Project Completion

Will project be completed with NPP funding? ❑ Yes ❑ No

If no, why not? _____

_____

_____

Applicant Certification

I hereby certify that the information herein is correct and that the applicant's governing body has authorized this application (Meeting minutes signed by the organization's officers authorizing project are attached).

Signature: _____ Date: _____

Print Name: _____

Title: _____

PLEASE MAIL OR DELIVER COMPLETED APPLICATION BY FRIDAY, SEPTEMBER 25 AT 4:00 P.M. TO:

Donna Deweese, Project Specialist
City of Chattanooga
Department of Neighborhood Services and Community Development
101 E. 11th Street
City Hall, Suite 200
Chattanooga, TN 37402

For additional information, contact Donna at 425-3718 or deweese_d@mail.chattanooga.gov

FOR INDIVIDUALIZED HELP DURING THE APPLICATION PROCESS, CONTACT A NEIGHBORHOOD RELATIONS SPECIALIST AT 425-3700.

City of Chattanooga
Department of Neighborhood Services and Community Development
"Building Better Neighborhoods…Block by Block"

Neighborhood Partners Program

2009 - 2010
PROJECT PROPOSAL APPLICATION

Please refer to the Project Proposal Guidelines before completing this application.

The Department of Neighborhood Services and Community Development (DNSCD) must receive one (1) original and ten (10) copies of this completed application in our office no later than 4 p.m. on Friday, September 25, 2009. Applications, including attachments, must be three-hole punched and bound with paper clips/binder clips. Do not staple applications. DNSCD will not provide copies. Late and/or incomplete packets will not be accepted.

Type or clearly print answers to all questions in the space provided.

Legal Name of Organization:_____

Type of Organization: ❑ Neighborhood or Community Based Organization ❑ Nonprofit Organization

Is organization registered with DNSCD? ❑ Yes ❑ No If no, complete the attached document.

Did you attend a 2009-10 Technical Assistance Workshop? ❑ Yes ❑ No
If no, application will not be processed.

Amount Requested: $ _____ (Full amount requested may not be awarded)

Cash Match: $ _____ (Use guidelines to calculate cash match)
(Final cash match will be determined by funding awarded)

Describe Project (include purpose and desired goal)**:**

_____

_____

_____

_____

Project Budget and Partners

*Please attach a **proposed** itemized budget.*

Have you applied to other organizations (foundations, government agencies, companies, etc.) for funding for this project? Are you partnering with other organizations for any type of support (i.e. host site for an event, donating supplies, etc.)?

❑ Yes ❑ No If yes, provide details below and attach letter of commitment.

Organization(s)	Dollar Amount	Received/Pending

1) Project Capacity *(up to 25 points)*

Have you received funding from the DNSCD before? If yes, gives date(s), amount(s), and describe project(s).

Date	Amount	Project

Has the City ever rescinded funding awarded to this organization? If yes, please give details.

_____

_____

List any regular or annual events that your neighborhood association participates in or sponsors.

_____ _____

_____ _____

_____ _____

2) Project Impact *(up to 25 points)*

_____

_____

_____

_____

_____

_____

_____

3) Project Implementation and Evaluation *(up to 25 points)*

_____

_____

_____

_____

_____

_____

_____

4) Project Sustainability *(up to 25 points)*

_____

_____

_____

_____

_____

_____

_____

Project Team

(you must have a four-member team)

1) Name:_____ Title:_____

Assigned Project Responsibility: _____

Mailing Address: _____

City: _____State: _____ Zip Code: _____

Daytime phone:_____ Home phone: _____

Fax: _____E-Mail address:_____

Signature: _____

2) Name:_____ Title:_____

Assigned Project Responsibility: _____

Mailing Address: _____

City: _____State: _____ Zip Code: _____

Daytime phone:_____ Home phone: _____

Fax: _____E-Mail address:_____

Signature: _____

3) Name:_____ Title:_____

Assigned Project Responsibility: _____

Mailing Address: _____

City: _____State: _____ Zip Code: _____

Daytime phone:_____ Home phone: _____

Fax: _____E-Mail address:_____

Signature: _____

4) Name:_____ Title:_____

Assigned Project Responsibility: _____

Mailing Address: _____

City: _____State: _____ Zip Code: _____

Daytime phone:_____ Home phone: _____

Fax: _____E-Mail address:_____

Signature: _____