



Neighborhood Matching Grant Application

Thank you for your interest in the City of Concord's Neighborhood Matching Grant Program. Please read all of the application materials thoroughly. If you need further assistance, please contact the [Community Outreach Coordinator](#), at 704-920-5298.

The goal of the grant program is to facilitate neighborhood self-improvement. The program gives neighborhood organizations incentive to raise funds, build partnerships, cultivate volunteer and community support to complete projects that improves the neighborhood. Please read the [matching grant program policy](#) for description of eligible projects.

Submittal Date: Applications are due to the Community Outreach Coordinator in the City Manager's Office located in City Hall by 5pm on Monday May 25, 2020. Late or incomplete applications will not be accepted.

Grant Period: July 2020 – June 30, 2021

Grant Amount: Maximum of \$3,000. Neighborhoods may apply for any amount not to exceed \$3,000.

Eligible Applicants: City of Concord Recognized Neighborhood organizations that have been formally recognized by the City of Concord's Neighborhood Program for at least a year.

APPLICANT INFORMATION

Neighborhood: _____ **Project Name:** _____

Project Coordinator: _____
(Project coordinator who can answer questions prior to proposal review and receives all correspondence related to the project)

Address: _____

Phone: _____ **Email:** _____

PROJECT DESCRIPTION

Attach a one-page proposal. The proposal should include a detailed explanation of what problem or opportunity will be addressed by the project, the benefit to the entire neighborhood, how neighbors are involved in the project and the end goal or visible product that will result when the project has been completed. Include information about community partners and attach plans or schematic designs if applicable.

Briefly describe the project in the space below.

GRANT REQUEST

\$ _____ **Grant Amount requested** (cannot exceed \$3,000.00)

\$ _____ **Minimum Match Required**

\$ _____ **Total Match Provided** (sum of 1,2,3 below)

Match can be made in one or a combination of three ways:

1. Cash. \$ _____
Total Cash Match
2. Volunteer hours. Number of hours: _____ x \$15.00 = \$ _____
(Total volunteer hours cannot exceed 50% of required match)
3. Donation of in-kind goods and professional services: \$ _____

PROJECT BUDGET

- A. **Description:** list each item/service needed to complete the project
- B. **Vendor:** list name of vendor to be paid (if purchased from retail store list name)
- C. **Total cost:** calculate total cost

Description (A)	Vendor (B)	Total cost (C)
TOTAL		\$

Attach estimates if applicable

Certification by Organization

By signing this application, I/we certify that the information contained in this application is true and correct to the best of my/our knowledge. I/we also acknowledge that the neighborhood organization fully supports this project and submission of the request for grant funds. I/we agree to comply with the requirements of the Neighborhood Matching Grant Program and to allow the temporary placement of a sign promoting the Program.

President/ Board Chair Name: _____

Signature

Date

For Office Use Only

Date Council Approved: _____

Amount Approved _____

COMMENTS: