2020 Neighborhood Matching Grant – Application

1. Sponsoring Recognized Neighborhood Association (RNA):

2. Project Name:

3. Summarize Project in Approximately 100 Words *(Details Provided in Attached Workplan Worksheet)*:

4. Total Amount of City Matched Requested *(in Dollars)*:

5. Total Amount of RNA Match Proposed *(in Dollars)*:

6. Name of RNA's Main Point of Contact for Matching Grant Project:

7. RNA Contact's Email Address:

8. RNA Contact's Phone Number:

9. RNA Contact's Mailing Address:

10. What are the RNA's vision and goals for the project?

11. Describe the short-term and/or long-term benefits of the project to the community:

12. Describe how the RNA intends to manage continued operation or maintenance of the project site after the project has finished *(if applicable)*:

13. How long do you anticipate it will take to complete the project *(in months)*?

14. Where will the project take place? *(See Attachments checklist for map requirements when applicable.)*

15. Please provide the name and contact details of the person or entity who owns the land or facility where the project will take place:

16. Please provide the name(s) of any partner organizations or third party providers (such as contractors) you intend to work with on this project:

17. Describe your plans for community engagement. Include how many community members have been or will be involved in:

a. initiating and developing the project and b. doing project activities

18. Project Inclusiveness:

a. Will the project participation/utilization be open to everyone without discrimination based on age, sex, race, creed, color, national origin, sexual orientation, or the presence of any physical, mental or sensory disability? [__] Yes [__] No

b. Will the project comply with American with Disabilities Act standards which provide for access to persons with disabilities? [__] Yes [__] No

19. Describe any other funding you have pursued for this project in addition to RNA contributions and the City's matching grant. Please indicate whether the funding has been secured.

20. PROPOSED VOLUNTEER HOURS – *Estimate of Volunteer Hours Per NMG Project Task*

Project Activity	Est. # Volunteers	Est. Duration of Task	Est. # Volunteer Hours by Task
Example: *RNA Meeting Flyer distribution*	*5*	*5 hours*	*25*
1)			
2)			
3)			
4)			
5)			
6)			
7)			

CALCULATING VALUE - Estimated In-Kind Volunteer Hours

Total Estimated Number of Volunteer Hours	X $31.72 per Hour	TOTAL IN-KIND DOLLAR VALUE

21. PROPOSED PROJECT BUDGET – *All Amounts Reported* **in Dollars (EXAMPLES:** *Contracted Services; Rentals; Materials; Printing; Other)*

PROJECT ACTIVITY	RNA Contribution (Cash)	RNA Contribution (In-Kind)*	Requested City Matching Grant	TOTAL DOLLAR VALUE
1)				
2)				
3)				
4)				
5)				
6)				
7)				
TOTAL DOLLAR VALUE				

Totals from previous page "VOLUNTEER HOURS – ESTIMATE TIME PER NMG PROJECT TASK"

Checklist for Relevant Attachments:

❒ **"Before" photo** of project site (if applicable – email attachment or other digital format preferred)
❒ **Map** showing project site (if applicable – can print from an internet mapping site and mark by hand)
❒ **Materials**, such as flier describing service, business card, or website address from third-party partners and/or contractors (if applicable)

If this project is approved, the City of Olympia will enter into an agreement with the RNA receiving the grant to ensure completion of the project as described in this application. The agreement will require that the grantee hold the City harmless from any and all claims emerging from the project and related activities.

The information in this application is true and complete to the best of my knowledge and has been provided for the purpose of obtaining financial assistance from the City for the project described.

Date:

Signature:

Printed Name: _____

RNA Name: _____

*Calculating Estimated IN-KIND Value		
TOTAL ESTIMATED NUMBER OF VOLUNTEER HOURS	X	= TOTAL IN-KIND DOLLAR VALUE
	$31.72 per hour	

Instructions for Filling out the Form

1. **APPLICATION FORMATS**: The City supplies the form in PDF and Word format. You can fill it out by hand or, if using the word format, by typing your responses into the spaces provided.

2. **ANSWER ONLY WHAT APPLIES**: Some questions may not be applicable to your RNA's project. For example, a neighborhood proposing emergency preparedness training would not need to answer Question 12 about maintenance of the project site. Where the question doesn't apply to your proposal, write "not applicable" or "N/A".

3. **WORKPLAN WORKSHEET**: The Work Plan Worksheet (Question 20) should lay out the actions the RNA will complete for the project. The details requested are intended to help the RNA determine its proposed budget. If you need more space than what is provided on Page 4, feel free to copy this page and fill out as needed.

4. **PROPOSED PROJECT BUDGET**: The Proposed Project Budget (Question 21) should be filled out to the best of your knowledge at this stage of project planning. The amount of the matching grant proposal presented to the City Council will be based on this budget. Once approved by the City Council, the grant amount cannot be increased so do your best to provide as accurate a budget as possible. **Reminder:** the maximum matching grant per project is $5,000 for a single RNA and $8,000 for collaborating RNAs. Please report all amounts in the budget in dollars.

    RNA contributions can be in the form of cash, materials, or in-kind value (volunteer time). To help you calculate the value of volunteer time, a worksheet has been provided at the end of Question 21. In line with the City of Olympia Parks, Arts & Recreation's volunteer programs, the suggested in-kind value for matching grant program is the Washington State Volunteer Value reported by the Corporation for National & Community Service (http://www.volunteeringinamerica.gov/pressroom/value_states.cfm): $31.72/hour.

5. **ATTACHMENT FORMAT**: Please remember to include all attachments that are relevant to your project. Digital formats (such as PDF or JPEG files) are preferred when possible. If you submit your application in printed format, hard copy versions of photos, maps and materials are fine. You may also submit your materials on a CD/DVD or flash drive; flash drives will be returned to the relevant RNA after application processing.

6. **QUESTIONS**: If you have any questions about the application form or the Neighborhood Matching Grant program, please contact **Lydia Moorehead**, the City of Olympia's Neighborhood Match Grant Program Manager, at: lmoorehe@ci.olympia.wa.us or 360.570.3746.

Submit your application by 5:00 p.m., Tuesday, March 3rd **to Lydia Moorehead, Neighborhood Match Grant Program Manager** using one of these methods:		
By Email:	**By Mail:**	**In Person:**
lmoorehe@ci.olympia.wa.us	Community Planning & Development City of Olympia PO Box 1967 Olympia, WA 98507	Community Planning & Development City Hall 601 4th Ave E Olympia, WA 98501