



LEXINGTON

NEIGHBORHOOD ACTION MATCH PROGRAM FY 21 APPLICATION FOR FUNDING

1. Applicant Information

Legal Name of Agency Requesting Funding: _____

Mailing Address of Agency (Include zip code): _____

_____, Zip: _____

2. Project Contact Person (This is who will correspond with the Grants Manager regarding the project.)

Name: _____ Title: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Agency's Authorized Signee (This is the person who has legal authority to sign the application such as the President of the association.)

Name: _____ Title: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

3. Amount of Funds Requested (Please round numbers to the nearest dollar)

LFUCG NAMP Grant Request: _____ MATCH: _____ TOTAL: _____

4. Projected Starting Date: _____ Expected Date of Completion: _____

(Remember that Council must approve applications and a contract must be signed by the neighborhood association and the Mayor before any work can begin.)

5. Project Title: _____

6. Signature authorizing submission of application (signature must be an original)

Name: _____ Title: _____

Signature: _____ Date: _____

7. Project Narrative: *A proposal narrative statement defining what neighborhood activities are proposed for funding:*

- 8. Project Budget:** *Enter information regarding the budget for the project. Be sure to attach written estimates from vendors for all materials and services to be purchased and provide documentation of in-kind services and donated items.*

Neighborhood Action Match Program – Sources and Uses				
Project Activity	NAMP Request	Cash Match	Donated Services/ Materials Match	Total
Totals:				

- 9. Budget Narrative:** *Describe work to be completed including the amounts of each activity and the vendors expected.*

1. List all sources of cash match:

2. Specify nature and hours of labor for in-kind service match, if applicable. Donation letters are required for professional services.

3. List types and values of donated materials, if applicable. Donation letters are required as an attachment to the application.

10. Project Management Plan: *Describe process and schedule for implementation.*

11. Neighborhood Participation: *Provide a description of how the applicant involved the neighborhood residents in the decision making process for choosing what activities funding should be requested for. For example, list the meetings held, who was invited and who attended. Additionally, discuss the process that the Neighborhood Association will use to communicate with residents should a grant be awarded.*

12. Financial Accountability: *Please indicate prior receipt of Neighborhood Action Match Program funds, the year(s), amount(s), and outstanding balance. If a new applicant, please indicate any other applicable grant funding experience.*

13. Project Experience: *Identify any prior or current neighborhood projects undertaken by the neighborhood association. Please indicate status of any prior Neighborhood Action Match projects, i.e., whether complete or still underway.*

14. NAMP Objectives: *Select which objective(s) your project will meet below, and then briefly describe how your project will meet the objective(s).*

To be a catalyst for neighborhood associations to establish neighborhood linkages to support their programs.

To provide neighborhood associations with the opportunities to directly affect the quality of life in their neighborhoods.

To provide inexperienced neighborhood associations with opportunities to gain experience in organizing and managing projects.

To expand the ability of neighborhood associations to secure and manage the resources necessary to directly impact development in their neighborhoods.

15.Maintenance Plan: *Use the space below to describe the association’s plan for providing routine maintenance such as watering plants, pulling weeds, etc. Keep in mind that this grant **does not pay** for these activities, and they **cannot** count as match for the project.*

16.Names and Addresses of Board Members: *Use the space below to list the names and addresses of all current association elected officials and members of the governing body. **Please note that at least 60% of the board members must live in the neighborhood.***

Name	Title/Position	Address

NAMP APPLICATION CHECKLIST

The following items must be included in this application for funding unless noted otherwise.

<u>ITEM</u>	ATTACHED BY APPLICANT	CONFIRMED BY LFUCG STAFF
Attachment 1: Map showing location of the neighborhood association and “Before” Color Photos		
Attachment 2: Written estimates from vendors for all goods and services to be purchased for this project		
Attachment 3: Letters documenting sources of match		
Attachment 4: Neighborhood Association Status Report from KY Secretary of State report showing the association is active and in good standing		
Attachment 5: Neighborhood Association’s Annual Report filed with KY Secretary of State		
Attachment 6: Meeting minutes regarding decision on applying for NAMP funding or other documentation on association involvement in applying for grant funding		
Attachment 7: Association’s most recent checking account statement		
Attachment 8: Other		

Originally signed applications must be submitted by the deadline of 4:00 p.m. on Friday, August 7, 2020. (No emails or faxes.) For additional information about the Neighborhood Action Match Program, please contact Celia Moore at (859) 258-3072 or cmoore@lexingtonky.gov. Return the completed application and all supporting material to:

**LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS
ATTN: CELIA MOORE, GRANTS MANAGER
200 EAST MAIN STREET, 6TH FLOOR
LEXINGTON, KENTUCKY 40507**

INCOMPLETE APPLICATIONS MAY BE EXCLUDED FROM FUNDING CONSIDERATION.
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