Neighborhood Council Funding Program APPLICATION for Neighborhood Purposes Grant (NPG)



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.

	ood Council Name	_
N		
Federal I.D. # (EIN#)	State of Incorporation	Date of 501(c)(3) Status (if applicable
City	State	Zip Code
City	State	Zip Code
City	State	Zip Code
ive official/legal notices:	Name:	
City	State	Zip Code
or 501(c)(3) Non-	profits (other than religious inst	
	Federal I.D. # (EIN#) City City City ive official/legal notices: City nizations must be loc or 501(c)(3) Non-	Neighborhood Council Name Name Name State of Incorporation

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.

SEC	TION III - PROJECT BUDGET OUTLI	NE- Please outlin	e the project b	udget below.	g	
6A)	Personnel Related Expenses			Requested of NC	Total Projected Cost	
,				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
6B)	Non-Personnel Related Expenses			Requested of NC	Total Projected Cost	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
7)	Is the implementation of this specific program or purpose described in box 4 above contingent on any other factors or sources or funding? □ Yes, please describe below □ No					
	Source of Funding			Amount	Total Projected Cost	
				\$ \$	\$ \$	
				\$	\$	
				\$	\$	
10A)	the funds and program(s) listed in First Name		Last Name			
	Telephone Number	Fax Number		E-mail		
1 0B)	First Name		Last Name		MI	
	Telephone Number	Fax Number		E-mail		
	TION V - AFFILIATIONS					
-	Is there a former or existing relation If yes, did you and/or the board me	-	_		mber? Yes No Yes No	
	Type of Relationship			Board Me	mber Name	
	Example: Former board member			So Conflic	ted	

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*

Two signatures required			
Executive Director of Non-Profit Corp	oration or School Principa	ıl	
PRINT First Name/ Last Name	Title	Signature	Date
Secretary of Non-profit Corporation o	or Assistant School Princip	al	
PRINT First Name/ Last Name		Signature	Date
		· ·	
ION VII - FOR DEPARTMENT OF NEI	CHRORHOOD EMPOWER	MENT LISE ONLY	
ION VII - FOR DEPARTMENT OF NEW	GHBORHOOD EMPOWERN	MENT USE ONLY	
Date Received			
Date Received			
Reviewer Name	Date Reviewed	Application	☐ Incomp
Reviewer Name	Date Reviewed		
REVEIWER'S NOTES			
Date submitted to Funding Unit			
_	D - D		
Method: 🖳 In-person 🚨 E-mail	☐ Fax ☐ Inter-depa	irtmental mail	
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NPG #			
	Incomplete		
Funding Unit Notes:			