



**City of Dallas
Loving My Community
Neighborhood Improvement Grant
Application Packet**

For Internal Use Only
Official Submission Time Stamp

APPLICATION SUMMARY

Complete the Loving My Community (LMC) application summary and make it the cover page of your application. Responses on this summary page should reflect the information in the Application's main body.

PROJECT/PROGRAM OVERVIEW

Project/Program Name:				
Idea Type:	<input type="checkbox"/> Service	<input type="checkbox"/> Construction		
Target Area/Address:			Public Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Target Area Zoning:			Will idea result in any zoning violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Idea Overview: <i>Summarize idea in 100 words or less</i>				
Service Area:	<input type="checkbox"/> Central (1) <input type="checkbox"/> Northwest (5)	<input type="checkbox"/> Northeast (2) <input type="checkbox"/> North Central (6)	<input type="checkbox"/> Southeast (3) <input type="checkbox"/> South Central (7)	<input type="checkbox"/> Southwest (4)
Council District:	<input type="checkbox"/> Jasso (1) <input type="checkbox"/> Salazar (6) <input type="checkbox"/> Koop (11)	<input type="checkbox"/> Medrano (2) <input type="checkbox"/> Davis (7) <input type="checkbox"/> Natinsky (12)	<input type="checkbox"/> Neumann (3) <input type="checkbox"/> Atkins (8) <input type="checkbox"/> Margolin (13)	<input type="checkbox"/> Caraway (4) <input type="checkbox"/> Kadane (9) <input type="checkbox"/> Hunt (14)
			<input type="checkbox"/> Hill (5) <input type="checkbox"/> Allen (10)	

APPLICANT INFORMATION

Application Team Name:			Team Principal:	
Mailing Address:				
Daytime Phone:			Evening Phone:	
Email Address:				
Is a Neighborhood Group Participating?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the group in the City database?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participating Group Name:				
Neighborhood Group Type:	<input type="checkbox"/> Neighborhood Association <input type="checkbox"/> Homeowner Association	<input type="checkbox"/> Crime Watch <input type="checkbox"/> Other:		

PROJECT/PROGRAM BUDGET SUMMARY

Loving My Community (LMC) Funds Requested	\$
Community Volunteer Sweat Equity	\$
In-Kind Service and Material Donations	\$
Monetary Contributions	\$
TOTAL PROJECT COST	\$

LMC WORKSHOP CERTIFICATION

Certificate Recipient:		Workshop Date:	
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APPLICATION AGREEMENT

The signatory declares she or he is the team principal and/or the organization principal of the applicant organization. They also declare that the information provided in this application is accurate and represents the consensus of the residents in the target area described and that any LMC funds received because of this application will be used only for the purpose set forth herein.

_____	_____	_____
Team Principal Name (Print)	Signature	Date



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PROJECT/PROGRAM IDEA DESCRIPTION SUMMARY

Read the project/program idea section thoroughly and respond in the expandable box provided.

Project/Program Idea Section

Describe the idea being proposed by providing details on the items listed below.

- What is the goal of your idea and how will you document that you accomplished the goals indicated?
- Explain how your idea may be viewed as unique or innovative?
- How will you ensure the project or program will be managed and maintained for the required period by the community without future city personnel assistance or funding?
- Explain how the community participated in developing the idea and how they will be involved. Include how many community members are involved in the development and the implementation and what parts of your community they represent (ex. - youth).
- Provide a list of all active members on the idea development team including full name, street address, who is the team principal and the workshop certificate holder, if applicable.



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COMMUNITY BENEFIT SUMMARY

Read the community benefit section thoroughly and respond in the expandable box provided.

Community Benefit Section

Describe how your idea will improve conditions, assist target demographics, or unify the community members in the surrounding target area after the project is complete or the program is implemented. Please include details on the following if applicable.

- How does the idea improve the quality of life in the surrounding neighborhood?
- How will the idea promote or build community interaction between different members of the neighborhood?
- How does the idea have a positive environmental impact including “Going Green” or recycling activity?
- How does the idea promote positive and meaningful youth or senior involvement within the community?
- Does the idea have a positive impact that extends past the immediate target area? If yes, explain how.



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PROJECT/PROGRAM BUDGET

Costs incurred BEFORE receiving a signed copy of a LMC Funding Agreement will not be eligible for reimbursement.

- Volunteer Sweat Equity hours are valued at \$10.00 an hour per person. Contractor services rendered that are donated are valued at \$50.00 an hour if they are donated.
- List short description for this project/program and clearly explain what is being proposed. Include materials, equipment, contractor services, and any other related expenses.
- Please be sure to provide quotes or other documentation to verify cost. Do not include sales tax in your calculations for volunteer or donated material costs.

List Short Descriptions of Project/Program Items Needed	Funding Sources To Be Used (Indicate the amount from each funding source that will pay for item)			
	LMC Grant Request	Volunteer Sweat Equity	In-Kind Donations Materials, Supplies & Contracted Services	Cash Donations Fundraising and Financial Sponsors
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$
12.	\$	\$	\$	\$
13.	\$	\$	\$	\$
14.	\$	\$	\$	\$
15.	\$	\$	\$	\$
16.	\$	\$	\$	\$
17.	\$	\$	\$	\$
18.	\$	\$	\$	\$
Budget Funding Source Subtotals	\$	\$	\$	\$
Total Project Budget	\$			



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ESTIMATED PROJECT/PROGRAM WORKPLAN

1. List in chronological order the specific steps it will take to complete the project or program in the 1st year.
2. Identify who will be the lead person responsible for **COMPLETING** the step
3. Provide a target completion date to show when step would be completed (allow time for unexpected events).
4. Indicate at what step an Area Liaison should visit to check on your process (required for fund disbursement).

Step or Activity (All steps must be listed in a chronological order)	Responsible Party (Who will DO the activity)	Completion Date (Month/Year)	LMC Checkpoint (minimum of 2)
1)			<input type="checkbox"/>
2)			<input type="checkbox"/>
3)			<input type="checkbox"/>
4)			<input type="checkbox"/>
5)			<input type="checkbox"/>
6)			<input type="checkbox"/>
7)			<input type="checkbox"/>
8)			<input type="checkbox"/>
9)			<input type="checkbox"/>
10)			<input type="checkbox"/>
11)			<input type="checkbox"/>
12)			<input type="checkbox"/>
13)			<input type="checkbox"/>
14)			<input type="checkbox"/>
15)			<input type="checkbox"/>
16)			<input type="checkbox"/>
17)			<input type="checkbox"/>
18)			<input type="checkbox"/>
19)			<input type="checkbox"/>
20)			<input type="checkbox"/>



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PROJECT/PROGRAM PLEDGE SUMMARY PAGE

Information listed will be a summary of the all donated cash, products, services and volunteer time commitments made to the project.

Pledge Commitments for: _____

Project/Program Name

Note

- Volunteer work provided should be listed as volunteer labor (Sweat Equity)
- Non-professional services provided by a professional **MUST** be logged as volunteer labor (Sweat Equity)
- Volunteer Labor is valued at \$10.00 an hour
- In-kind (donated) contracted services are valued at \$50.00 an hour

VOLUNTEER SWEAT EQUITY SUMMARY

a) Total Number of Volunteers	
b) Total Volunteer Hours	
Total Value of Sweat Equity (Hrs*10)	\$

CASH DONATION PLEDGES SUMMARY

Total Number of Cash Pledges	
Total Value of Cash Donations	\$

IN-KIND CONTRACTED SERVICES SUMMARY

a) Total Contracted Service Hours Donated	
Total Value of Contracted Services (Hrs*50)	\$

IN-KIND MATERIAL AND SUPPLY DONATIONS SUMMARY

Total Number of In-kind Pledges	
Total Value of All In-kind Material Donations	\$