



Beautification Grant Application

| APPLICANT INFORMATION | | |
|---|---|------------------------|
| Applicant Name: | Fiscal Agent information (if applicable) | |
| Group/Organization Type: <input type="checkbox"/> Small Business <input type="checkbox"/> Neighbor. Group / Association <input type="checkbox"/> Non-Profit | Name: | |
| 501(c), 528 Status: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Project Team Leader: | Contact Name: | |
| Address: | Address: | |
| City/State/Zip: | City/State/Zip: | |
| Email: | Email: | |
| Ph.: Alt. Ph.: | Ph.: Alt. Ph.: | |
| APPLICANT LOCATION INFORMATION | | |
| Name of Neighborhood Association or Group / Small Business / Non-Profit: | | |
| Neighborhood Association or Group Boundaries (If applicable): | | |
| Project Location (address or nearest address): | | |
| PROJECT DESCRIPTION | | |
| | | |
| Select Grant Option: Level 1: \$500 - \$1,500 (No Matching Required) <input type="checkbox"/> Level 2: \$1,501 - \$5,000 (Matching Required) <input type="checkbox"/> | | |
| Grant Amount Requested: \$ | Neighborhood Match Amount: \$ (Minimum 50% of Project Cost) | Total Project Cost: \$ |
| Project Schedule/Timeline: Approx. Start Date: Approx. End Date: *Neighborhood associations and groups, and organizations have six months to complete projects while small businesses have 12 months to complete projects. | Provide an estimated timeline for implementation and completion of your project.* | |
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PROJECT INFORMATION

Please review guidelines for Project Selection Criteria and use this section to support the following criteria.

Criterion 1: Community Benefit - This project will provide a community benefit by improving the health, safety and/or appearance of the neighborhood, small business or organization. Please describe. *Note:* The project location must be visible from the public realm and the project cannot further religious and/or political purposes.

Criterion 2: Applicant Participation - This project is supported by the community and broad participation from community members is included. Please describe how this project will help build stronger relationships within the community and how well it is supported. *Note:* Neighborhood associations /groups are encouraged to enlist community participation in their projects. Small businesses are to obtain licensed professionals to perform all grant funded work.

Criterion 3: Future Maintenance - Please list the specific future maintenance requirements of your project and how your group will implement these (i.e. watering, plant trimming, clean-up, trash or graffiti removal, etc.).

Criterion 4: Community Impact/Need - This project addresses an identified need in the community that provides a lasting positive impact and/or solution. Please describe your community's need and the positive impact / solution of your project on the neighborhood. *Note:* Improvements must be accessible to community members.

Criterion 5: Feasibility – Feasibility is defined as a project that is well-planned, cost effective and can be easily implemented and completed with project costs are reasonably set. Please describe the feasibility of your project.

PROPOSED PROJECT COSTS

(Sample project cost table provided in guidelines - please ensure your expenses accurately match the bid provided, if applicable)

*Donated supplies, materials, labor and volunteer value only apply to neighborhood associations/groups and non-profit organizations.

| Proposed Expenses Please list: Line Item Description - Contractor Chosen (if applicable) | Proposed City Match | Proposed Applicant Match | | | Total Proposed Expenses |
|--|---------------------|---|------------------|------------------------|-------------------------|
| | Cash | Donated Supplies/ Materials/ Labor* | Volunteer Value* | Funds raised / Cash | |
| | \$ | \$ | \$ | \$ | \$ |
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| | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ |
| Total Proposed Project Cost | \$ | \$ | \$ | \$ | \$ |

Revised 09/18

PROPOSED VOLUNTEER VALUE

(Sample volunteer match provided in guidelines. This information applies to neighborhood groups and associations and organizations only)

| Volunteer Activity Description | Date | # of Volunteers | # of Volunteer Hours |
|--------------------------------|------|-----------------|----------------------|
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TOTAL # of Volunteer Hours 0.00
 x city's current rate \$ 18.75 /HR \$ 0.00

Labor commitment forms and proof of liability coverage must be attached and completed in order for the application to be considered. Please see attached Address List and Labor Commitment Form.

APPLICATION CHECK LIST

- Completed and signed application with project cost section accurately filled out
- Attach documents verifying applicant is an eligible to apply (see guidelines)
- For Level 2 Grant requests, attach the latest tax return for 501(c), 528 status documentation
- Attach supporting documents providing proof of matching funds, 3 bids for items over \$1,500 (see guidelines)
- Submit, via email, supporting digital photographs, graphics, drawings of project, location and examples of result

REIMBURSEMENT TERMS

Completed reimbursement forms with attached original receipts are necessary for processing reimbursement requests. Please allow 10 business days for processing. Reimbursements will not be processed for work started before a contract has been executed. *CHECKS ARE MADE PAYABLE TO ORGANIZATION, NOT INDIVIDUALS*

SIGNATURES

The signatory declares that he/she is an authorized official of the applicant, is authorized to submit this application, and certifies that the information in this application is true and correct to the best of his/her knowledge. Signatory further declares that applicant, if previously funded by the City of Campbell under this program, has successfully fulfilled all prior Grant contract obligations.

| | | |
|--|--------------------------|-------|
| Signature of applicant: | | Date: |
| Printed Name: | Title with Organization: | |
| Signature of Fiscal Sponsor (if applicable): | | Date: |
| Printed Name: | Title with Organization: | |

Submit original application by the deadline, January 31, 2019, to:
 Civic Improvement Commission, c/o: City of Campbell, 70 N. First Street, Campbell, CA 95008
 (408) 866-2125; DianaJ@cityofcampbell.com