



City of Garland Neighborhood Vitality Matching Grant Application

Office of Neighborhood Vitality
POB 469002
Garland, TX 75046-9002
www.ci.garland.tx.us

972-205-3864

Group Name:

Project Name:

Name _____ Title _____
Address _____ Phone _____
_____ E-mail _____

Name _____ Title _____
Address _____ Phone _____
_____ E-mail _____

4. **Property Management Co** (if applicable):

Contact _____

Address _____

Zip Code _____ Phone _____

FAX _____ E-mail _____

B. PROJECT PURPOSE & PLAN

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.

1. **Project Name** _____

Description

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

3. **Community Notification:** Describe the process used to obtain community input and distribute information to residents in your community.

C. BUDGET

1. **Project Cost:** _____

2. **Projected Revenue and Funding Sources -** (Specify each funding source for the project and the cash or estimated value of donated goods or services to be provided by each)

Source(s):	Amount:
Neighborhood Vitality Grant	\$ _____ (Requested Amount)
_____	\$ _____
_____	\$ _____

3. **Proposed expenditures -** Specify expenditures for this project with enough detail to clearly explain what is being proposed: include hardware, materials, equipment, professional services, and any other related expenses. Please be sure to provide quotes or other documentation to explain each line item. Do not include sales tax in your calculations. Volunteer hours may be calculated at \$10 per person per hour. No project expenses may be incurred until after approval date, signing of funding agreement, and staff authorization of the expense.

Proposed Expenditures

DESCRIPTION OF BUDGET ITEMS (Projected Costs)	FUNDING SOURCES TO BE USED		
	Neighborhood Vitality Grant	Other Funding Sources	Total
Total Budget:			\$

If applicable (The budget amounts noted below should also be a part of the budget outlined above.):

- Sweat Equity(\$12.00 X _____ hours = \$ _____
- Donated Professional Services \$ _____
- Donated Equipment and Materials \$ _____

4. Explain how the cost estimate was developed and provide any additional budget information that will assist the review committee in evaluating the project:

D. PROJECT MAINTENANCE

A maintenance plan will include a description for the on-going maintenance of the project as well as methods of maintenance. Materials, which do not require a high level of maintenance, should be used. Staff will ensure through this aspect of the work plan that the project will not act to change the current level of maintenance performed by the City Of Garland.

E. APPLICATION SUBMISSION

Supporting Documents

Applicants should provide supporting documents such as:

- Photographs of the proposed project area;
- Plans or maps indicating the project in relation to the neighborhood and surrounding community;
- Signed maintenance agreements and conditions; and
- Letters of intent to provide matching funds, in-kind donations, labor, or materials.

Submit completed application to:

Office of Neighborhood Vitality
POB 469002
Garland, TX 75046-9002

Questions may be directed to the Neighborhood Vitality Manager at 972-205-3864 or e-mail, fconner@ci.garland.tx.us.

F. CERTIFICATION

I hereby certify that the above information is correct and represents the consensus of the residents in the target area described. (Signature of association president or project chairperson is required)

Name: _____

Date: _____