

**CITY OF TALLAHASSEE
NEIGHBORHOOD PARTNERSHIP GRANT
APPLICATION**

Instructions to Applicants:

Each application must include one original with support materials clearly labeled. See the checklist of items to be included.

Applications may be submitted via email to Neighborhoods@talgov.com, hand delivered by *appointment* to the Neighborhood Affairs office at Smith-Williams Service Center, 2295 Pasco Street, Tallahassee, or mailed to Smith-Williams Service Center at 2295 Pasco Street Tallahassee, FL 32310. No faxed applications will be accepted. Please call (850) 354-1926 to make an appointment to drop off your application.

SECTION I - GENERAL INFORMATION

Project Title: _____

Applicant Name: _____

Incorporated: _____ Yes (enclose a copy of the State of FL Incorporation Certificate)
_____ No

Check which category(ies) your project falls under:

- _____ Public Safety
- _____ Emergency Preparedness
- _____ Beautification
- _____ Placemaking
- _____ Neighborhood Engagement and Enrichment

Association President: _____

Association Vice-President: _____

Association Secretary: _____

Association Treasurer: _____

Address: _____

Phone: _____ (Day) _____ (Evening) _____ (Other)

Authorized Applicant Representative (Print Name and Provide Signature)

(Print Name & Title)

(Signature)

SECTION II - PROJECT DESCRIPTION

1. PROPOSED PROJECT

(A) Describe your project. What will it produce? (e.g. physical improvement such as neighborhood entrance beautification, signage or landscaping; neighborhood lighting enhancements). If the project involves landscaping, please complete Table 2 contained in this application packet. For physical improvements, attach a set of construction plans (blueprints).

(B) What is the specific location of your project? Two (2) photos of the current conditions of the project site are required. Also, please provide a written description and attach a map. To obtain a map, you must have the tax identification number for reference. Contact the Neighborhood Affairs Office at (850) 354-1926 for assistance or inquire directly to the Leon County Tax Appraiser's office at (850) 488-6103.

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(C) **THINK THROUGH YOUR PROJECT! HOW WILL IT BE COMPLETED?** Describe the major activities that make up the project and give an estimated completion date for each. Be specific. List the task and then the estimated completion date or the number of days it will take to complete. (Use additional pages if necessary or include a table). Examples include:

<u>Item</u>	<u>Completion Date</u>
Sign Contract	12/2021
Prepare Bid	3/2022
Install Landscaping	6/2022

Example:

(D) **Maintenance of the project once it has been completed is important.** It is not the intent of this program to increase maintenance activities for city staff. As such, the applicant is required to provide the additional maintenance that may be necessary. Examples include weeding planting beds, trimming trees, painting signs, etc.

3. PARTICIPATION

(A) Neighborhood resident support and participation is critical to the award of a grant. Grant applications that demonstrate strong support will be ranked higher than those that do not. Describe how neighborhood support will be or has been obtained and who will participate. Provide letters from volunteers/supporters and/or signatures with phone numbers.

(B) It is important to have the support of the residents immediately adjacent to a proposed physical improvement. As an example, if you are proposing to put a sign in the right of way next to a home, the resident should be contacted about the project.

Provide the Names, Addresses and Signatures of the owners of any adjacent properties regardless of their participation.

<u>Address</u>	<u>Owner Name (Print)</u>	<u>Signature</u>	<u>Support (Yes or No)</u>
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(C) Please describe additional contributions that the neighborhood plans to make to support the project, such as in-kind labor, materials, or money.

_____ hours @ \$ _____ / hour = \$ _____

TOTAL REQUESTED \$ _____

Neighborhood Contribution:

Monetary Contributions \$ _____

Material Contributions \$ _____

Labor Contributions

_____ hours @ \$ _____ / hour = \$ _____

TOTAL PROJECT COST \$ _____

APPLICATION CHECKLIST

Each application package should include:

_____ One original application with support materials clearly labeled

_____ One set of construction plans (blueprint) if applicable

_____ Signatures of owners adjacent to proposed project

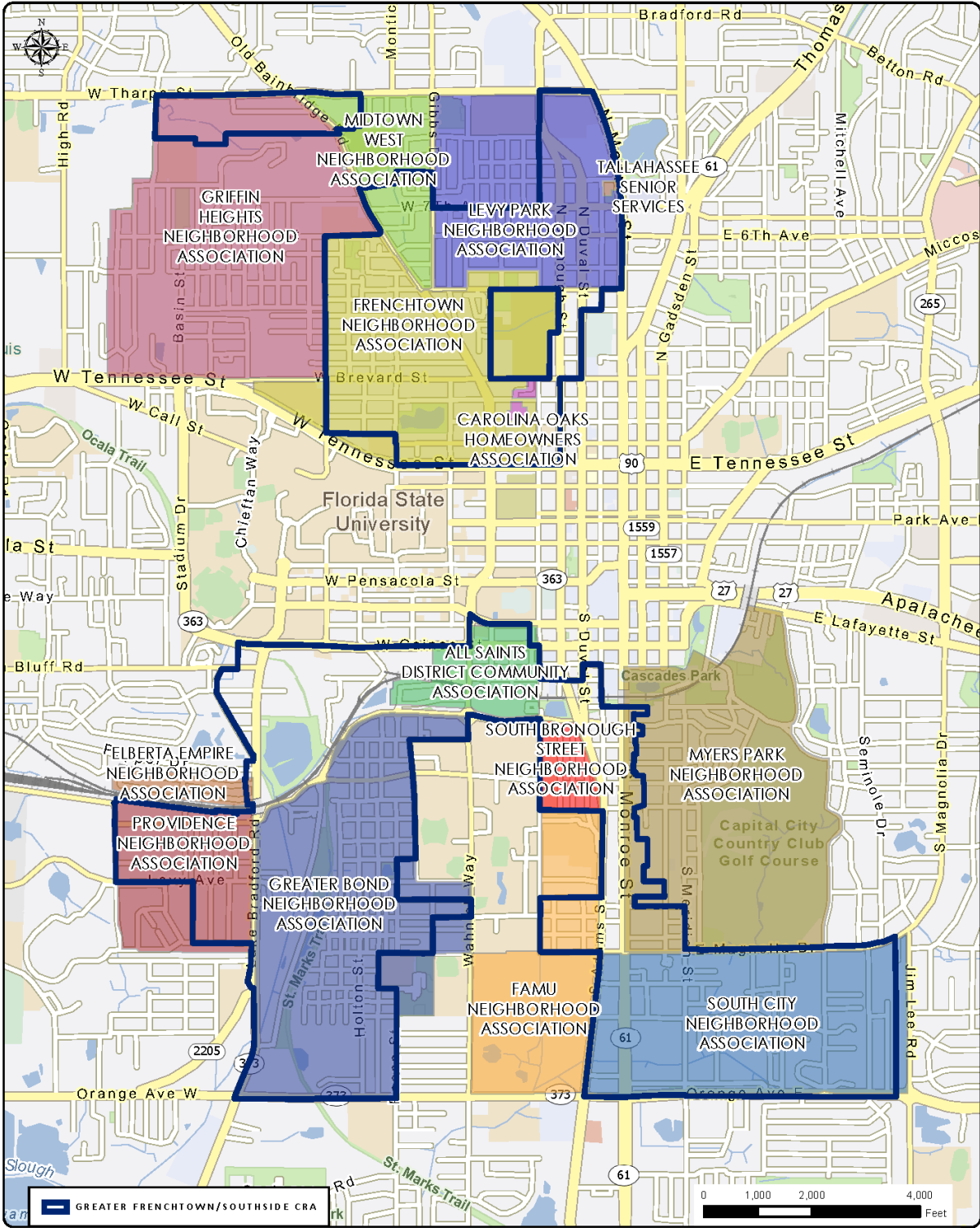
_____ 2 photos of current conditions of project site

_____ Signature of applicant's representative

_____ Detailed planting plan (for landscape projects)

_____ Maintenance program

_____ Map of project site



PLANNING DEPARTMENT
a division of PLACE
 Map Created: April 16, 2020

**Active Homeowner Associations & Neighborhood Associations
 Greater Frenchtown/Southside CRA**

Note: This product has been compiled from the most accurate source data from Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained within is at the user's own risk. Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office assume no responsibility for any use of the information contained herein or any loss resulting therefrom.