



APPLICATION

Please review the program guidelines and requirements before completing this application.

I. Applicant Information

a) Association Name

b) First-time applicant? Please circle Y or N

c) Project Leader: _____ Office Held: _____

d) Address: _____

e) Telephone: _____ E-mail: _____

II. Project Information

a) Briefly describe the Beautify Your Neighborhood project including the location, existing conditions, specific need, and public benefit. Include any project planning documents such as landscape drawings, plans, maps, and/or pictures of the project area.

b) Parcel number of proposed project area, can be obtained using GIS on City website at

(<http://maps.dublin.oh.us/dubscovey/>) _____

III. Funding Information

a) Estimated Total Project Costs: _____

Who provided this cost estimate(s)? _____
(Name, Title, Agency)

(Phone Number)

b) Total amount of funds requested: _____

c) Association 100% match, and any additional amount above 100% of grant request: _____

d) Total amount to be donated through in-kind donations and/or cash assistance: _____

Association dues and/or cash donations - _____

In-kind donations such as professional services or donated materials - _____

e) Itemized cost estimates:

ITEM	NUMBER OF UNITS	COST PER UNIT	TOTAL

f) Please include:

- Association budget reflecting the ability to meet 1:1 matching requirements;
- Documentation reflecting the Association's current spending on landscape and landscape maintenance;
- Bank documents reflecting what the Association has in reserve, to demonstrate the ability to provide maintenance and upkeep for the proposed project;

Please remove all account numbers from any bank statements that are submitted as part of the grant application

CHECKLIST

Please consult this checklist prior to submitting the grant application and supporting materials to the City of Dublin, Office of the City Manager by January 11, 2014.

Project is new or rehab, not on-going or routine maintenance.	Y	N
Has your Association received funding in the previous 3	Y	N
Can your Association demonstrate the ability to meet the 1:1 match requirement?	Y	N
Your project does not include installation of pond aerators or sprinkler/irrigation systems?	Y	N
The grant application is complete and accurate.	Y	N
Project planning documents (landscape drawings, plans, maps, photos, etc) have been included.	Y	N
The parcel number for the project location has been documented.	Y	N
Information demonstrating neighborhood commitment to implementing project (survey, list of residents who have pledged support) is included?	Y	N
Detailed financial information and project budget is included with the application submission.	Y	N
A copy of the official Association budget is included with the application.	Y	N
The Certification of Funds and Local Match form is complete and included.	Y	N
The Letter of Intent for in-kind donations is/are complete and included.	Y	N
The Plant List has been reviewed for projects involving landscaping elements.	Y	N
The Selection Criteria Matrix has been reviewed.	Y	N
City staff have been involved in initial project development discussions with Association representatives if necessary/desired.	Y	N

Remember to contact the City of Dublin (Parks and Open Space at 410-4700 and Engineering at 410-4622) and AEP Ohio OUPS (1-800-362-2764 or online at http://www.oups.org/homeowners/homeowner_edig.html) before digging!!!



CERTIFICATION OF FUNDS & LOCAL MATCH AVAILABILITY

I understand the Homeowners Association or Civic Association will be reimbursed by the City of Dublin upon satisfactory completion of the project. To receive reimbursement, I understand that original documents and receipts must be presented. No reimbursements will be made by the City without completion of the project and appropriate documentation.

I am aware that the Homeowners Association or Civic Association is not eligible to receive grant funding in the calendar year following the year of a grant award.

As the President of the Homeowners Association making this submission to the City of Dublin's grant fund, I hereby certify that the Association is aware of the grant requirements and is able to fulfill its obligation. The funding and required match indicated in this submission will complete the proposed project.

Signature of Association President (use blue ink)

Date

Print Name

Name of Association



This letter confirms that I, _____
(Company/agency or individual's name)

will partner with _____
(Name of Association)

in the implementation of its Beautify Your Neighborhood grant project.

Our contribution will consist of (please check all that apply):

Cash Donation in the amount of _____

In-kind donation of goods and/or services in the amount of _____

(Please provide a detailed description of the service, supplies, equipment. For example, if providing professional services, include a description of the services, the dollar amount typically charged, ect.)

The total value of my donation is \$ _____

Signature _____

Date _____

PLEASE PRINT

Name _____

Company _____

Address _____

City _____ Zip _____

Phone _____

Email _____

