ve official/legal notices:	Name:	
2)	Street	City	State	Zip Code
3)	, , , , , , , , , , , , , , , , , , , ,	or 501(c)(3) Non-	profits (other than religious inst	• ,
	Attach Letterhead TION II - PROJECT DESCRIPTION	Attach IRS De	termination Letter	

4) Please describe the Neighborhood Improvement Project for which the grant is intended.

5) How will this grant be used to primarily support or serve a non-discriminatory, public purpose and benefit the public at-large.

Developed Events		В	Oa museted of NIC	Total Duningtod Cont		
Personnel Related Expenses	<u>5</u>		Requested of NC	Total Projected Cost		
		\$ \$		\$ \$		
		\$		\$ \$		
		\$		\$		
			<u> </u>	Φ		
Non-Personnel Related Expenses		R	Requested of NC	Total Projected Cost		
		\$	•	\$		
		\$		\$		
		\$		\$		
		\$		\$		
factors or sources or fundin	s the implementation of this specific program or purpose described in box 4 above contingent on any other actors or sources or funding? Yes, please describe below No					
Source of Funding			Amount	Total Projected Cost		
		\$		\$		
		\$		\$		
		\$ \$		\$ \$		
		ļΨ	,	Υ		
Provide the name, telephone the funds and program(s) lis	e number, fax and e-mail	NTACT INFORMA I address (if appli		•		
CTION IV - PROJECT PRIMAR Provide the name, telephone	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a	NTACT INFORMA I address (if appli	ATION	•		
Provide the name, telephone the funds and program(s) list	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a	NTACT INFORMA I address (if appli application.	ATION	on(s) responsible for		
Provide the name, telephone the funds and program(s) lis	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a	NTACT INFORMA I address (if appli application.	ATION icable) of the perso	on(s) responsible for		
Provide the name, telephone the funds and program(s) list	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a	NTACT INFORMA I address (if appli application.	ATION icable) of the perso	on(s) responsible for		
Provide the name, telephone the funds and program(s) list	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a	NTACT INFORMA I address (if appli application. Last Name	ATION icable) of the perso	on(s) responsible for		
Provide the name, telephone the funds and program(s) list	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a	NTACT INFORMA I address (if appli application. Last Name	ATION icable) of the perso	on(s) responsible for		
Provide the name, telephone the funds and program(s) list. First Name Telephone Number Telephone Number	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a	NTACT INFORMA I address (if appli application. Last Name	ATION icable) of the perso E-mail	on(s) responsible for		
Provide the name, telephone the funds and program(s) list is in the funds and program(s) list is in the funds and program(s) is in the funds and program (s) is in the funds and program (s) in the funds and program (s) is in the funds and program (s) in the funds and program (s) is in the funds and program (s) in the funds and program (s) is in the funds and program (s) in the funds and program (s) is in the funds a	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a Fax Number Fax Number	NTACT INFORMA I address (if appliapplication. Last Name Last Name	E-mail	on(s) responsible for MI MI		
Provide the name, telephone the funds and program(s) list is in the funds and program(s) list is in the funds and program(s) is there a former or existing in the funds and program (s) is in the funds and program (s) in the funds and program (Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a Fax Number Fax Number relationship between yo	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail E-mail	on(s) responsible for MI MI		
Provide the name, telephone the funds and program(s) list is in the funds and program(s) list in the funds and program(s) list in the funds and program(s) list in the funds and program is in the	Y AND SECONDARY CO e number, fax and e-mail sted in Section II of this a Fax Number Fax Number relationship between yo	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail and a NC board me	mber? Yes No		
Provide the name, telephone the funds and program(s) list is program(s) list if it is provided the name, telephone the funds and program(s) list is provided the funds and program(s) list is provided the funds and program(s) list is provided the name is provided to provide the name, telephone is provided to provide the name, telephone is provided to provide the name, telephone name, telephone the name, telephone name, telephone name, telephone name is provided to provide the name is provided to provided the name is provided to provided the name is provided to provided the name is prov	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail and a NC board me	mber? Yes No Yes No		
Provide the name, telephone the funds and program(s) list. First Name Telephone Number Telephone Number Telephone Number Stion V - AFFILIATIONS Is there a former or existing If yes, did you and/or the bo	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail And a NC board meny Attorney?	mber? Yes No Yes No		
Provide the name, telephone the funds and program(s) list. First Name Telephone Number Telephone Number Telephone Number Telephone Number Still Tion V - AFFILIATIONS Is there a former or existing and the book of the book of the provided the provi	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail And a NC board meny Attorney?	mber? Yes No Yes No		
Provide the name, telephone the funds and program(s) list. First Name Telephone Number Telephone Number Telephone Number Stion V - AFFILIATIONS Is there a former or existing If yes, did you and/or the bo	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail And a NC board meny Attorney?	mber? Yes No Yes No		
Provide the name, telephone the funds and program(s) lists. First Name Telephone Number Telephone Number Telephone Number Telephone Number Otion V - AFFILIATIONS Is there a former or existing and the book of the provided in the prov	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail And a NC board meny Attorney?	mber? Yes No Yes No		
Provide the name, telephone the funds and program(s) list. First Name Telephone Number Telephone Number Telephone Number Telephone Number Still Tion V - AFFILIATIONS Is there a former or existing and the book of the book of the provided the provi	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail And a NC board meny Attorney?	mber? Yes No Yes No		
Provide the name, telephone the funds and program(s) list. First Name Telephone Number Telephone Number Telephone Number Stion V - AFFILIATIONS Is there a former or existing If yes, did you and/or the bo	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail And a NC board meny Attorney?	mber? Yes No Yes No		
Provide the name, telephone the funds and program(s) lists. First Name Telephone Number Telephone Number Telephone Number Telephone Number Otion V - AFFILIATIONS Is there a former or existing and the book of the provided in the prov	Fax Number Fax Number relationship between your ard member consult the	NTACT INFORMA I address (if appliapplication. Last Name Last Name our organization a	E-mail ATION icable) of the person E-mail And a NC board meny Attorney?	mber? Yes No Yes No		

DONE Date Stamp Receipt

SECTION VI - DECLARATION AND SIGNATURE

I hereby affirm that, to the best of my knowledge, the information provided herein and communicated otherwise is truly and accurately stated. I further affirm that I have read Appendix A, "What is a Public Benefit," and Appendix B "Conflicts of Interest" of this application and affirm that the proposed project(s) and/or program(s) fall within the criteria of a public benefit project/program and that no conflict of interest exist that would prevent the awarding of *Two signatures required*

PRINT First Name/ Last Name	Title	Signature	Date
Secretary of Non-profit Corporation or A	assistant School Princip	pal	
PRINT First Name/ Last Name	Title	Signature	Date
ION VII - FOR DEPARTMENT OF NEIGH	BORHOOD EMPOWERI	MENT USE ONLY	
Date Received			
Davieway News	- Data Basiawad	Application Complete	☐ Incomp
Reviewer Name	Date Reviewed		
REVEIWER'S NOTES			
Date submitted to Funding Unit			
Method: 🛘 In-person 🗘 E-mail	☐ Fax ☐ Inter-depa	artmental mail	
		,	
NPG #			
	ncomplete		
/	1		
Funding Unit Notes:			
Funding Unit Notes:			