



2018 NEIGHBORHOOD COUNCIL & COMMUNITY ASSEMBLY GRANT APPLICATION



Application **Due:** May 7, 2018 - Submit Application To: amartin@spokanecity.org

This is public funding from the City of Spokane and has certain restrictions identified in the 2018 Neighborhood Council and Community Assembly Grant Program Guidelines. The grant is available to neighborhood councils recognized by the City of Spokane under SMC 4.27 and Community Assembly including the Committees. Funding under this grant is for use by neighborhood councils and committees and is not authorized for third party groups. Services that are provided by the City or City vendors are required to be obtained through the city as identified the Grant Program Guidelines. Prior to filling out your application please review the [Grant Program Guidelines](#).

Neighborhood Council/Community Assembly Committee: _____

Neighborhood/Committee Contact (person who attended training): _____

Phone _____ Email _____

(This person will be the contact for the program's liaisons and will be the sole executor of the grant/point of contact for ONS in processing the grant.)

Have you attached your Council/Committee Minutes demonstrating the Council/Committee approves of this use of grant funds? Yes _____

Instructions:

- Questions regarding how to complete the Budget Request should be directed to the Budget Committee member working with you, your Liaison [here](#):
- All printing should be processed through Abbey Martin, ONS, amartin@spokanecity.org. These jobs are produced through Reprographics, the City's print shop.
- You may reference the [pricing sheet](#) when coming up with the estimated cost for your itemized budget.
- If you need assistance with performance metrics, see an example [here](#).

(a) Please describe the exact nature of your project, including: description, rationale and measurable outcome of the project that will increase neighborhood council or Community Assembly engagement. Feel free to attach another sheet if the space below is insufficient, but please fully address these points. Applications that do not address all requirements will be determined incomplete and will be returned.

(b) How will you know the project impacted your neighborhood in a positive way? What will you do to monitor this progress? Feel free to attach another sheet if the space below is insufficient, but please fully address these points. Applications that do not address all answers will be determined incomplete and returned.

<p align="center">COPIES</p> <p>Please specify the plan, type, number of, itemized budget.</p>	<p align="center">MAGNETS</p> <p>Please specify the plan, type, number of, itemized budget.</p>	<p align="center">BANNERS</p> <p>Please specify the plan, type, number of, itemized budget.</p>
<p align="center">RACKCARDS/DOORHANGERS</p> <p>Please specify the plan, type, number of, itemized budget.</p>	<p align="center">MOVIE NIGHT</p> <p>Please specify the plan, type, number of, itemized budget.</p>	<p align="center">DUMP PASSES</p> <p>Please specify the plan, type, number of, itemized budget.</p>
<p align="center">BAND</p> <p>Please specify the plan, type, number of, itemized budget.</p>	<p align="center">MEDIA</p> <p>Please specify the plan, type, number of, itemized budget.</p>	<p align="center">OTHER</p> <p>Please specify the plan, type, number of, itemized budget.</p>

***NO FOOD, GIFTS, GIVEAWAYS, ETC.
PLEASE REFER TO THE GUIDELINES FOR QUESTIONS!***

If you are interested in eligibility for possible reallocation in the fall, please specify the plan, type, number of, and itemized budget attached to this application. Reallocation plans may be submitted for up to \$300, and it is important to note that these funds are not guaranteed. If this section is not attached, reallocation will not be considered.

Neighborhood/Committee contact signature:

Date: