



Neighborhood Innovation Grant 2015 Application

Application Details: Please attach your answers to questions on additional pages, limiting your response to a **maximum** of 3 single-spaced pages. Submit 1 original and 4 double sided **hard** copies of your application to:

Katie Stoll, Neighborhood Planning Intern
The City of Lowell Department of Planning and Development
50 Arcand Drive, Lowell, MA 01852

Applications must be received by 5pm on December 21st, 2015.

City and CDBG Program Objectives

The Neighborhood Innovation Grant Program provides seed funding of up to \$1,000 for collaborative, community-driven neighborhood improvement projects. Proposed projects should align with both CDBG and City of Lowell goals and priorities:

- 1) Strengthen and preserve the physical character and quality of life in Lowell's neighborhoods with particular emphasis on the low-income and moderate-income neighborhoods and those areas that benefit all residents of this primarily low-income and moderate-income city.
- 2) Continue to build the capacity of residents to empower themselves to help strengthen their community, address problems, and develop pride in their city.

* All grants are done on a **reimbursement** basis

* Applications **must** be submitted in hard copy.

*Please note that projects must be completed by the end of the fiscal year (**June 30th, 2016**). Projects with a completion deadline after that date will **not** be considered.

* All award recipients will be subject to the following reporting requirements: race, ethnicity, and income level.



Applicant Information:

Contact Information

Name of Primary Contact Person: _____

Name of Organization (if applicable): _____

Address: _____

Phone number: _____

Email: _____

Project Name: _____

Project Location: _____

Requested Amount of Funding: _____



Project Information

Please provide a project description, including the location of your proposed project, partners you may be working with, and any experience you have in this field.

Who specifically will this project benefit?

How will this project benefit and engage the community?

Provide a timeline for your project.

Project Outcomes

What kind of results do you think will come from completing your project?

What kind of positive impact will your project have on the community?

***Please attach your answers to these questions on additional pages, limiting your response to 3 single-spaced pages**



Budget

Please provide a project budget

| ITEM | TOTAL COST |
|--------------------|------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL COST: | |

Please identify any additional resources that you have secured to help finance your project.



Required Signatures

We certify that this information has been discussed by the decision-making body of the applying group, and that all information contained herein is accurate.

| | | |
|-----------------------------------|-----------|-------|
| _____ | _____ | _____ |
| Printed Name (Primary Contact) | Signature | Date |