Neighborhood Matching Grant Application FY 2021-2022

Due February 5th, 2021 at 5:00 pm

APPLICATION CHECKLIST *A complete application packet includes the items:*

☐ One (1) completed and signed application

☐ Official vendor quotes for each project

☐ Copy of <u>most recent</u> 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		

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	

2) 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	

3) 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 ☐

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 GRANT IN-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	$
2. Neighborhood Funds	$
3. 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

_____

_____

_____

BUDGET PART 3: INCOME SOURCES

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

**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.