



# NEIGHBORHOOD VITALITY MATCHING GRANT Application

Thank you for your interest in the Neighborhood Vitality Matching Grant! Submission deadlines are September 23 and March 23. Should either of these dates fall on a holiday or weekend, the following business day will apply. Applications may be submitted to the Office of Neighborhood Vitality (ONV) in person, by mail or by email (must be in PDF format).

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.

## NEIGHBORHOOD ASSOCIATION / HOA INFORMATION

**Neighborhood Association Name:** \_\_\_\_\_

**Mailing Address of Association:** \_\_\_\_\_

**What type of Neighborhood Association?**  Voluntary  Mandatory / HOA  Crime Watch

**Registered with the Office of Neighborhood Vitality?**  Yes  No  I Don't Know

**Length of Association Existence:**  More than 1 Year  Less than 1 Year

### Main Contact for this application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Management Company (if applicable)

Name: \_\_\_\_\_ Agent: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Neighborhood Boundaries (Please also attach a map)

North: \_\_\_\_\_ East: \_\_\_\_\_

South: \_\_\_\_\_ West: \_\_\_\_\_

**Briefly describe your neighborhood's current goals:**

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**PROJECT INFORMATION**

**\*Please attach maps, plans and photographs to the application.\***

**Project Name:** \_\_\_\_\_

**Project Address/Location:** \_\_\_\_\_

**Describe your neighborhood project in detail.** Include project type, project elements, and project scope. (Include additional attachments if necessary).

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**How will this project positively impact your neighborhood and community?** Describe the benefits that the proposed project will create both to your neighborhood and to the City of Garland. How will the project enhance neighborhood identity and/or create a stronger sense of community?

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**Maintenance:**

What is the average life expectancy of your proposed project after completion? \_\_\_\_\_

What is your maintenance/replacement plan for the project? (Include attachment of maintenance plan if necessary)

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**Community Involvement:**

How did your neighborhood determine to complete a neighborhood project? Describe the process used to obtain community input and distribution of information to residents in your community.

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**PROJECT BUDGET**

The Neighborhood Vitality Matching Grant requires the applying association to provide a portion of the project (see guidelines for details). Please attach a detailed line-item budget for the project in addition to the specified total cost, total match, and requesting funds. Please also attach corresponding project estimates from reputable service providers. Contact the Office of Neighborhood Vitality for clarification or assistance if needed.

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

City Portion of Cost: \$ \_\_\_\_\_

Neighborhood Portion of Cost: \$ \_\_\_\_\_

Required Neighborhood Percentage of Cost: \_\_\_\_\_ (\*refer to guidelines for required percentage)

If applicable to count towards Neighborhood Match, please attach details of each contribution.

Donated Professional Services: \$ \_\_\_\_\_

Donated Equipment and Materials: \$ \_\_\_\_\_

Sweat Equity (\$12 per hour) X \_\_\_\_\_ Hours = \$ \_\_\_\_\_

## LETTER OF INTENT CONSIDERATION

Did your neighborhood submit a Letter of Intent  Yes  No

If your neighborhood submitted a Letter of Intent, please list City of Garland feedback:

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If your neighborhood submitted a Letter of Intent, please explain how City of Garland feedback was incorporated into your neighborhood's project plan:

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## FINAL CHECKLIST

- Reviewed Grant Guidelines
- Neighborhood is Registered with the ONV
- Detailed Project Plan included
- Itemized Bids and Project Budget Sheet are attached
- Detailed Maintenance Plan is included
- Supporting Documents are attached:
  - Map(s)
  - Project Plan(s)
  - Photographs of Project Area
  - Signed Maintenance Agreements (if applicable)
  - Detailed Description of In-Kind Donations, Labor or Materials.

## CERTIFICATION

I hereby certify 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.

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

You may submit applications to the Office of Neighborhood Vitality in person, by mail, or email (PDF file):

**Office of Neighborhood Vitality**

800 Main Street, 2<sup>nd</sup> Floor

P.O. Box 469002, Garland, TX 75046

Neighborhoods@GarlandTx.gov

972-205-2445