AKRON COMMUNITY FOUNDATION

ALL-AMERICA CITY AKRON 1981 1995 2008

CITY OF AKRON AND AKRON COMMUNITY FOUNDATION 2015

NEIGHBORHOOD PARTNERSHIP PROGRAM APPLICATION

Please complete application and return to:

City of Akron, Department of Planning and Urban Development
Comprehensive Planning Division
161 South High Street
Suite 201
Akron, Ohio 44308

Application due December 8, 2014

Please read and complete entire application; specifically parts that pertain to your program. Also, pay special attention to the budget page, making sure NPP funds requested are the same amounts indicated on invoices for payment.

Submit one original and three copies. Please do not staple.

2015 NEIGHBORHOOD PARTNERSHIP PROGRAM APPLICATION

Organization Information

Application Organization: _____

Federal Tax ID Number (REQUIRED if your organization is the fiscal agent): _____

Address: _____

WARD

Organization contact person: _____ Telephone: _____

E-mail address: _____

Additional contact person: _____ Telephone: _____

Fiscal Agent Information

Fiscal Agent Organization (if applicable): _____

Federal Tax ID Number (REQUIRED): _____

Address: _____

Contact Person: _____ Telephone: _____

E-Mail address: _____

Project Information

Program / Project Title: _____

Enter the total amount of grant funds requested: $_____

Enter the total value of the neighborhood match: $_____

The signatory declares that he/she is the elected Chairperson or President of the applicant organization, has been authorized to make this application on behalf of the organization and that the information supplied in this application is accurate. Circle title(s) below.

_____ _____ _____

Chairperson/President/Signer of contract (Print) Signature Date

The signatory declares that he/she is the Executive Director of the non-profit organization that agrees to serve as fiscal agent to receive and administer NPP funds for the above applicant for a fee of $50.

_____ _____ _____

Executive Director/Fiscal Agent/Signer of Contract (Print) Signature Date

Program Information

Do you anticipate your project receiving other funding? If yes, please list all sources, including other City or ACF funds:

_____

_____

Number of individuals to be served: _____

Duration of Program: Beginning _____ Ending _____

Duration of the program indicates when you plan to begin spending funds and working on your program. This date may vary due to City Council approval.
(Invoices/receipts must reflect time span for the beginning and ending of the program.)

How often will you meet? _____

Meeting/project Location:

_____

Project Description: In the space provided, explain the proposed project.

_____

_____

_____

_____

Neighborhood Benefit: How will your project benefit the neighborhood?

_____

_____

_____

Why is this important to the neighborhood?

_____

_____

_____

Involvement: Who was involved in the selection and planning of the project? Explain how members of your neighborhood and organization will be involved in implementing the project. **Demonstrate neighborhood involvement.**

_____

_____

_____

Target Area: Define the specific neighborhood that will be the focus of the project. If the project involves a specific address or location, please identify (i.e., location of tutoring program, beautification site, etc.). **Please include a map highlighting the project area.**

_____

_____

_____

TO BE COMPLETED BY AFTER SCHOOL PROGRAM PROPOSALS ONLY

Curriculum: Describe how you incorporate academics and recreation in a comprehensive program and how this program supports school day activities. (Please attach additional pages if necessary.)

_____

_____

_____

_____

Tutoring: Describe the qualifications of individuals providing tutoring sessions. (Please attach additional pages if necessary.)

_____

_____

_____

_____

Ratio: What is the teacher (tutor) / student ratio?

_____

NEIGHBORHOOD PARTNERSHIP PROGRAM
PROJECT BUDGET

Description of Budget Item	Estimated Cost	NPP Request	Neighborhood Match		
			Cash	Volunteer (at $10/hr.)	Donated Materials
	Column A	Column B	Column C	Column D	Column E
Supplies/material					
Equipment					
Copying/Printing					
Consultants/Contracts					
Personnel					
Volunteer Labor					
TOTALS	**Total:** $	**Total:** $	**Total:** $	**Total:** $	**Total:** $

Note: In TOTALS, the sum of columns C, D and E must meet or exceed Column B. In addition, please submit PROOF OF 501(C)(3) STATUS, a LIST OF CURRENT BOARD MEMBERS, and letters or other documents confirming matching resources and primary partners. Applications using fiscal agents must also have a letter from that organization indicating its willingness to serve in this capacity. Volunteer hours are valued at the rate of $10 per hour. These hours may be used as match for each dollar requested for reimbursement.

NEIGHBORHOOD PARTNERSHIP PROGRAM
EXAMPLE PROJECT BUDGET

Description of Budget Item	Estimated Cost	NPP Request	Neighborhood Match		
			Cash	Volunteer (at $10/hr.)	Donated Materials
	Column A	Column B	Column C	Column D	Column E
Supplies/material					
Flowers	$1,100	$1,100			
Street trees	$ 200	$ 100			$ 100
Equipment					
Tool rental	$ 500	$ 500			
Copying/Printing					
Copy costs	$ 100	$ 50	$ 50		
Consultants/Contracts					
Landscaping	$ 200	$ 150			$ 50
Personnel					
Volunteer Labor					
Neighborhood Residents – planting trees ($10@100 hrs)				$1,000	
Neighborhood Residents – removing debris ($10@100 hrs)				$1,000	
TOTALS	**Total: $2,100**	**Total: $1,900**	**Total: $50**	**Total: $2,000**	**Total: $150**

Note: In TOTALS, the sum of columns C, D and E must meet or exceed Column B. In addition, please submit PROOF OF 501(C)(3) STATUS, a LIST OF CURRENT BOARD MEMBERS, and letters or other documents confirming matching resources and primary partners. Applications using fiscal agents must also have a letter from that organization indicating its willingness to serve in this capacity. Volunteer hours are valued at the rate of $10 per hour. These hours may be used as match for each dollar requested for reimbursement.

NEIGHBORHOOD PARTNERSHIP PROGRAM
"PLEDGE FORM"

ORGANIZATION: _____

PROJECT NAME: _____

Please have volunteers sign below pledging that they will work on the above mentioned project.

This form may not be used for actual volunteer time.

NAME	ADDRESS	PHONE	HOURS COMMITTED