



# Riverside Small Sparks Neighborhood Matching Grant



## APPLICATION

### NEIGHBORHOOD GROUP INFORMATION: *Please type or print the following information.*

Neighborhood Group Name:			
Project Representative Name:			
Mailing Address:			
City:	State:	Zip Code:	
E-mail Address:			
Home Phone:	Work Phone:		

### A. Project Category: *Please check the box that best describes your project (see Small Sparks Brochure):*

- NEIGHBORHOOD BEAUTIFICATION: Physical improvement in a neighborhood.
- NEIGHBORHOOD SOCIAL ENHANCEMENT: One-time grant for community building activity.

### B. Neighborhood Project Title and Description:

**Project Title:** \_\_\_\_\_

**Brief Description of the project and how it will improve the neighborhood:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approximate number of households that would benefit from this project:**

\_\_\_\_\_

Please submit original Grant Application Form with Match Pledge Form and Estimated Expense Form to Community & Economic Development Department, Neighborhood Engagement Division prior to the deadline as indicated on the checklist. Any questions please call for assistance at (951) 826-5168.

**C. Match Pledge Form: (See attached form for totals)**

Subtotal Sweat Equity: \$ \_\_\_\_\_ Total Hours Pledged: \_\_\_\_\_  
Subtotal In-Kind: \$ \_\_\_\_\_  
Subtotal Cash Donations: \$ \_\_\_\_\_

Total Match: \$

**D. Estimated Expenses form: (See attached form for total)**

Total Estimated Expenses: \$

**E. Grant Funds Requested: (Maximum of \$500)**

Total Funds Requested: \$

**F. SIGNATURE:** (The signatory declares that the assigned Project Representative assures that a majority of members of the neighborhood group voted to undertake this project and assures that any funds received as a result of the application will be used only for the purpose set forth herein.)

**PRINT NAME of Project representative:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**SIGNATURE of Project representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**G. AUTHORIZATION PROCESS:**

<i>(For office use only)</i>		
Date Received:	Reviewed by Staff:	Date Reviewed:
Comments:	<input type="checkbox"/> Approve <input type="checkbox"/> Denied	Date:
Grant Program Manager Signature:	Date:	

Community & Economic Development Department, Neighborhood Engagement Division  
3900 Main Street, 3<sup>rd</sup> Floor, Riverside, CA 92522, (951) 826-5168