

NEIGHBORHOOD VITALITY MATCHING GRANT PROGRAM APPLICATION

Deadlines

Submission deadlines are September 1st and March 1st. Should either of these dates fall on a holiday or weekend, the following business day will apply.

Application Checklist

- Reviewed Grant Guidelines
- HOA/NA [Registration](#) is on file or submitted
- Detailed a Project Plan
- Itemized Project Funding
- Detailed Maintenance Plan
- Provided Supporting Documents
 - Photographs
 - Plans or Maps
 - Signed Maintenance agreement
 - Letter of intent to provide matching funds, in-kind donations, labor, or materials
- Signature box is checked on front of application

Application Submissions

You may submit your application in any of the following ways:

IN-PERSON:

Office of Neighborhood Vitality
800 Main Street
2nd floor (Planning Dept)
Garland, TX 75040

U.S. POSTAL SERVICE

Office of Neighborhood Vitality
P.O. Box 469002
Garland, TX 75046-9002

EMAIL

fconner@garlandtx.gov
(must be in PDF format)

Office Personnel

Felisa Conner
Neighborhood Vitality Manager
P: (972) 205-3864
fconner@garlandtx.gov

Tracy Allmendinger
Neighborhood Planning Technician
P: (972) 205-2108
tallmend@garlandtx.gov

NEIGHBORHOOD VITALITY MATCHING GRANT PROGRAM APPLICATION

A. ASSOCIATION OR NEIGHBORHOOD INFORMATION

Please read each question thoroughly. Refer to the Neighborhood Vitality Matching Grant [Guidelines](#) for details. **Do not bind or staple** the application and supporting documents. Contact the Office of Neighborhood Vitality if you have any questions.

Organization Name:

- a) Type of Organization Neighborhood Association
 Homeowner’s Association
 Neighborhood Crime Watch
 Neighborhood Group (organized for the sole purpose of completing the project)

- b) Has the entity named above been registered as an active association or group with the City of Garland? Yes No

(This is a requirement for funding. Please contact the Office of Neighborhood Vitality to register your association/group.)

- c) Mailing Information

Address

Zip Code

Contact Person:

Address:

Zip Code:

Phone: (Home)

(Alternate)

E-mail Address:

Name (print):

Signature

Address:

Submitted Electronically

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B. PROJECT INFORMATION

Project Name:

Project Address/Location:

1. Neighborhood Demographics: Describe the make-up of your neighborhood, including the number of homes, % of single-family dwellings, etc. (Include neighborhood boundaries.)

2. Community Notification: Describe the process used to obtain community input and distribution of information to residents in your community.

Council District (check one):

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> District 1 | <input type="checkbox"/> District 2 | <input type="checkbox"/> District 3 | <input type="checkbox"/> District 4 |
| <input type="checkbox"/> District 5 | <input type="checkbox"/> District 6 | <input type="checkbox"/> District 7 | <input type="checkbox"/> District 8 |

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Describe in the space below the proposed project. Please include the purpose of the project, a description of the project area, and identify the benefits to the neighborhood and the City of Garland. This shall include what problems the project is to solve, and how it will solve them as well as any other information supporting your application. Please provide a map of the area with your attachments.

C. BUDGET

Projected Revenue and Funding Sources – (Specify all funding sources for the project including cash and donated goods and services to be provided by each)

Source(s):	Amount:	
Neighborhood Vitality Grant	\$	(Requested Amount)
Neighborhood Match	\$	
	\$	
	\$	
Donated Professional Services	\$	
Donated Equipment and Materials	\$	
Sweat Equity (\$12.00) X ____ hours =	\$	
Total Project Cost	\$	

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D. PROJECT MAINTENANCE

A maintenance plan includes a description of the required maintenance for the proposed improvement. Proposed projects should not affect current levels of service provided by the City of Garland. Applicant is responsible for maintenance of project.

FOR INTERNAL USE ONLY

Date Received:

Account #:

I agree that clicking "submit" is equivalent to the authorized signature on this application form. It certifies that I am authorized to submit it on behalf of the organization. The statements herein are true, complete and accurate to the best of my knowledge.