|  |  |
| --- | --- |
|  | *For office use only*  |
| Date received |   |
| Grant #  |   |
|  |  |  |
| **Park Information** |
| Applicant Project Title: |   |
| Park Name |   |
| Park Address |   | City |   | State |   |
| Does your park have a registered Friends of Group? Type **YES** or **NO**  |   |
|  |  |
| **Contact Name and Information** |
| **Primary Contact**  |
| Name |  | Organization |  |
| Address |   | City |   | State |  | Zip |  |
| Phone |   | Email |   |
| **Secondary Contact (if applicable)** |
| Name |   | Organization |   |
| Address |   | City |   | State |  | Zip |  |
| Phone |   | Email |   |
|  |  |  |  |  |  |  |  |
| **Financial Information** |
| **Use figures from your Project Budget Sheet to fill in the following:** |
| Grant Request (max. $50,000) | $ | Matching Funds | $ | Total Project Budget | $ |
| Does the organization applying for this grant have 501c3 nonprofit status or a fiscal partner account? In the blank type **501c3** or **Fiscal Partners** |   |
|  |  |
| **Community Support** |
| **List all community associations whose jurisdictions include or border the park.** You will need to have a letter of support from each association. A sample letter can be found at the end of this application. Please attach an additional sheet if you need to list more than two associations. |
| Association  |  | Contact Name |  | Title |  |
| Phone |  | Email |   |
| Association  |   | Contact Name |  | Title |   |
| Phone |  | Email |   |
| **City of Atlanta Parks:** NPU  |   | City Council Representative  |   |
| **DeKalb County Parks:** Commissioner District |   | County Commissioner |   |

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| **Project Summary** |
| Please briefly describe your project in 1-2 sentences. (i.e. “Replace the aging playground with improved equipment, grading and plantings.”) |
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| **Project Background**  |
| Please include any project history, outreach history, and work accomplished. |
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| **Project Description** |
| Include location detail, construction plans, materials detail or product specifications for amenities, and any other important information pertaining to the project. Please keep your description under 2 pages. |
|   |
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| **Project Manager**  |
| Please see the “Project Management Requirements” document included in the application package. |
| Name  |   |
| Describe qualifications below |
|   |
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| **Fundraising Plan** |
| Provide details on how you plan to secure matching funds. |
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| **Maintenance Plan** |
| Describe what maintenance is necessary and who will be responsible for each task. |
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| **Timeline** |
| Include fundraising dates, construction dates including projected start & completion dates, milestones, etc. |
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| **Why is this project important to the park and what impact will it have?** |
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| **Site Visits: October 1st - November 15th Weekdays between 8am - 6pm** |
| When are you not available to meet? |   |
|  |   |
|   |
| What are your top 3 ideal times to meet? | 1 |   |
|  | 2 |   |
| 3 |   |

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| **Checklist** |
| Please use the following list to make sure your application is complete before submitting for review. |
|  |
| **Complete/Included** | **Section/Documents** |
|  |
|   | All pages of Application form, pages 1-6  |
|  |
|   | Project Budget |
|  |
|   | Before Photos |
|  |
|   | Planning Documents |
|  |
|   | 501c3 Documentation  |
|  |
|   | Letters of Support from all community associations listed under Community Support on page 1 |
|  |
|   | Letter of Support from property owner - City of Atlanta or DeKalb County  |