

Neighborhood Support Program (NSP) Funding Application

(All applications must be accompanied by a proposal completed according to the Funding Criteria and Requirements. "Project" can mean a project, program or activity. Please print.)

Date of Application: _____

Applicant Information

Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

Email Address _____

Participant Information - List the names, addresses and phone numbers of all Northside residents involved in the proposed project:

Name	Address	Phone Number

Project Information

Name: _____

Purpose (25 words or less): _____

Beginning Date of Project: _____ End Date of Project: _____

List up to three goals of the project:

- 1. _____
- 2. _____
- 3. _____

Financial Information

Amount Being Requested: _____ Total Cost of Project: _____

Date Funding Needed: _____

Is NCC your only source of funds? Y N. If no, list all other funding sources and amounts requested:

Name of Funding Source	Amount Requested

Signatures (The applicant and two other Northside residents who do not live in the same household or are not members of the same organization or group must sign below)

- 1) _____ Date _____
- 2) _____ Date _____
- 3) _____ Date _____