Onl	Deadline Februa	Grant Program Application ry 27, 2017, 4:30 p.m. yofmadison.com/dpced/planning/neighborhood-grants/1576/
Applicant Organization:	Contact Person:	Address:
Zip: Ph. (day):	E-mail:	Project Name:
dates; the goals, steps or tasl whether your organization is	ks (including who will complete them); and project ou still completing projects previously funded through the	ess for physical projects and a locator map. Include project start and end tcomes/products. Also describe how this project is creative and his program. 525 words or less (0-35 points) Attach the required locator application or email Linda Horvath at Ihorvath@cityofmadison.com
2. <u>Community Benefit.</u> Wha	t issues will be addressed? How will the project benef	it the entire neighborhood? <i>325 words or less</i> (0-25 points)

Apply online: http://www.cityofmadison.com/dpced/planning/neighborhood-grants/1576/ or fill out this paper copy and drop off or mail to Linda Horvath, Planning Division, 215 Martin Luther King Jr. Blvd., Room LL-100, P.O. Box 2985, Madison WI 53701-2985 by February 27, 2017.



## 2017 Neighborhood Grant Program Application Deadline February 27, 2017, 4:30 p.m.

Online application and guidelines: http://www.cityofmadison.com/dpced/planning/neighborhood-grants/1576/

3. <u>Neighborhood Participation</u>. How will you involve the neighborhood, business community, and people of varying ages, ethnicities, races, and incomes? How will residents take on leadership roles and/or develop new skills? Will new partnerships be created with other neighborhoods, community-based groups, and/or private or public entities? *225 words or less* (0-25 points)

4. <u>Consistency with Adopted Plans and Policies</u>. Does this project implement recommendations from an adopted neighborhood plan? Is it consistent with City policies? *225 words or less* (0-15 points)

## **Budget**

A. Project Costs		B. Project Cash		C. Volunteer Hours and Other Contrib	utions		
1) 2) 3) 4) 5)	\$ \$ \$ \$	<ol> <li>Neighborhood Grant Reques</li> <li>Cash from Neighborhood</li> <li>Cash from Other Sources</li> </ol>	t \$ \$ \$	<ol> <li>Proposed volunteer hours (hrs</li> <li>2) Donated goods and/or services (please describe and/or include \$</li> </ol>	\$s		
Total: Program Unde	۶ rstanding ۱	Total: have read the Program Guidelines, and	\$ d this application	Total: on adheres to the requirements therein.	\$ \$		
Applicant signature:Name and organization:							
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-Assisted 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."							