

PROJECT # (FOR OFFICE USE ONLY) NEIGHBORHOOD COUNCIL:

_			
PROJECT NAME:			
BRIEF PROJECT DESCRIPTION	(50 WORD OR LESS):		
PROJECT SITE NAME AND FUI	LL ADDRESS:		
PROPOSED PROJECT DATE OF	COMPLETION:		
NEIGHBORHOOD COUNCIL CH	HAIRPERSON:		
MAILING ADDRESS:			
PHONE NUMBER:	BEST TIME OF DAY TO GET AHO	BEST TIME OF DAY TO GET AHOLD OF YOU:	
Email Address:	,		
PROJECT MANAGER:			
MAILING ADDRESS:			
PHONE NUMBER:	BEST TIME OF DAY TO GET AHO	BEST TIME OF DAY TO GET AHOLD OF YOU:	
EMAIL ADDRESS:	'		
GRANT REQUEST:	VALUE OF MATCH CONTRIBUTION:	TOTAL PROJECT VALUE:	

knowledge. Submitting an application with misleading information may be cause for disqualification.

SIGNATURE:_____ DATE:____



2A. PROJECT DESCRIPTION/WORK PLAN – ATTACH "BEFORE" PHOTO OF AREA Provide a proposed plan and timeline for your project (e.g. proposed date of groundbreaking, work days, completion date).
2B. MAINTENANCE PLAN Provide information regarding the maintenance entity, how often it will be maintained, and what arrangements have been made for maintaining.



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BUDGET & MATCH SHEET

PURCHASES/DONATIONS	AMT. PAID WITH GRANT	AMT. PAID WITH MATCH	TOTAL VALUE	NOTES/ ATTACHMENTS
			<i></i>	
22.015 - 22.1				
GRANT TOTAL				
МАТСН				
TOTAL PROJECT VALUE				



PERMISSION FOR USE OF PROPERTY

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USF THIS FORM TO	SHOW THE APPROVAL	OF THE PROJECT FROM	THE PROPERTY OWNER

PROJECT NAME:				
NEIGHBORHOOD COUNCIL:				
NAME OF PROPERTY OWNER:	TITLE			
FACILITY OR BUSINESS NAME	PHONE			
SITE ADDRESS				
DESCRIPTION OF USE AND PERMISSION GRANTE	D TO THE SITE			
BY SIGNING BELOW, I declare in good faith that I own or am organization is seeking funding through the CD2 Neighborh implement this project. I grant the organization permission	ood Council Community Beautification Program to			
SIGNATURE				