



**CITY OF AKRON AND AKRON COMMUNITY  
FOUNDATION**  
**2017**

**NEIGHBORHOOD PARTNERSHIP PROGRAM  
APPLICATION**

Please complete application and return to:

City of Akron, Department of Planning and Urban Development  
Comprehensive Planning Division  
166 South High Street  
Room 401  
Akron, Ohio 44308

Application due December 23, 2016

*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.

# 2017 NEIGHBORHOOD PARTNERSHIP PROGRAM APPLICATION

## Organization Information

Application Organization: _____		
Federal Tax ID Number ( <b>REQUIRED</b> if your organization is the fiscal agent): _____		
Address: _____		
Organization contact person: _____	Telephone: _____	<b>WARD</b>
E-mail address: _____		
Additional contact person: _____	Telephone: _____	

## Fiscal Agent Information

Fiscal Agent Organization (if applicable): _____		
Federal Tax ID Number ( <b>REQUIRED</b> ): _____		
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:

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\*Any activity receiving funding from the Community Fund at the Akron Community Foundation is ineligible for funding.

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:

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

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**Neighborhood Benefit:** How will your project benefit the neighborhood?

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Why is this important to the neighborhood?

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**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.**

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**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.**

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***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.)

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

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

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## 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					
<b>TOTALS</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>
	\$	\$	\$	\$	\$

**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	
<b>TOTALS</b>	<b>Total: \$2,100</b>	<b>Total: \$1,900</b>	<b>Total: \$50</b>	<b>Total: \$2,000</b>	<b>Total: \$150</b>

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.

