Date Submitted by Neighborhood Association: _____

For office use only **Date Received by City:** _____

NEIGHBORHOOD APPLICATION FOR MINI-GRANT
Action Steps

1. **Read the Neighborhood Mini-Grant Information Packet thoroughly.**
2. Choose a project(s) through group discussion with either the entire neighborhood or a subcommittee with oversight from the entire neighborhood.
3. Designate a Project Coordinator who will be the Office of Neighborhoods contact person.
4. Submit an "Idea Letter" to the Office of Neighborhoods.
5. Within two weeks of receipt of the "Idea Letter" by the City, you will be notified a) whether the project is feasible and b)information required to complete the Mini-Grant application.
6. If your project is determined to be feasible begin tracking volunteer hours dedicated to preparing the application. Up to 25% of your volunteer match can be accrued during this phase of the project.
7. **Complete *Mini-Grant Application* and turn it in to:**
   Office of Neighborhoods, City of Shoreline, 17544 Midvale Ave. N., Shoreline WA 98133.
   Application must contain a complete explanation of the project including scope of work, timeline for completion, demonstration of neighborhood match, and all necessary permits or authorizations required to complete the project.
8. Once your project is approved by the City Council you will receive a supply of Mini-Grant Invoices to send in with requests for payment of expenses.

IF YOU HAVE ANY QUESTIONS, CALL the Neighborhoods Coordinator, (206) 546-8564

Please complete the following questions:

Name of Project: _____

Name of Neighborhood Association: _____

Neighborhood Project Coordinator's Name: _____

Project Coordinator's Address: _____

Project Coordinator's Telephone: Days _____   Evenings _____

Briefly Describe Your Project:
_____
_____
_____
_____
_____

Total Dollar Request for Project $_____   Value of Neighborhood Match $_____

What will this project accomplish? How was the need for it identified? Who was involved?

(You may wish to include minutes of the meeting(s) at which this project was identified or describe the process for the group's decision to pursue this project.)

_____
_____
_____
_____

PROJECT WORK PLAN

Briefly describe each project activity and when it will occur

Activity

Projected
Date of Completion

Activity	Projected Date of Completion
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is your anticipated project completion date? _____

Are any permits or letters of permission required for this project? Please list and attach.

_____
_____

ANTICIPATED BUDGET ITEMS REQUIRED
    If you have more than one project, list items and total cost for each project separately. Then total the costs for all the projects at end.

ITEM   SOURCE   ESTIMATED COST

_____
_____
_____
_____
_____
_____
_____
_____

ESTIMATED TOTAL COST: _____

Please attach any requested quotes for items or services.

Indicate below how you will arrive at your neighborhood match for this project (what services, labor, materials, or money your neighborhood association will be contributing):

Match item   **Estimated Value**
Example: Volunteer labor 60 hours x$10/hr (see pledge forms, attached)   *$600*
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

Date Work Completed	**Work Description**	**Hours**	**Value**
Example: June, 2000	*Application Preparation*	*20*	*$200*
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATED TOTAL VALUE OF MATCH: _____

If you will be using neighborhood volunteers, please describe how you will secure their participation in the Mini-Grant project:
_____
_____
_____

Will your project require ongoing maintenance or repair? How will it be provided?
_____
_____
_____

Submitted by: _____   _____
                              Print Name   Signature of Applicant

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For Office Use Only

Date Council Approved: _____   Amount Approved: $_____

Comments: _____
_____