

For Staff use Only
<input type="checkbox"/> Grants to Blocks
<input type="checkbox"/> Neighbor to Neighbors

## Neighborhood Services Grant Program APPLICATION

### **NEIGHBORHOOD GROUP(S) INFORMATION**

Name of Neighborhood:

Neighborhood Boundaries:

501(c) Status: Yes/No

Project Team Leader:

Address:

City/State/Zip:

Email:

Ph.:

Alt. Ph.:

### **PROJECT DESCRIPTION**

Grant Amount Requested: \$

Project Location (address or nearest address):

Project Schedule/Timeline:

Approx. Start Date:

Approx. End Date:

Brief Description of Project: (attach plans and Design)

Significant Steps/Implementation Plan for Proposed Project:

Have you researched the required permits and permission needed to complete the project?

- Yes
- No
- Not applicable

If 'Yes' please explain what is needed

If 'No' or 'n/a' please explain.

Does your project require maintenance? If 'yes' please provide maintenance plan (i.e. funding, volunteers, etc.)

If 'No' please explain why not.

### **PROJECT IMPACT**

**Goal 1: Community Benefit/Neighborhood Need** – Please describe how this project addresses an identified need, such as improving the health, safety and/or appearance of the neighborhood and will result in a benefit/positive impact for the neighborhood and community.

**Goal 2: Neighborhood Participation** – Please describe how this project is supported by the community, how it will help build stronger relationships between neighbors and how well it is supported. Has this project been discussed at a neighborhood group meeting?

**PROPOSED PROJECT EXPENSES**

Item Description	Quantity	Total
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Total proposed project cost \$

**PROPOSED VOLUNTEER VALUE**

(Total # of volunteer hours multiplied by the city's current rate of \$12/Hr.)

Volunteer	Date	# of Hours	Volunteer Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Total proposed volunteer value \$

## **APPLICATION SUBMITAL CHECK LIST**

- Completed and signed application with budget section accurately filled out
- Meeting minutes approving application submittal
- Location map of project
- Written authorization of property owner, if someone other than applicant
- Required permits
- Submit, via email, supporting digital photographs, graphics, drawings of project, location and examples of result

## **REIMBURESMENT TERMS**

Completed reimbursement forms with attached original receipts are necessary for processing reimbursement requests. Please allow 30 business days for processing. Reimbursements will not be processed for work started before written approval has been issued to the project leader. A final inspection will be required prior to release of reimbursement funds.

In no event shall project funds be used for:

- Gifts of appreciation
- Expenses without receipts
- Food

## **Maintenance of Improvements**

Maintenance of all improvements are the sole responsibility of the applicant/property owner.

## **SIGNATURES**

The signatory declares that he/she is an authorized official of the applicant, is authorized to submit this application, and certifies that the information in this application is true and correct to the best of his/her knowledge.

Signature of a Board Representative:

Date:

Printed Name:

Title with Organization:

Submit original application to: City of Escondido, Neighborhood Services Department ATTN:  
Dulce Salazar, 201 N Broadway Escondido, CA 92025

