APPLICATION PACKAGE

APPLICANT FORM

Form must be typed using Time Roman 12 point font. Hand-written applications will not be accepted

Name of Organization Submitting	
Application	
Contact Information	
Contact person	
• Address	
Phone number	
• Email	
· Billeti	
C44 IF4	
Contact Information of Grant	
Administrator (if different from above)	
Contact person	
• Address	
Phone number	
Thone number	
• Email	
• Ellian	
Project Name	
Project Description (max. 500 words)	
Troject Description (max. 500 words)	

Rationale for Project (max 250 words)
• Outline why this project should be funded, i.e. what will this project contribute to improving storm water
management in Greenville?
Dublic Drivete Dortnershing (may 250 words)
Public-Private Partnerships (max. 250 words)
• Describe the partnership(s) and how they will contribute to the project
Partners or Groups Involved (max. 250 words)
Describe the group(s) and how they will be involved in the project

Risks and Responses	
• List any possible risks that may hinder	
the successful implementation of the	
project and note how these risks may be	
overcome	
For example:	
Risk: resistance from school group to take on	
new project.	
Response: hold two informational meetings to	
present project; generate one page overview for	
students to take home to parents.	
Implementation Timeline	
• List key dates	

Benchmarks (max. 500 words)
Describe how the effect/impact of the project will be measured
Beserve now the effect impact of the project will be incustred

Post-project	
 Detail any anticipated work that will 	
need to be done once the grant is	
completed e.g. if a wetland is put in	
place, what will be needed to keep this	
functioning over the next 5 years.	
Cionatura of angonization Authorizad	
Signature of organization Authorized	
Representative	
Date	
Date	

BUDGET FORM

If the line item is not relevant to your proposal simply leave the line blank.

Indicate in the *Group Match* column those areas where the group will contribute the required 25% match. This match may be in the form of material donations, volunteer hours or money but they must be represented as a monetary amount in the table below.

Grant Cycle: 2017-2018

Indicate in the *Private Contribution* column those areas where the partnering organization will provide financial or in-kind support.

Budget Items	City of Greenville	Group Match	Private Contribution	Totals
Design				
Financial contribution				
In-kind contribution				
Survey				
Financial contribution				
In-kind contribution				
Education				
Financial contribution				
In-kind contribution				
Construction				
Financial contribution				
In-kind contribution				
Plantings				
Financial contribution				
In-kind contribution				
Printing				
Financial contribution				
In-kind contribution				

Monitoring			
Financial contribution			
In-kind contribution			
Land			
Financial contribution			
In-kind contribution			
Other (please itemize)			
Financial contribution			
In-kind contribution			
Administration			
Financial contribution			
In-kind contribution			
Cash Sub-total			
In-kind Sub-total			
Total	1	2	

Box 1	Total grant amount requested from the City of Greenville Environmental Advisory Commission	\$ CAN NOT EXCEED \$2,500
Box 2	Total match provided by applicant \$ MUST BE AT LEAST 25% OF BOX 1	

Fin	al	Che	ckl	list
	ш			ust

Application Form is completed, signed, and dated.
Budget Form is completed and attached.
 Provided proof of location of proposing organization's project
 Letter of support is attached. (optional)

Send complete application packet to:

Ms. Amanda Braddy Public Works Department - Engineering Division 1500 Beatty Street Greenville, NC 27834

DEADLINE: MARCH 24, 2017