



**CITY OF CAMPBELL
 NEIGHBORHOOD ASSOCIATION ASSISTANCE GRANT
 APPLICATION FORM
 FY 2016-17
 Applications Due: Monday, October 31, 2016**

NEIGHBORHOOD ASSOCIATION: _____

YEAR ESTABLISHED: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

WEBSITE: _____

CONTACT NAME: _____

NEIGHBORHOOD AREA
 TO BE SERVED: _____

GRANT REQUEST AMOUNT: FY 2016/17: \$_____ (Maximum \$500.00)

Is your organization:

- | | | |
|---|-----|----|
| • PROSPECTIVE NEIGHBORHOOD ASSOCIATION ⁺ | YES | NO |
| • INCORPORATED | YES | NO |
| • NON-PROFIT | YES | NO |
| • TAX EXEMPT | YES | NO |
| • INSURED: | Yes | No |

⁺Prospective neighborhood associations seeking new establishment will be granted a one-year start-up period in which to become established and meet requirements. (See eligible and ineligible applicants and activities for details)

NUMBER OF NEIGHBORHOOD ASSOCIATION MEMBERS OR PROPOSED MEMBERS: _____

Your association's application will be evaluated based on meeting at least one of the following criteria:

1. Build or enhance neighborhood organization, pride or identity;
2. Increase communication among neighbors; or
3. Host activities, projects or events addressing quality of life, safety, cleanliness and engagement among neighbors

Questions marked with (*) are required to be considered for grant funding unless your association is seeking new establishment. If so, please mark the box labeled "Prospective Neighborhood Association."

Does your association feature the following requirements?

- | | | |
|---|-----|----|
| *BYLAWS: <i>If yes, please attach a copy.</i> | Yes | No |
| *AN ACTIVE BANK ACCOUNT: | Yes | No |
| *A TREASURER: | Yes | No |
| *A BOARD OF DIRECTORS: | Yes | No |

PROSPECTIVE NEIGHBORHOOD ASSOCIATION:

Please review "Eligible and Ineligible Activities and Items" on pages 3 to 5 in the Neighborhood Association Assistance Grant policy for further assistance when answering the following questions.

ORGANIZATIONAL INFORMATION:

- Please list your neighborhood association's president and treasurer information in the table below.

President Name	Phone Number	E-mail Address
Treasurer Name		

- Please list your neighborhood association's officers' names and titles in the table below.

Officer Name	Officer Title

3. Please list, describe and estimate the cost of your proposed grant budget requests.

Item #	Expense or Event Description	Estimated Cost
Total Amount Requested (\$500 Maximum)		

Check here if your organization is an established neighborhood association and complete the information below.

“We, the Board of Directors or designee(s) of _____,
do hereby resolve that on _____, 20 _____, the Board reviewed this
application and, upon motion and vote, approved this application for submission.”

Check here if your organization is a prospective neighborhood association. As the undersigned of this application, you certify that your members do not have a governing board of directors and agree to meet requirements in a year as stated in this application and the City’s grant policy to be eligible for future consideration of grant funding.

To the best of our knowledge, all information presented herein is correct and complete.

Dated: _____ 20 _____

Neighborhood Association Name

President of the Board or Designee

NOTE: Neighborhood Association Assistance Grant Funds may NOT be used for political purposes. For more information about the application process and this program, visit the Civic Improvement Commission’s [web page](#). You can also contact Michael Thomas at michaelt@cityofcampbell.com or 408-866-2125.

Submit fillable PDF’s via e-mail to Michael Thomas at michaelt@cityofcampbell.com by **October 31, 2016**. Signed hard copy applications can be submitted to the City Manager’s Office in person or by mail by **5:00 PM, October 31, 2016** to the City Manager’s Office **Attn: Michael Thomas** at Campbell City Hall at 70 N. First Street, Campbell 95008. Thank you for your interest in the Neighborhood Association Assistance Grant Program.