

# Project Intent Form

## Full-Grant Requests of over \$2,000

Intent Form also at: [www.cityofmadison.com/neighborhoods/](http://www.cityofmadison.com/neighborhoods/). Refer to the Guidelines.

### STEPS

- 1) Submit Project Intent Form. **DUE BY FEBRUARY 8, 4:30 PM**
- 2) A staff person will contact you to let you know if you have been invited to apply for a full-grant over \$2,000; an application will be mailed to you.

Name of Project/Activity: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Aldermanic district of project/activity: \_\_\_\_\_

District boundaries: [www.cityofmadison.com/planning/ald\\_dist.html](http://www.cityofmadison.com/planning/ald_dist.html) or call the City Clerk's office 266-4601

Collaborating Organizations (if any): \_\_\_\_\_

### Funding

- 1) About how much City money do you expect to request with this grant? Describe source and amount of additional funding.

- 2) Provide a general description of how your group proposes to meet the match requirement, including the \$ value.

### Contact Information

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph. (day): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Signatures

Applicant Org. Pres./date: \_\_\_\_\_

Neigh. Assn. Pres./date: \_\_\_\_\_

**Brief Project/Activity Description.** Describe the purpose, who will manage the project/activity, and start/end dates. Describe how the project meets the project criteria listed on the back page of the brochure; applications will be evaluated on how well they meet these criteria. Use only the space below.

**Submit the original Project Intent Form only by FEBRUARY 8, NO LATER THAN 4:30 PM to: City of Madison Planning Division, ATTN Linda Horvath / 215 Martin Luther King JR BLVD, PO Box 2985 / Madison, WI 53701-2985 / lhorvath@cityofmadison.com /ph. 266-4635; fx. 267-8739**

**Nondiscrimination Based on Disability.** Applicant shall comply with Section 39.05 Madison General Ordinances, Nondiscrimination Based on Disability in City-Assisted Programs and Activities. Under section 39.05(7) of the Madison General Ordinances, no City financial assistance shall be granted unless an Assurance of Compliance with Sec. 39.05 is provided by the applicant or recipient, prior to the granting of the City financial assistance. Applicant hereby makes the following assurances: Applicant assures and certifies that it will comply with section 39.05 of the Madison General Ordinances, entitled, "Nondiscrimination Based on Disability in City Facilities and City-Assited Programs and Activities," and agrees to ensure that any subcontractor who performs any part of this agreement complies with sec 39.05, where applicable, including all actions prohibited under section 39.05(4), MGO."

**NOTICE REGARDING LOBBYING ORDINANCE:** If you are seeking a grant from the City with a value of over \$10,000, then you are likely subject to Madison's lobbying ordinance, sec. 2.40 MGO. You are required to register and report your lobbying. Consult the City Clerk for more infomration. Failure to comply with the lobbying ordinance may result in fines of \$1,000 to \$5,000.

# Mini-Grant Application

## Requests of \$2,000 or less

**DUE MARCH 1ST BY 4:30 PM**

Mini-Grant Application also at: [www.cityofmadison.com/neighborhoods/](http://www.cityofmadison.com/neighborhoods/)

Please refer to the Guidelines to complete this form.

Name of Project/Activity: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Aldermanic district of project/activity: \_\_\_\_\_

District boundaries: [www.cityofmadison.com/planning/ald\\_dist.html](http://www.cityofmadison.com/planning/ald_dist.html) or call the City Clerk's office 266-4601

Collaborating Organizations (if any): \_\_\_\_\_

### For Physical Improvement Projects

Who owns or controls the land where the project is located? Has the owner given permission for the project?

Who will ensure future routine and capital maintenance?

### Budget

How much grant money are you requesting?

Please itemize all project/activity cash expenditures.

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

3) \_\_\_\_\_ \$ \_\_\_\_\_

4) \_\_\_\_\_ \$ \_\_\_\_\_

Total Project Cost \$ \_\_\_\_\_

Please describe source and amount of any additional funding.

### Project Contact Information

Contact Person: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph. (day): \_\_\_\_\_ E-mail: \_\_\_\_\_

### Signatures

Applicant Org. Pres./date: \_\_\_\_\_

Neigh. Assn. Pres./date: \_\_\_\_\_

**Brief Project/Activity Description.** Include the purpose, who will manage it, and start/end dates. Describe how the project meets the project criteria in the enclosed guidelines; applications are evaluated on how well they meet criteria. Use only the space below.

**Submit the original Mini-Grant Application only by MARCH 1ST NO LATER THAN 4:30 PM to: City of Madison Planning Division, ATTN Linda Horvath / 215 Martin Luther King JR BLVD, PO Box 2985 / Madison, WI 53701-2985 / lhorvath@cityofmadison.com /ph. 266-4635; fx. 267-8739**

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