



Akron City Council

2019

NEIGHBORHOOD PARTNERSHIP
APPLICATION

Application due July 12, 2019

Please read and complete entire application; specifically parts that pertain to your program. Also, pay special attention to the budget page, making sure Neighborhood Partnership funds requested are the same amounts indicated on invoices for payment.

Submit one original and three copies. Please do not staple.

Please complete application and return to:

Akron City Council
166 South High Street
Room 301
Akron, Ohio 44308

FOR OFFICE USE ONLY

Ward: _____ Councilperson: _____

Reviewed By Councilperson (signature): _____ Date: _____

Recommendation: _____

Date returned to Council Clerk: _____ Clerk signature: _____

Organization Information

Application Organization: _____	
Federal Tax ID Number (REQUIRED if your organization is the fiscal agent): _____	
Address: _____	
WARD: _____	
Organization contact person: _____	Telephone: _____
E-mail address: _____	
Additional contact person: _____	Telephone: _____

Fiscal Agent Information (if organization is not 501 (c) non-profit)

Fiscal Agent Organization (if applicable): _____	
Federal Tax ID Number (REQUIRED): _____	
Address: _____	
Contact Person: _____	Telephone: _____
E-Mail address: _____	

Project Information

Program / Project Title: _____	
Enter the total amount of grant funds requested:	\$ _____

The signatory declares that he/she is the elected Chairperson or President of the applicant organization, has been authorized to make this application on behalf of the organization and that the information supplied in this application is accurate. Circle title(s) below.

Chairperson/President/Signer of contract (Print)	Signature	Date
--	-----------	------

The signatory declares that he/she is the Executive Director of the non-profit organization that agrees to serve as fiscal agent to receive and administer NP funds for the above applicant for a fee of \$100.

Executive Director/Fiscal Agent/Signer of Contract (Print)	Signature	Date
--	-----------	------

Organization History

Please describe the core work of your organization.

Date organization was established: _____

Has your organization ever received funding through Neighborhood Partnership?

Yes

No

If "Yes" please provide the name of the project and the year of funding.
(For multiple projects please use a separate sheet)

Project Name: _____ Year: _____

Program Information

Do you anticipate your project receiving other funding?

Yes

No

If yes, please list all sources

Anticipated program/project start date: _____

Anticipated program/project end date: _____

*Please indicate when you plan to begin spending funds and working on your program. This date may vary due to Akron City Council approval.
(Invoices/receipts must reflect time span for the beginning and ending of the program.)*

How often will you meet? _____

Meeting/Project Location: _____

Project Description: In the space provided, explain the proposed project.

Neighborhood Benefit: How will your project benefit the neighborhood?

Number of individuals to be served: _____

Why is this important to the neighborhood?

Involvement: Who was involved in the selection and planning of the project? Explain how members of your neighborhood and organization will be involved in implementing the project. **Demonstrate neighborhood involvement and provide group leaders' connection to the neighborhood.** (i.e., lives in the neighborhood, attends church here, owns a business, etc.)

Target Area: Define the specific neighborhood that will be the focus of the project. If the project involves a specific address or location, please identify (i.e., location of tutoring program, beautification site, etc.). **Please attach a map highlighting the project area.**

TO BE COMPLETED BY AFTER SCHOOL PROGRAM PROPOSALS ONLY

Curriculum: Describe how you incorporate academics and recreation in a comprehensive program and how this program supports school day activities. (Please attach additional pages if necessary.)

Tutoring: Describe the qualifications of individuals providing tutoring sessions. (Please attach additional pages if necessary.)

Ratio: What is the teacher (tutor) / student ratio?

NEIGHBORHOOD PARTNERSHIP PROJECT BUDGET

NPP funds: Not to exceed \$8,000

Description of Budget Item	Estimated Cost	NP Request
	Column A	Column B
Supplies/material		
Equipment		
Copying/Printing		
Consultants/Contracts		
Personnel		
Volunteer Labor		
TOTALS	Total: \$	Total: \$

Note: In addition, please submit **PROOF OF 501(C)(3) STATUS**, a **LIST OF CURRENT BOARD MEMBERS**. Applications using fiscal agents must also have a letter from that organization indicating its willingness to serve in this capacity.

- Please provide your organizational budget. Include revenues and expenses for your organization's most recent completed fiscal year.