
Neighborhood Matching Grant Application

Neighborhood Matching Grant Program:

The goal of the grant program is to facilitate neighborhood self-improvement. The program gives neighborhood organizations an incentive to raise funds, build partnerships, and cultivate volunteer and community support to complete projects that improve the neighborhood. Please read the [matching grant program policy](#) for a full description of eligible projects and to view the grant scoring rubric.

If you need further assistance, please contact the [Community Outreach Coordinator](#), at 704-920-5298.

Submittal Date: Applications are due to the Community Outreach Coordinator by *5 pm on Wednesday, May 31, 2023*. They can be emailed to ramirez@concordnc.gov, dropped off at the City Manager's Office located in City Hall, 35 Cabarrus Avenue West, or sent by mail to P.O. Box 308 Concord, NC 28026. Late or incomplete applications will not be accepted.

Grant Period: July 1, 2023 – June 30, 2024

Grant Amount: Maximum of \$3,000. Neighborhoods may apply for any amount not to exceed \$3,000.

Eligible Applicants: City of Concord Recognized Neighborhood organizations that have been formally recognized by the City of Concord's [Recognizes Neighborhood Program](#) for at least a year.

List of Required Application Elements:

1. Applicant Contact Information
2. Short Project Description
3. One-Page Project Proposal
4. Grant Request Amount
5. (2) Quotes or estimates from different vendors
6. Project Budget List with total cost estimates

Supporting Documents (if applicable)

1. Statement of support from neighborhood association leadership
2. Photo of the proposed project site
3. Renderings of project or site improvements
4. All required State or City of Concord approval(s)
5. Any evidence of neighborhood litter sweep participation in the last 12 months (photos, emails, or volunteer hours log)

APPLICANT INFORMATION

Neighborhood: _____ **Neighborhood Liaison:** _____

Project Name: _____

Project Coordinator: _____
(Project coordinator who can answer questions prior to proposal review and receives all correspondence related to the project)

Address: _____

Phone: _____ **Email:** _____

PROJECT DESCRIPTION

Attach a one-page proposal. The proposal should include a detailed explanation of what problem or opportunity will be addressed by the project, the benefit to the entire neighborhood, how neighbors are involved in the project, and the end goal or visible product that will result when the project has been completed. Include information about community partners and attach plans or schematic designs if applicable.

Briefly describe the project in 2-3 sentences in the space below.

Empty space for project description.

SUPPORTING DOCUMENTS

Right-of-Way - Projects that will be constructed, installed, or maintained in the Right-of-Way require an Encroachment Agreement:

- I have included an Encroachment Agreement
- This does not apply to my project

Please note that other permits or encroachments may be required by federal, state, and/or local agencies depending on the project. Please contact the City of Concord Engineering Department at 704-920-5425 for more information regarding general requirements.

Projects that involve public roads, traffic, street signs, or sidewalks must be coordinated with the City of Concord’s Transportation Department prior to submitting your final application. Please contact the Transportation Department at 704-920-6371. If your project falls into this category please include a copy of your Traffic Calming Study or evidence of your correspondence with the Transportation Department (such as email or letter).

Litter Abatement - Did your neighborhood participate in any litter sweep or litter abatement activities in 2022?

- Yes, I have included supporting documents
- No

GRANT REQUEST

\$ _____ **Grant Amount requested** (cannot exceed \$3,000.00)
 \$ _____ **Total Match Provided** (sum of 1,2,3 below)

The match can be made in one or a combination of three ways:

1. Cash. \$ _____
Total Cash Match
2. Volunteer hours. Number of hours: _____ x \$15.00 = \$ _____
(Total volunteer hours cannot exceed 50% of the required match)
3. Donation of in-kind goods and professional services: \$ _____



PROJECT BUDGET

Attach quotes or estimates from two different vendors to this document

- A. **Description:** list each item/service needed to complete the project
- B. **Vendor:** list name of the vendor to be paid (if purchased from retail store list name)
- C. **Total cost:** calculate the total cost

Project Budget Total Cost Estimate #1

Description (A)	Vendor (B)	Total cost (C)
TOTAL		\$

Project Budget Total Cost Estimate #2

Description (A)	Vendor (B)	Total cost (C)
TOTAL		\$



Certification by Organization

By signing this application, I/we certify that the information contained in this application is true and correct to the best of my/our knowledge. I/we also acknowledge that the neighborhood organization fully supports this project and submission of the request for grant funds. I/we agree to comply with the requirements of the Neighborhood Matching Grant Program and to allow the temporary placement of a sign promoting the Program.

President/ Board Chair Name: _____

Signature

Date

For Office Use Only

Date Council Approved: _____

Amount Approved _____

COMMENTS:

