CITY OF MOUNTAIN VIEW 2018 NEIGHBORHOOD GRANT PROGRAM APPLICATION FOR FUNDS

(Please Print or Type)

Name	of Neighborhood Association o	or Eligible Group:	
Name	of Project:	Date:	
Grants		 000 per group or \$6.00 per household of applying for a grant for the first time	
Projec	et Leader:		
Addre	ess:		
Phone	e Number: ()	(Day) ()	(Evening)
E-Mai	1:		
Neigh	aborhood Association President:	:	
Addre	ess:		
Phone	e Number: ()	(Day) ()	(Evening)
E-Mai	1:		
	Name:	ME OF OTHER PROJECT TEAM ME	
	Phone: ()		
	E-Mail (Optional):		
2.	Name:		
	Address:		
	Phone: ()		
	E-Mail (Optional):		
3.	Name:		
	Address:		
	Phone: ()		
	E-Mail (Optional):		

Boundaries of Neighborhood Association, Neighborhood Group or address of Mobile Home Park: (Please identify the north, south, east and west boundaries.)				
	SECTION 2. NEIGHBORHOOD GRANT PROJECT			
1.	Please briefly describe your project.			
2.	How did you choose this project? Please describe the level of support for it.			
۷.	Thow that you choose this project: Thease describe the level of support for it.			

3.	What specific issues and activities will you undertake as part of this project?
4.	How many people will benefit from the project, and how did you arrive at this number?
5.	Please identify the location of your project.

6.	Describe the specific steps that you will take to carry out your proposed project, including a time frame for completion of each step.				
	MILESTONE STEPS/TIME LINE				
	Completion Dates:				
7.	How will your project involve all residents in the neighborhood or mobile home park?				
	SECTION 3. P	PROJECT BUDGET			
	se provide a project budget, including all costs ices, mailing costs, etc.	needed to complete your project, including materials,			
	ITEM	COST			
		+			
GR	AND TOTAL	\$			