

**RICHLAND COUNTY GOVERNMENT
COMMUNITY PLANNING & DEVELOPMENT**

2020 Hampton Street, Columbia, SC 29204
T 803-929-6000 | TDD 803-576-2045
richlandcountysc.gov



**Neighborhood Improvement Program
NEIGHBORHOOD ENRICHMENT GRANT PROGRAM
FY22-23 APPLICATION**

*** Grant changes are effective beginning Fiscal Year 22/23 (July 1, 2022 through June 30, 2023) ***

Application submittal period: December 1st, 2021 – February 6th, 2022
Applications that are incomplete or late will not be processed for consideration.

APPLICATION CHECKLIST:

A complete application includes this document and the following attachments:

- Copy of most recent neighborhood organization’s bank statement
- Official vendor quote/estimate for every proposed project expense. All quotes must include vendor letterhead. Quotes must be no more than 30 days old upon application submittal.
- Copy of neighborhood organization’s by-laws
- Completed latest version of IRS W-9 Form
- In-Kind donation letter (if applicable)
- Map of neighborhood boundaries (optional)
- Organization meeting minutes (optional)
- Proof of permissions/permits (if applicable)

DISCLOSURE:

By signing below, I agree that I have completed this application to the best of my ability. I agree that I have read the Neighborhood Enrichment Grant Program Guidelines (NEGP). I understand that it is my responsibility to communicate with the Neighborhood Improvement Program (NIP) with any questions or concerns.

NEIGHBORHOOD ORGANIZATION

POINT OF CONTACT SIGNATURE

DATE

NEIGHBORHOOD PRESIDENT SIGNATURE

DATE

NEIGHBORHOOD ORGANIZATION INFORMATION:

Fill in the below forms. Do not leave anything blank.

NEIGHBORHOOD ORGANIZATION

COUNTY COUNCIL DISTRICT

NEIGHBORHOOD BOUNDARIES (USE STREET NAMES)

NEIGHBORHOOD TIER FUNDING:

Tier 1 funding is for neighborhood organizations that do not have populations of low-income residents. Their funding is maxed at \$1,500 per fiscal year. Tier 2 funding is for neighborhood organizations that have a population of low-income residents. Their funding is maxed at \$2,500 per fiscal year. See the [Tier Funding Map](#) for reference.

TIER 1	<input type="checkbox"/>
TIER 2	<input type="checkbox"/>

APPLICANT INFORMATION:

The Point of Contact, or Contact Person, will be the main person in communication with NIP about the NEGP. While not required, it is highly recommended that the Point of Contact be someone other than the Neighborhood President/Chair.

	NEIGHBORHOOD PRESIDENT/CHAIR	POINT OF CONTACT
NAME		
ADDRESS/ CITY/ZIP		
PHONE		
EMAIL		



PROJECT SUMMARY:

Enter the name of the project, check all project categories that apply, and answer each question. Provide as many details as possible. See the NEGP Guidelines for project rules and regulations.

NAME OF PROJECT 1:

PROJECT CATEGORIES:

<input type="checkbox"/> Neighborhood Beautification	<input type="checkbox"/> Leisure	<input type="checkbox"/> Safety & Health	<input type="checkbox"/> Community Engagement
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PROJECT DESCRIPTION:

What timeframe will your project take place?	Begin Date: End Date:
Describe the project that your organization is applying for. What do you plan to do? How will you make this happen?	
Who will attend? How many will be there?	
Does this project target an underserved population? If so, who?	
Why is this project important for your neighborhood? Why does this project need to happen? What will happen if you do not do this project?	
For this project, what does success look like? How will you measure this success?	
How does the project relate to the checked project categories?	
Is your organization working with any other groups, institutions, local businesses, or municipal departments on this project? If so, who, and how will they be involved?	
Does your neighborhood have a neighborhood plan? Describe how this project fits within your neighborhood plan goals.	
How will this project be maintained or continued?	
What type of enrichment resources will this project provide? (ex: library resources, medical info, voter registration, etc.)	



PROJECT BUDGET:

List the estimated cost of each expense. Each expense requires an attached quote. The amount you will be awarded equals the total grant amount requested.

NAME OF PROJECT 1:

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL:		



PROJECT SUMMARY:

Enter the name of the project, check all project categories that apply, and answer each question. Provide as many details as possible. See the NEGP Guidelines for project rules and regulations.

NAME OF PROJECT 2:

PROJECT CATEGORIES:

<input type="checkbox"/> Neighborhood Beautification	<input type="checkbox"/> Leisure	<input type="checkbox"/> Safety & Health	<input type="checkbox"/> Community Engagement
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PROJECT DESCRIPTION:

What timeframe will your project take place?	Begin Date: End Date:
Describe the project that your organization is applying for. What do you plan to do? How will you make this happen?	
Who will attend? How many will be there?	
Does this project target an underserved population? If so, who?	
Why is this project important for your neighborhood? Why does this project need to happen? What will happen if you do not do this project?	
For this project, what does success look like? How will you measure this success?	
How does the project relate to the checked project categories?	
Is your organization working with any other groups, institutions, local businesses, or municipal departments on this project? If so, who, and how will they be involved?	
Does your neighborhood have a neighborhood plan? Describe how this project fits within your neighborhood plan goals.	
How will this project be maintained or continued?	
What type of enrichment resources will this project provide? (ex: library resources, medical info, voter registration, etc.)	



PROJECT BUDGET:

List the estimated cost of each expense. Each expense requires an attached quote. The amount you will be awarded equals the total grant amount requested.

NAME OF PROJECT 2:

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL:		



PROJECT SUMMARY:

Enter the name of the project, check all project categories that apply, and answer each question. Provide as many details as possible. See the NEGP Guidelines for project rules and regulations.

NAME OF PROJECT 3:

PROJECT CATEGORIES:

<input type="checkbox"/> Neighborhood Beautification	<input type="checkbox"/> Leisure	<input type="checkbox"/> Safety & Health	<input type="checkbox"/> Community Engagement
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PROJECT DESCRIPTION:

What timeframe will your project take place?	Begin Date: End Date:
Describe the project that your organization is applying for. What do you plan to do? How will you make this happen?	
Who will attend? How many will be there?	
Does this project target an underserved population? If so, who?	
Why is this project important for your neighborhood? Why does this project need to happen? What will happen if you do not do this project?	
For this project, what does success look like? How will you measure this success?	
How does the project relate to the checked project categories?	
Is your organization working with any other groups, institutions, local businesses, or municipal departments on this project? If so, who, and how will they be involved?	
Does your neighborhood have a neighborhood plan? Describe how this project fits within your neighborhood plan goals.	
How will this project be maintained or continued?	
What type of enrichment resources will this project provide? (ex: library resources, medical info, voter registration, etc.)	



PROJECT BUDGET:

List the estimated cost of each expense. Each expense requires an attached quote. The amount you will be awarded equals the total grant amount requested.

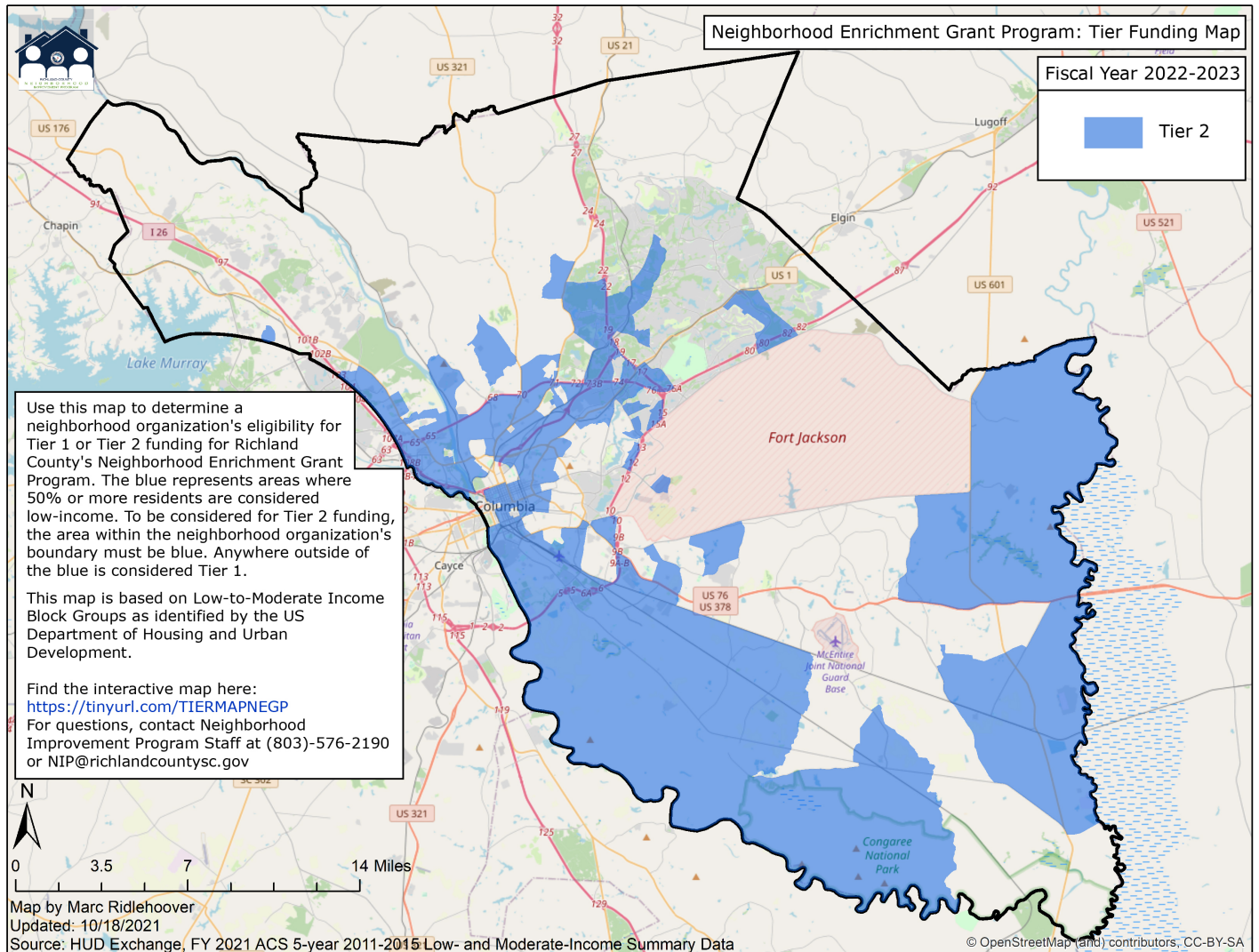
NAME OF PROJECT 3:

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL:		



TIER FUNDING MAP:

Click here for the online interactive map: <https://tinyurl.com/TIERMAPNEGP>



Thank you for applying to the Neighborhood Enrichment Grant Program.

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

Please send completed applications by email to NIP@richlandcountysc.gov. Other options include fax, mail, and in-person drop off. Mail received after February 6th, 2022 will be considered late and will be denied.

Contact:

NIP@richlandcountysc.gov

Phone: (803) 576-2194

Fax: (803) 576-2182

Website: <https://tinyurl.com/NIPGRANTS>

Physical Address:

Richland County Planning Services Division
Neighborhood Improvement Program, 1st Floor
2020 Hampton Street, Columbia SC 29204

Mailing Address:

Richland County Planning Services Division
Neighborhood Improvement Program
P.O. Box 192
Columbia, SC 29202



PLANNING SERVICES

Community Planning & Development