

AKRON CITY COUNCIL NEIGHBORHOOD PARTNERSHIP GRANT

APPLICATION FORM

SUBMISSION DEADLINE: Friday, July 15th, 2022 @ 12:00 Noon (EST)

Applications are due to:

Akron City Council
Atten: Clerk of Council
166 S. High Street, Room 301
Akron, Ohio 44308

| FOR OFFICE USE ONLY: | | | |
|-------------------------------|----------------|-------|--|
| Ward: | Councilperson: | | |
| Emailed to Councilperson: Ye | 25 | Date: | |
| Rubric/Recommendation Receive | ed: O Yes O No | Date: | |



SECTION I. Organization Information

| Organization: | | |
|--|--|--|
| Federal Tax ID Number (REQUIRED if your organization is t | he fiscal agent): | |
| Address: | | |
| City of Akron Ward: | | |
| Organization contact person: | Telephone: | |
| E-mail address: | | |
| Additional contact person: | Telephone: | |
| Fiscal Agent (if applicat | ole) | |
| Fiscal Agent Organization: | | |
| Federal Tax ID Number (REQUIRED): | | |
| Address: | | |
| ontact Person: Telephone: | | |
| E-Mail address: | | |
| Project Information | | |
| Program / Project Title: | | |
| Amount of funds requested: \$ | | |
| The signatory declares that: he/she/they is the duly organization; has been authorized to make this application information supplied in this application is true and accurat | on behalf of the organization; and the | |
| Board Member/Officer/Authorized Agent (Print) Signat | ture Date | |
| The signatory declares that he/she/they is the Executiv officer, of the non-profit organization that agrees to sadminister NP funds for the above applicant for a fee not to | erve as fiscal agent to receive and | |
| Executive Director/Fiscal Agent/Signer of Contract (Print) Sign | nature Date | |



SECTION II. Organization History

| PΙ | ease describe the primary work of your organization | | | | | |
|----------------------------|--|--|--|--|--|--|
| Da | te organization was established with the State of Ohio: | | | | | |
| На | s your organization ever previously received funding through Neighborhood Partnership? | | | | | |
| | (Circle One): Yes No | | | | | |
| | "Yes", please provide the name of the project and the year of funding. (For multiple projects ease use a separate sheet) | | | | | |
| Pr | oject Name: Year: | | | | | |
| SE | CTION III. Program Information | | | | | |
| 1. | Do you anticipate your project receiving funding from other sources? Yes No | | | | | |
| lf y | yes, please list all sources | | | | | |
| | | | | | | |
| 2. 3. 4. 5. 6. | Anticipated program/project end date: How often will you meet? Meeting/Project Location: | | | | | |
| | | | | | | |
| 7. | Project Description : In the space provided, explain the proposed project. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 8. | Neighborhood Benefit: How will your project benefit the neighborhood? | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | ber of individuals to be served:is this important to the neighborhood? |
|--------------|---|
| | |
| men proje | vement: Who was involved in the selection and planning of the project? Explain how bers of your neighborhood and organization will be involved in implementing the ect. Demonstrate neighborhood involvement and provide group leaders' connection e neighborhood. (i.e., lives in the neighborhood, attends church here, owns a business |
| | |
| ECTION | IV TO BE COMPLETED BY AFTER SCHOOL PROGRAM PROPOSALS ONLY |
| rogram | um: Describe how you incorporate academics and/or recreation in a comprehensive and explain how this program supports school day activities. (Please attach additional needed.) |
| | |
| _ | : Describe the qualifications of individuals providing tutoring sessions. (Please attachal pages if necessary.) |
| | |
| | |



SECTION V.

NEIGHBORHOOD PARTNERSHIP PROJECT BUDGET

Neighborhood Partnership Grant Funds: Not to exceed \$10,000

| DESCRIPTION OF BUDGET ITEM | ESTIMATED COST | NEIGHBORHOOD PARTNERSHIP GRANT COST |
|----------------------------|----------------|--|
| | Column A | Column B |
| Supplies/Materials | | |
| | | |
| Equipment | | |
| | | |
| | | |
| Printing/Copying | | |
| | | |
| | | |
| Consultants/Contracts | | |
| | | |
| | | |
| Personnel | | |
| | | |
| | TOTAL | TOTAL |
| | TOTAL: | TOTAL: |
| | \$ | \$ |