

## PROJECT SUMMARY:

Enter the name of the project, check the relevant project categories, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Beautification	Leisure	Safety & Health	Community Engagement

PROJECT DESCRIPTION:	
What timeframe will your project take place?	Begin Date: <span style="float: right;">End Date:</span>
Describe the project that your organization is applying for. What do you plan to do? How will you make this happen?	
Who will be served? Does this project target an underserved population? If so, who? How many will be there?	
Why is this project important for your neighborhood? Why does this project need to happen?	
For this project, what does success look like? How will you measure this success?	
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: 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:

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



**PROJECT SUMMARY:**

Enter the name of the project, check the relevant project categories, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Beautification	Leisure	Safety & Health	Community Engagement

**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 be served? Does this project target an underserved population? If so, who? How many will be there?		
Why is this project important for your neighborhood? Why does this project need to happen?		
For this project, what does success look like? How will you measure this success?		
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: 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:

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

