

Neighborhood Improvement Grant Program

\$5,000 maximum in matching grant funds per project

Available online at www.stcloudhra.com

Applicant Information

Name of Neighborhood: _____

Contact Person:

(Grant coordinator who can answer questions prior to proposal review and receives all correspondence related to the project)

Name Address

Telephone E-Mail

Title of Project / Activity: _____

Amount Requested: _____

Match from Neighborhood / Collaborating Organizations (Must provide a 100% match for requested funding): _____

Project Narrative:

Signature

By signing below, I certify this proposal meets all minimum requirements. I also understand that funding for proposals is not guaranteed.

Authorizing Official's Signature: _____ Date: _____