City of Chattanooga
Department of Neighborhood Services
and Community Development

Neighborhood Partners Program

2008-09
PROJECT PROPOSAL APPLICATION

The Department of Neighborhood Services and Community Development (DNSCD) must receive one (1) original and nine (9) copies of this completed application in our offices by **4 p.m. on Monday, October 13, 2008**. Bind applications with paper clips. Do not staple applications. DNSCD will not provide copies. Late and/or incomplete packets will not be accepted.
Application packet must also include a roster of neighborhood association or organization members (indicating contact information for board members and/or officers)

Please refer to Project Proposal Guidelines before completing this application.

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 ❑

Requested Funding Amount: _____

Did you attend a 2008-09 Technical Assistance Workshop? Yes ❑ No ❑

(Attendance at one workshop is required to be considered for funding)

Primary Project Contact/Applicant

Name: _____ Title:_____
Mailing Address:_____
City: _____ State: _____ Zip Code: _____
Daytime phone:_____ Home phone:_____
Fax: _____ E-Mail address: _____
Signature: _____

Secondary Project Contact

Name: _____ Title:_____
Mailing Address:_____
City: _____ State: _____ Zip Code: _____
Daytime phone:_____ Home phone:_____
Fax: _____ E-Mail address: _____
Signature: _____

Additional Project Team Members:

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Home phone: _____

Fax: _____ E-Mail address: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Home phone: _____

Fax: _____ E-Mail address: _____

Project Capacity:

Neighborhood Association/Community Organization Information :

Have you received funding from the Department of Neighborhood Services and Community Development before? If yes, gives date(s), amount(s), and describe project(s).

_____ _____ _____

_____ _____ _____

Has the City ever rescinded funding awarded to this organization?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

_____

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

_____ _____

_____ _____

Project Description:

Goal or Purpose of Project: _____

_____

Describe the proposed project. (be specific): _____

_____

_____

_____

_____

How exactly do you plan to carry out the project? Objectives should be specific, measurable, achievable, realistic, and timely.

_____

_____

_____

Project Impact:

Explain how your project will impact your neighborhood. Why is it the priority right now?

_____

_____

_____

Project Implementation and Partnerships (include Letter of Commitment):

What persons and/or organizations are involved in designing the project?

_____ _____

_____ _____

Who will be implementing the project? Why was person(s) selected?

_____ _____

_____ _____

Project Sustainability:

If funded, how does your organization intend to continue project activities beyond this funding cycle?

_____

_____

Project Evaluation Method:

What method(s) will you use to evaluate whether you have successfully accomplished the goal(s), objective(s), and activity(ies) of your project? For example: before/after photos, calendars, surveys, and statistical analyses?

_____

_____

Applicant Project Budget:

Have you applied to other organizations for funding this year? Yes ❑ No ❑ If yes, please explain.

_____

_____

You must provide a detailed budget indicating specific costs for all project activities.

1. Requested Funding Amount: $ _____
2. Cash Match (5% or 10% of requested funding amount, if required): $ _____

   Total Proposed Project Budget (Line 1+2): $ _____

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

If not, list other committed funding partners and the amount of financial support from each in the cost sharing section of the application.

Cost Sharing:

Cost sharing shall be in cash. If indicating additional funding source, please provide authorized letter from each partner committing a specific amount of money. Awards made to projects based on commitments from other sources may be withdrawn if those partners withdraw their commitments from the project.

Cash Contributor(s) (include Letter of Commitment from each): **Dollar Amount**

_____ _____

_____ _____

_____ _____

Total $ _____

Applicant Certification:

I hereby certify that the information herein is correct and that the applicant's governing body has authorized this application.

Signature: _____ Date: _____

Officers:

Applications are not complete without signatures of least three officers of the Neighborhood Association(s) and three members at large from the organizational membership in which the proposed project will take place, indicating the neighborhood's support for this project as stated above.

President:_____ Phone: _____

Signature: _____ Date:_____

Vice President: _____ Phone: _____

Signature: _____ Date:_____

Treasurer or Secretary: _____ Phone: _____

Signature: _____ Date:_____

Members at Large:

Name: _____Date: _____ Phone: _____

Name: _____Date: _____ Phone: _____

Name: _____Date: _____ Phone: _____

Print Form

Mail or deliver application to:

Tony Sammons, Deputy Administrator
Department of Neighborhood Services and Community Development
101 East 11th Street, City Hall, Suite 200
Chattanooga, TN 37402

Application deadline: October 13, 2008, 4:00 p.m.