

# City of Longmont Neighborhood Resources Program Discover Neighbor, Discover Home Grant Application

Date: \_\_\_\_\_

Block or Neighborhood description: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of the event/program: \_\_\_\_\_

Number of Households that will benefit from this event/program: \_\_\_\_\_

How many people will be involved in planning this event? \_\_\_\_\_

Number of Residents expected to participate: \_\_\_\_\_

Total grant funds you are applying for: \_\_\_\_\_ \$

Activity Location \_\_\_\_\_

Activity Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you also applying for a Street Closure Permit? \_\_\_\_\_yes \_\_\_\_\_no

How does this event/program benefit your Block/Neighborhood? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this event be publicized? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the timetable for implementing this event/program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any on-going maintainance required for this project? \_\_\_No, \_\_\_ Yes, if yes please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you evaluate the success of the activity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Detailed Estimated Budget

Please complete this budget sheet. Include a detailed description of each item, the amount of the item, and its cost. If cost is recouped in a donation please make that indication.

If you are receiving in-kind or actual monetary donations please indicate the cost and the value of the items donated.

Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
Item Description	Cost: \$	Donation:
<b>Totals:</b>	<b>Cost:</b> \$	<b>Donation:</b>
<b>Total Grant Amount Requested</b>		\$

## Volunteer Hours

\_\_\_\_\_ Number of Volunteers

\_\_\_\_\_ Average number of hours for each volunteer

\_\_\_\_\_ Total volunteer hours

- **List estimated costs**
- **Submit the original receipts and the Reimbursement Form after the event!**

### Please return this application to:

City of Longmont  
350 Kimbark Street  
Longmont, CO 80501  
City Clerk's Office or  
Community & Neighborhood Resources

For more information call Jon Clarke, Neighborhood Resources Coordinator, at 303-651-8721 or e-mail [jon.clarke@ci.longmont.co.us](mailto:jon.clarke@ci.longmont.co.us) or Marcelo Fernández at 303-651-8444 or [marcelo.fernandez@ci.longmont.co.us](mailto:marcelo.fernandez@ci.longmont.co.us). Maps for mapping your block can be hand drawn or contact Community & Neighborhood Resources for a map.