



Neighborhood Partnership Grant

Program Application Form FY 2017/18

The project application should briefly explain the required budget and expected outcome with cost-sharing items included. Cost-share can be in-kind services as well as funds raised or set aside specifically for the project. The successful applicant will provide necessary information using the application forms. Please use additional sheets as necessary.

All applications must be submitted by **October 31st, 2017, NO LATER THAN 4 PM** or postmarked by October 31st, 2017. The association can make an appointment with City of Lakeland staff to complete the grant application, if needed. It can be mailed or delivered to:

Neighborhood Outreach Office
Community Development Department
City of Lakeland
228 South Massachusetts Avenue,
Lakeland, Florida 33801

Applicants are encouraged to submit applications via email to Lynne Simpkins at lynne.simpkins@lakelandgov.net, or fax them to (863) 834-8432.

IMPORTANT: Please review the Neighborhood Partnership Grant Program Guidelines before completing the application.

Section A: Neighborhood

Neighborhood Association:	_____
Name of the Project:	_____
Federal ID#:	_____

Section B: Team Leader Information

Project Team Leader:	_____
Mailing Address:	_____
Phone:	Email Address:
_____	_____

Section C: Grant Summary:

Grant Amount Request:	\$	_____
In-kind Match:	\$	_____
Volunteer Contribution Match:	\$	_____
TOTAL PROJECT COST:	\$	_____

Section D: Consent

By signing this grant application, I certify that the information I have provided within the application is true and correct to the best of my knowledge. My signature also represents the consensus of the residents of the neighborhood and that the association has successfully completed the Grant Contract Obligation applied to the funds received for the previous year. I understand the City of Lakeland and the Neighborhood Association will enter the contract to ensure the completion of the project as explained in the application.

Project Team Leader Name:

Neighborhood Association Title:

Project Team Leader Signature:

Date:

Project Details

Project Name: _____

Project Location: _____

Project Description and Purpose: _____

1. Please explain how this project will serve a public purpose or benefits your neighborhood: _____

2. Does the project require a pre-approval permit from the City of Lakeland? **Yes** **No** If yes, please explain:

3. Is there any on-going maintenance required for the project? **Yes** **No** If yes, please explain:

4. How is the neighborhood cooperation? Is the neighborhood in support? Are there any concerns or oppositions?

5. How is the neighborhood contributing to this project? _____

6. Project Schedule: **(Plans/ Timeline/ Milestone)**

7. Describe your partners in this project, financially or otherwise. **(Grants identifying strong community partners are strongly encouraged.)**

8. Describe a long-term plan to maintain and/or repair any improvements made through this project:

9. How will you measure or evaluate the success of this project?

10. Please describe the match source of your budget: **(See Budget Workshop Page)**

BUDGET WORKSHEET

The budget should be detailed enough to understand the items of the project. Enter the items in the row and the estimated cost for each item. Be sure to include the full estimated cost of all the materials and services.

The match value can be the cash contribution as sponsorship, fundraisers or any in-kind service and material donation from individuals, corporates or social organizations.

BUDGET				
Items/ Materials/ Service	Estimated Cost			
TOTAL PROJECT COST	\$			
MATCH VALUE				
Total Cash Match	\$			
In-kind professional service/ skilled labor Match at reasonable rate	\$			
In-kind donation material Match at reasonable rate	\$			
Volunteer Hours Contribution Match (# of hrs. x 0\$15.00)	\$			
TOTAL MATCH VALUE	\$			
TOTAL MATCH PERCENTAGE				
(for office use only)				
Cash Match Percentage (if any)	\$			
Volunteer Hours Match Percentage (minimum 25%)	\$			
TOTAL MATCH PERCENTAGE	\$			
TOTAL GRANT REQUEST AMOUNT				
Total Project Cost	(-)	Total Match Value	(=)	Total Grant Request
\$ _____		\$ _____		\$ _____

PURCHASING AND PAYMENT POLICY

The following purchasing and payment procedures are in accordance with the policies and procedures of the City of Lakeland.

1. Opportunity for competitive bidding shall be given for all purchases exceeding \$1,000 except those selected purchases made directly by the Purchasing Department Staff.
2. Three written quotes should be obtained from the vendors whenever possible for non-perishable items.
3. To avoid paying sales tax, purchases should be made through the Community Development Department whenever possible. Quotes should be obtained and submitted to the Neighborhood Outreach Office for issuance of a purchase order to the lowest priced qualified vendor.
4. Original invoices must be submitted to the Community Development Department for payment to the vendor.
5. Community Development Department accounting staff may accompany neighborhood representatives to purchase supplies or non-capital equipment, not to exceed \$1,000 on a City of Lakeland credit card.
6. If purchases are made directly from a vendor by the Neighborhood Association, the original receipts must be itemized on the attached form and submitted to the Department for reimbursement. No funds may be advanced for purchases.
7. Honorariums for non-governmental professional as well as other technical or professional services may be considered in some situations.
8. All funds must be spent or encumbered no later than August 31, 2018. For situations where reimbursements will be made, please submit the receipts on the enclosed form by August 31, 2018.

Please note that each neighborhood association applying for Partnership Grant must possess an Employee Identification Number (EIN) or a 501©3, non-profit classification. The Neighborhood Outreach Office is available to assist associations with procuring an EIN.

A W-9 form is required with all grant related payment for services or products.

Letter of Intent

This letter is to confirm that _____
(Company, Agency, or Individual Name)

Will participate as a partner with _____
(Name of Neighborhood Association)

In the implementation of its City of Lakeland Neighborhood Partnership Grant Project 2017. My/Our Contribution will consist of: *(Please include all that apply)*

Cash in the amount of: \$ _____

In-kind donation of Service/Goods/Space:
(Please provide a detailed description of professional service or skilled labor at reasonable market rate. List donated materials/supplies or equipment value in accordance with market price.)

We look forward to working with the _____ Neighborhood Association
On their Neighborhood Partnership Grant Project and will participate in publicity and related events.

Signature

Name (Please Print) _____

Company/Agency Name _____

Mailing Address _____

Phone _____ Email Address _____

Please mail a copy of this letter to:
City of Lakeland, Attn: Neighborhood Outreach Office, 228 S Massachusetts Ave,
Lakeland, FL, 33801 or email a copy to Lynne.simpkins@lakelandgov.net

Partner Contribution Request Form

Date: _____

Dear _____

The _____ Neighborhood Association is applying to the City of Lakeland Neighborhood Partnership Grant (NPG) Program for 2017. This year the association is planning to organize _____ to _____
(name of your project) (project category: improvement/beautification, etc.)

(Write about your project purpose and how it will serve or benefit the neighborhood)

To receive the City's grant, the association must match _____ of the total requested
(% of match value)
grant in cash, in-kind goods and services or volunteer hours. The total grant proposed is \$ _____
Therefore, the total match amount is _____. The matching value must be documented and
(% of total proposed budget)
Submitted along with the application. The application submission deadline is _____
(MM/DD/YY)

We would like your business to partner with us and contribute the match value for the project. It is also an opportunity for local businesses to expose their business by giving back to the community. All gifts valued at \$25 or more may be tax deductible.

We look forward for the opportunity to discuss the merits of partnership for Neighborhood Partnership Grant Project 2017 with you.

Sincerely,

NPG Project Leader

Contact Number

Note: In-kind goods, skilled labor contribution and professional services are valued at a reasonable market price. Volunteer contribution is valued at \$15.00 per hour.

Please mail a copy of this letter to:
City of Lakeland, Attn: Neighborhood Outreach Office, 228 S Massachusetts Ave,
Lakeland, FL, 33801 or email a copy to Lynne.simpkins@lakelandgov.net

**Neighborhood Partnership Grant Program
Committee Members 2017**

Name	Position	Mailing Address	Phone No.	Email

Note: This is the list of people assigned for various task for the project duration. Each project must have a project leader and a project assistant leader.

Neighborhood Partnership Grant Program Pledge Sheet: Volunteer Hours Contribution

Name	Address	Phone	Hours pledge	Task
TOTAL VOLUNTEER HOURS PLEDGE				

Total Volunteer Contribution Match= Total Volunteer Hours Pledge * \$15.00 = \$ _____
 The total must be equal to Volunteer Hour Contribution Match in budget worksheet.

Note: Make copies or attach additional pages as needed.

Neighborhood Partnership Grant Program

Log Sheet: Volunteer Hours

Project Name: _____

Date: _____

S.N.	Name	Address	Phone #	Start Time	End Time	# of hours

Note: Make copies or attach additional pages as needed.

Neighborhood Partnership Grant Program Project Completion Report

Neighborhood

Project Name:

Team Leader:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Was the grant project completed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are there remaining funds? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are remaining funds reserved with a City Purchase Order? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Did the project fulfill the grant objective? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Please briefly describe your experience: | | | | |

6. Please attach all photos of project and the newsletter or publicity material during the project.

Signature

Date