



Neighborhood Partnership Matching Grant Application for FY 2021/22

Thank you for your interest in applying for the City of Lakeland's Neighborhood Partnership Matching Grant! This year, we have decided to transition to a **fully digital application**, so please read this information carefully.

To complete this application, we are requiring a non-personal, neighborhood email address be used to communicate with the City. You must also have access to a pdf editor which can fill and save forms. We recommend the [free to download Adobe Acrobat Reader](https://get.adobe.com/reader) program (<https://get.adobe.com/reader>) but you may use any equivalent program of your choice. Please save this form to your computer and open it with either program. You can email any additional documents as necessary. More information about how to complete this application digitally can be found in the Neighborhood Partnership Matching Grant Guidelines Manual.

It is highly recommended you read through the application first and gather all relevant materials needed for reference while filling it out. **Answers will be limited by the size of each text box, so please keep them brief.** We also recommend that you periodically save this application as you work in order to prevent loss of data.

Applications must be submitted via email by Friday, September 17, 2021 NO LATER THAN 4 PM.

If there are any problems completing this form, you have any additional questions, or if you need in person assistance with any step required for completing the grant application, an appointment with City of Lakeland staff can be requested and scheduled.

Completed Applications will be emailed to and processed by a member of the Neighborhood Partnership Grant Administration Review Team at:

NeighborhoodOutreach@lakelandgov.net

IMPORTANT: Please review the Neighborhood Partnership Grant Program Guidelines before beginning to complete the application.

Review Team

Jonathan Rodriguez	Kimberly Stopiak
Teresa Maio	Jamin Smith
Carol Roberts	Sanyqua Marshall
Annie Gibson	

GRANT APPLICATION SUMMARY

Neighborhood

Neighborhood Association: _____

Name of the Project: _____

Preferred Mailing Address: _____

Neighborhood Email Address: _____

Federal EIN # (9 digits): _____

Project Leadership

Project Leader Name: _____

Phone Number: _____ Email: _____

Additional Contact Person: _____

Phone Number: _____ Email: _____

Grant Summary

Information provided in this table is populated by the detailed budget worksheet on **page 8**.
 It is advised that you do those calculations first and then come back and check this section for correctness.

Grant Amount Request	\$	
In-Kind Match	\$	
Volunteer Contribution Match	\$	
TOTAL PROJECT COST	\$	

Funding Information

Have you previously received Neighborhood Partnership Grant funds? _____

- If yes, which year? _____
- Did you complete Neighborhood Matching Grant Completion Report? _____

How many people are you expecting to be impacted by your project? _____



Project Information

Project Name: _____

Project Location: _____

Timeline: Start Date: _____ End Date: _____
Must start after (09/30/2021) (Must be before 10/01/2022)

Month of the Event: _____ Quarter: _____

Briefly describe your proposed project(s).

What Project Category does this project fit into best? _____

Is this a new Project? _____

Please explain how this project will benefit your neighborhood.

How will residents be notified of the event?

What is the plan for encouraging neighborhood participation?

Describe examples of how residents of your Neighborhood will participate in this project.

Explain the level of neighborhood support and cooperation for this project.

Bonus: Consider attaching related documentation in support of this description to your email submission at the end of this application. Examples of documentation include photos of a similar event held in the past or association meeting minutes showing consensus on proposed project, social media posts, etc.

List your community partners in this project, financially or otherwise. (Neighborhoods **MUST** identify AT LEAST one strong community partner for their project to be considered for funding) Further information on partners may need to be provided at the request of city staff.

Does the project require a [special events permit](#) from the City of Lakeland ?

- If yes, briefly explain.

Is there any on-going maintenance required for the project?

- If yes, describe the long term plan for maintaining the project, including the information of any private citizen assuming responsibility for maintenance.

What tools will you use to document and evaluate the success of your project? (Examples include: photographs, social media posts, newsletters, announcements, etc.)

Grant Partner Profile

Please fill out your Grant Partner Profile below. This section can also be filled by attaching a letter from the partner organizations to your application. (Please indicate in section (A) if you are attaching documents). If you have more than one Partner, Please email: NeighborhoodOutreach@lakelandgov.net for an additional forms for each partner.

Name: _____
(Organization/Company/Individual Name)

Address: _____

Phone: _____

Contact: _____
(If Different)

Email: _____

Is this Partner a non-profit or 501(c)(3) Organization?

- If yes, what is the Partner's EIN?

Please include: A) Why they make a strong partner, B) ways they have supported the neighborhood in the past, and C) their level of commitment for being a strong partner for the project(s) in this application.

A)

B)

C)

VOLUNTEER PLEDGE WORKSHEET

Use this form to calculate your total number of volunteer hours and their worth for use in the budget worksheet on **page 8**. Volunteer match must be worth at least 25% of the total request grant amount.

Note: This is the list of people assigned for various task for the project duration. Each project must have a project leader and a project assistant leader.

Volunteer Information				
Name	Type of Work	Phone #	Email Address	# of Hours
			Total Hours	_____
			Rate/Hr \$	_____
			Total Volunteer Labor \$	_____

Please email: NeighborhoodOutreach@lakelandgov.net if additional forms are required.



CONTRIBUTION MATCH WORKSHEET

Please Provide Information about In-Kind donations you expect to receive from Partners to help fund your project. Can also be fulfilled via the Partner Contribution Request Worksheet from the supplement packet.

Additional worksheets can be provided by emailing NeighborhoodOutreach@lakelandgov.net

Donor Information	_____	
	<i>Organization/Company/Individual Name</i>	
Address	_____	
	<i>City / Zip Code</i>	
Telephone #	_____	_____
	<i>Email</i>	
Itemized Description of Contribution/Match	Type of Match	Match Value
Total Value: \$ _____ <i>(As determined by donor at reasonable rate)</i>	_____	_____
	<i>Donor Signature</i>	
	<i>Date</i>	

Donor Information	_____	
	<i>Organization/Company/Individual Name</i>	
Address	_____	
	<i>City / Zip Code</i>	
Telephone #	_____	_____
	<i>Email</i>	
Itemized Description of Contribution/Match	Type of Match	Match Value
Total Value: \$ _____ <i>(As determined by donor at reasonable rate)</i>	_____	_____
	<i>Donor Signature</i>	
	<i>Date</i>	



BUDGET WORKSHEET

The budget should be detailed enough to understand all items needed for the project. Enter items, materials, and services individually by row and their estimated cost.

BUDGET	
Items/ Materials/ Service purchased with Grant Funds	Estimated Cost
MATCH VALUE	
Total Volunteer Hours Contribution (_____) hours @ \$15.00/hr	\$
In-kind material donation, professional service, or skilled labor contribution	\$
Amount of Cash Donation (if any)	\$
Total Match Value	\$
TOTAL MATCH PERCENTAGE	
In-Kind match percentage (if any)	%
Volunteer Hours Match Percentage (minimum 25% of requested grant)	%
Total Match Percentage	%
TOTAL PROJECT COST	
Total Grant Request (+)	Total Match Value (=)
Total Project Cost	
\$ (+) \$	(=) \$

Please email: NeighborhoodOutreach@lakelandgov.net if additional forms are required

Certification

By typing my name in the signature line on this document I agree to allow its use as an official signature for the purposes of the City of Lakeland's 2021/2022 Neighborhood Partnership Matching Grant Application. By signing this grant application, I certify that the information I have provided within the application is true and correct to the best of my knowledge. My signature also represents the consensus of the residents of the neighborhood and that I have successfully completed the Grant Contract Obligation as it applies to the funds received for the previous year. I understand the City of Lakeland and the Neighborhood Association will enter the contract to ensure the completion of the project as explained in the application.

Project Team Leader Name

Neighborhood Association Title

Project Team Leader Signature

Date

SAVE

SUBMIT

If you are using Adobe Acrobat Reader and use Microsoft Outlook you should be able to submit this form by clicking the button above.

However, if you encounter a problem or are using any other program, please save it to your computer and email the completed PDF to NeighborhoodOutreach@lakelandgov.net

It is highly recommended that you save and/or print a copy of this application for your records. Please contact us if you have any problems, questions, or concerns and we will be happy to set up a meeting to assist you.