

**CITY OF MOUNTAIN VIEW
2017 NEIGHBORHOOD GRANT
PROGRAM APPLICATION FOR FUNDS**

(Please Type)

Name of Neighborhood Association or Eligible Group: _____

Name of Project: _____ Date: _____

Amount of Funds Requested: \$ _____

Grants are limited to no more than \$1,700 per group or \$6.00 per household covered by the neighborhood group, whichever is less. New groups applying for a grant for the first time are eligible for a \$100 bonus.

Project Leader: _____

Address: _____

Phone Number: (_____) _____ (Day) (_____) _____ (Evening)

E-Mail: _____

Neighborhood Association President: _____

Address: _____

Phone Number: (_____) _____ (Day) (_____) _____ (Evening)

E-Mail: _____

SECTION 1. NAME OF OTHER PROJECT TEAM MEMBERS

1. Name: _____

Address: _____

Phone: (_____) _____

E-Mail (Optional): _____

2. Name: _____

Address: _____

Phone: (_____) _____

E-Mail (Optional): _____

3. Name: _____

Address: _____

Phone: (_____) _____

E-Mail (Optional): _____

3. What specific issues and activities will you undertake as part of this project?

4. How many people will benefit from the project, and how did you arrive at this number?

5. Please identify the location of your project.

6. Describe the specific steps that you will take to carry out your proposed project, including a time frame for completion of each step.

MILESTONE STEPS/TIME LINE

Completion Dates:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

7. How will your project involve all residents in the neighborhood or mobile home park?

SECTION 3. PROJECT BUDGET

Please provide a project budget, including all costs needed to complete your project, including materials, services, mailing costs, etc.

ITEM	COST
GRAND TOTAL	\$