



CITY OF
BAINBRIDGE ISLAND

NEIGHBORHOOD MATCHING GRANT APPLICATION

<i>For Office Use Only</i>	Date Received by City: _____
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Application Directions: Please read the Neighborhood Matching Grant application packet thoroughly before submitting your Application. The Application should contain a thorough scope of work, timeline, budget, and details of the neighborhood match.

Project Coordinator's Name: _____

Telephone (best): _____ Telephone (alternate): _____

Email: _____

Coordinator's Mailing Address: _____

1. Name of Project: _____

2. What is the neighborhood opportunity or need identified and how does the project address it?

3. Describe the project and intended impact: what will be accomplished, who will be served, scope of work, timeline for proposed activities, neighborhood geographic area to be affected.

4. Who was involved in the idea development and subsequent decision to pursue this project?

5. If this is a physical improvement project, describe location:

Location: _____
(Attach a map or site drawing if necessary to explain site)

Describe location and ownership of property: _____

If the project is on private property, what is the project's measurable benefit to the public?

6. Will your project require on-going maintenance or repair? If so, how will it be provided?

Note: If the Matching Grant project has been installed on private property, or on property owned by another public entity, such as the School District, Parks District, or Library District, the applicant will be required to work with the property owner to develop and implement a maintenance plan.

What is the proposed project start date: _____ **Completion date:** _____

7. Project work plan (*describe key project activities and when each will occur*)

<u>Activity</u>	<u>Projected completion date</u>
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8. Are any permits or other types of permission required from other parties for this project to be implemented?

If permits or formal letters are not yet in hand, describe current status of research and outcome of relevant contacts to date.

9. BUDGET - Anticipated items and budget required for project:

Attach quotes for items or services, and/or hourly rates for required services. Specify items/expenses that will be covered with Matching Grant funding as well as those items/expenses that the applicant will cover through match.

BUDGET ITEMS IN MATCHING GRANT REQUEST

<u>Item/Resource professional</u>	<u>Source/vendor</u>	<u>Estimated cost</u> <u>Hourly rate</u>
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REQUEST TOTAL – Amount of funding requested from Matching Grant _____

10. MATCH

List how you will arrive at your 1:2 match for the project (\$1 of neighborhood contribution for every \$2 of City grant funding) e.g. in-kind services, donated materials or money, or volunteer labor. The value of volunteer labor is \$28.99/hour. Technical/professional services may be valued at market rate, with proof of market rate.

<u>Match Item</u>	<u>Source/vendor</u>	<u>Estimated value</u>
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TOTAL – estimated value of match _____

TOTAL PROJECT BUDGET (grant request + match to be provided) _____

11. VOLUNTEERS – If using volunteers please describe specifically who you will recruit, how you have or will secure their participation in the project and their specific role(s) in this matching grant project.

12. COMMUNITY PARTICIPATION

Describe how this project builds neighborhood connections and expands resident engagement.

Describe specific outreach efforts planned to promote or involve diverse neighborhood populations.

If you have engaged other community partners, describe who has been involved in developing this project and how they are involved.

Signed by Person Authorized to Sign Agreement between the City & Applicant(s)

Print Name

Signature of Applicant

Date

Submit one original copy of Application to Communications Coordinator, City of Bainbridge Island, 280 Madison Ave N., Bainbridge Island, WA 98110; and send one electronic (un-signed) copy of Application to kdrew@bainbridgewa.gov

<i>For Office Use Only</i>	
Date Approved: _____	Amount Approved: \$ _____
Approved by: _____	Signature: _____
Comments: _____	