Office of Neighborhood Vitality
800 Main Street, 2nd Floor
P.O. Box 469002, Garland, TX 75046
Neighborhoods@GarlandTx.gov
972-205-2445

NEIGHBORHOOD VITALITY MATCHING GRANT
Application

Thank you for your interest in the Neighborhood Vitality Matching Grant! Submission deadlines are September 1 and March 1. Should either of these dates fall on a holiday or weekend, the following business day will apply. Applications may be submitted to the Office of Neighborhood Vitality (ONV) in person, by mail or by email (must be in PDF format).

Please read each question thoroughly. Refer to the Neighborhood Vitality Matching Grant Guidelines for details. Do not bind or staple the application and supporting documents. Contact the Office of Neighborhood Vitality if you have any questions.

ASSOCIATION OR NEIGHBORHOOD INFORMATION

Neighborhood Association Name: _____

Mailing Address of Association: _____

What type of Neighborhood Association? ☐ Voluntary ☐ Mandatory ☐ Crime Watch

Registered with the Office of Neighborhood Vitality? ☐ Yes ☐ No ☐ I Don't Know

Length of Association Existence: ☐ More than 1 Year ☐ Less than 1 Year

Main Contact for this application:

Name: _____ Title: _____
Email: _____ Phone: _____

Management Company (if applicable)

Name: _____ Agent: _____
Email: _____ Phone: _____

Neighborhood Boundaries (Please also attach a map)

North: _____ East: _____
South: _____ West: _____

Briefly describe your neighborhood goals:

PROJECT INFORMATION

Please attach appropriate maps, plans or photographs to the application.

Project Name: _____

Project Address/Location: _____

Describe in detail your neighborhood project. Also explain why you are planning the project (purpose), what you expect to accomplish (objectives), and the parameters of the project (scope). (Include additional attachments if necessary).

Public Benefit:

Describe the public benefit that the proposed project will create both to your neighborhood and to the City of Garland.

Project Impact:

What impact will this project make in your neighborhood? How will it help you achieve your neighborhood goals? How will it help to build community within the neighborhood?

Maintenance:

What is the average life expectancy of your proposed project after completion? _____

What is your maintenance/replacement plan for the project? (Include attachment of maintenance plan if necessary)

Community Involvement:

How did your neighborhood determine to complete a neighborhood project? Describe the process used to obtain community input and distribution of information to residents in your community.

PROJECT BUDGET

The Neighborhood Vitality Matching Grant requires the applying association to provide a portion of the project (see guidelines for details). Please attach a detailed line-item budget for the project in addition to the specified total cost, total match, and requesting funds. Please also attach corresponding project estimates from reputable service providers. Contact the Office of Neighborhood Vitality for clarification or assistance if needed.

Total Project Cost: $_____

Requesting Amount: $_____

Neighborhood Match: $_____

If applicable to count towards Neighborhood Match, please attach details of each contribution.

Donated Professional Services: $_____

Donated Equipment and Materials: $_____

Sweat Equity ($12) X _____ Hours = $_____

FINAL CHECKLIST

- ☐ Reviewed Grant Guidelines
- ☐ Neighborhood is Registered with the ONV
- ☐ Detailed Project Plan
- ☐ Detailed Itemized Budget is attached
- ☐ Detailed Maintenance Plan
- ☐ Supporting Documents are attached:
    - Plans or Maps
    - Photographs
    - Signed Maintenance Agreements
    - Letter of Intent, In-Kind Donations, labor or materials.

I hereby certify that I am authorized to submit it on behalf of the organization. The statements herein are true, complete and accurate to the best of my knowledge.

Name (Printed): _____ Date: _____

Signature: _____ Title: _____

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