

**Neighborhood Matching Grant Application**

**FY 2021-2022**

**Application Checklist** *A complete application packet includes the items:*

***Due February 5th, 2021 at 5:00 pm***

[ ]  One (1) completed and signed application

[ ]  Official vendor quotes for each project

[ ]  Copy of most recent neighborhood association’s bank statement

[ ]  One (1) Set of neighborhood by-laws

[ ]  One (1) Latest IRS W-9 Form (available at ww.irs.gov)

[ ]  In-kind Donation Letter (if applicable)

**Eligibility**

* Must be a neighborhood organization in Richland County, SC (includes all cities and towns)
* Project(s) must provide a public benefit to the entire community and be achievable by June 30, 2022

**Applicant Information**

|  |  |
| --- | --- |
| Organization Name:  | County Council District:  |
| Neighborhood Association Boundaries :  |
|  |

|  |  |  |
| --- | --- | --- |
|  | **Neighborhood President/Chair** | **Project Contact Person** |
| Name  |  |  |
| Address  |  |  |
| City/Zip  |  |  |
| Phone  |  |  |
| Email  |  |  |

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| --- |
| **Grant Amount Requested :**  |
| The grant funding amount is a maximum of $1,500. |

|  |  |
| --- | --- |
| **pRESIDENT/CHAIR SIGNATURE** |  |

1. **Project Description**

Answer each question in each box and provide as much description as possible.

|  |  |
| --- | --- |
| **Name of Project #1**  |  |

**Project Category:** Education**[ ]** Recreation **[ ]** Safety**[ ]** Organizational Development **[ ]**

|  |  |
| --- | --- |
| **Project Summary***-How does the project relate to the category above?**-What do you plan to do?**-How will you make this happen?* |  |
| **Benefits to community***-Who will be served?**-How many will be there?**-Why does this project need to happen?**-What will happen if you do not do this project?* |  |
| **What type of enrichment resources will the project provide?** *(example - library resources, medical info, voter registration, etc.)* |  |
| **How will you match this project?** |  |
| **Project Completion Date** |  |

1. **Project Description**

Please complete if requesting funding for more than one project. Answer each question in each box and provide as much description as possible.

|  |  |
| --- | --- |
| **Name of Project #2**  |  |

**Project Category:** Education **[ ]** Recreation **[ ]** Safety **[ ]** Organizational Development **[ ]**

|  |  |
| --- | --- |
| **Project Summary***-How does the project relate to the category above?**-What do you plan to do?**-How will you make this happen?* |  |
| **Benefits to community***-Who will be served?**-How many will be there?**-Why does this project need to happen?**-What will happen if you do not do this project?* |  |
| **What type of enrichment resources will the project provide?** *(example - library resources, medical info, voter registration, etc.)* |  |
| **How will you match this project?** |  |
| **Project Completion Date** |  |

1. **Project Description**

Please complete if requesting funding for more than one project. Answer each question in each box and provide as much description as possible.

|  |  |
| --- | --- |
| **Name of Project #3**  |  |

**Project Category:** Education **[ ]** Recreation **[ ]** Safety **[ ]** Organizational Development **[ ]**

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| --- | --- |
| **Project Summary***-How does the project relate to the category above?**-What do you plan to do?**-How will you make this happen?* |  |
| **Benefits to community***-Who will be served?**-How many will be there?**-Why does this project need to happen?**-What will happen if you do not do this project?* |  |
| **What type of enrichment resources will the project provide?** *(example - library resources, medical info, voter registration, etc.)* |  |
| **How will you match this project?** |  |
| **Project Completion Date** |  |

**Budget Part 1: Project Budget Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Project and Item** | **Grant amount Requested**  | **Match Amount**  | **Match Source**Volunteer Hours neighborhood cash Another GrantIn-kind monies  |
| **Example: National Night Out, Food** | **$100.00** | **$100.00** | **Volunteer Hours + In-Kind monies** |
| **1.** | **$** | **$** |  |
| **2.** | **$** | **$** |  |
| **3.** | **$** | **$** |  |
| **4.** | **$** | **$** |  |
| **5.** | **$** | **$** |  |
| **6.** | **$** | **$** |  |
| **7.** | **$** | **$** |  |
| **8.** | **$** | **$** |  |
| **9.** | **$** | **$** |  |
| **10.** | **$** | **$** |  |
| **11.** | **$** | **$** |  |
| **12.** | **$** | **$** |  |
|  **TotalS**  |  |  |

|  |  |
| --- | --- |
| **Grant Amount Requested** | $ |
| **Match Breakdown** |
| 1. Hours of volunteer (\_\_) x $10 per hour
 | $ |
| 1. Neighborhood Funds
 | $ |
| 1. In-kind donations, other sources
 | $ |
| **Match Total** | $ |

**\*\*\*\* Must submit vendor quotes for all project purchases with Project Budget\*\*\*\***

**Budget Part 2: In-Kind Donation**

**Explanation of In-Kind Donation**

*(Give explanations on how you calculated the Professional Services (In-Kind) line items, if applicable)*

Please note: If you have in-kind donations as a match, submit a letter of intent from the donor

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**Budget Part 3: Income Sources**

**List the income sources for your neighborhood below. Include the amount requested in this application.**

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| --- |
| **Richland County Neighborhood Matching Grant****Summary of Income Sources** |
| **Income Source\*** | **Amount** | **Pending or Received** |
| Neighborhood Dues (current) | $ |  |
| FY 21-22 Neighborhood Matching Grant | $ |  |
| Fundraisers | $ |  |
| Other Grants | $ |  |
|  | $ |  |
|  | $ |  |
| Totals | $ |  |
| Submitted By:Title: Date: **Please do not leave form blank.**\***An income source includes any organization(s) or individual(s) that provided funds to an organization for a program or project** |

Thank you for applying to the Richland County Neighborhood Improvement Program’s Matching Grant.

**KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

Applicants may submit applications via mail, fax (803)-576-2182, email (NIP@richlandcountysc.gov), or in-person.

 *Applications must be received* *by 5:00 pm on February 5, 2021*.

**Applications submitted after the deadline will not be accepted.**

**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

Questions may be directed to 803.576.2194 or NIP@richlandcountysc.gov



For additional information, please refer to the Matching Grant Guidelines.