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|  | | | | | | | | | | | | *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. $100,000) | | | | | $ | | 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 & Government 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 NPU | | | | | | | | |  | | City Council Representative | | | | | | | |  | | | | | | | | |

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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 |  |

|  |  |
| --- | --- |
| **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 |