



# Block By Block

Neighborhood Pride Grant Program

City of Norfolk  
Block-by-Block Neighborhood Pride Grant Program  
50/50 Matching Grant Application  
Requests of \$500 or more (up to \$2,500)

Title of Project/Activity:

Neighborhood Organization: \_\_\_\_\_

Please thoroughly answer the following questions. Attachments with supplemental information are strongly encouraged. Where applicable, please attach the following:

- Necessary permits, approvals and certificates showing authorization for your project by appropriate governing body
- Copies of maps, site plans, and/or construction drawings, as appropriate
- Documented verification of matching funds and/or in-kind services

### Project Description

1. Please describe your proposed project. What do you want to do? How do you intend to make this improvement?

2. What issue will the project address? Please select *one* category that best describes the issue your project will address:

- Landscaping/Beautification
- Capacity/Skill Building workshops
- Community Outreach
- Neighborhood Pride/Celebrations
- Neighborhood Safety
- Other: \_\_\_\_\_

3. Which one of the City of Norfolk’s priorities does your project address? Please select as many categories as applicable:

- Accessibility, Mobility & Connectivity
- Economic Vitality and Workforce Development
- Environmental Sustainability
- Lifelong Learning
- Safe, Healthy and Inclusive Communities
- Well Managed Government

**Project Location**

4. Please describe the physical location of your proposed project. Why was this location selected? Is this private property or city-owned property ?

**Neighborhood Benefit/Involvement**

5. Please describe how your neighborhood/residents will benefit from this project?

6. How many neighborhood residents are/were involved in planning the project? How many will be involved in implementing the project? What tasks will they complete?

**Please use the Work Plan sheet provided on next page to address the following:**

- List, in chronological order, the steps required to complete this project and who will be responsible for carrying out the step or activity.
- Estimate the date/ how much time it will take to complete each step.

- Provide the date the project will be completed (month and year). Remember, all funds must be used within six months of issuance of the Block-By-Block check (unless a waiver or special permission is given by the Department of Neighborhood Development).

**BLOCK-BY-BLOCK  
PROJECT WORK PLAN**

STEP/ACTIVITY	RESPONSIBLE PARTY	DATE COMPLETED	AMOUNT OF TIME TO COMPLETE

**Project Sustainability**

7. Please provide an ongoing maintenance plan for your project. Explain the long term impact of this project on your community. How do you intend to sustain your project and its benefits beyond the current year and beyond the use of the Block-By-Block funds?

**Project Budget Narrative**

8. What is the total funding amount requested? Please provide a narrative explaining how you arrived at the figures for purchasing materials. Describe how you plan to spend this money. *Please complete Budget and Match Forms below.*

**Budget**

A. Project Costs (Please list all cash expenditures required for the project including cost of permits, fees, etc.)

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>Total Project Cost</b>	<b>\$</b>

B. Project Income (Please list all cash available to cover the Project Costs. This does not include in-kind matches or donated materials.)

Neighborhood Grant Request	\$
Cash from Neighborhood	\$
Cash from other sources	\$
<b>Total Project Income</b>	<b>\$</b>

Total Project Income must be greater than or equal to the Total Project Cost

**Match**

A. Project Match (Please include all cash – excluding the grant request) and the value of volunteer hours and donated goods, supplies, and other in-kind matches. Match must equal or exceed the grant request).

Cash from the neighborhood and other sources	\$
Proposed volunteer hours _____ (hours x \$22.50)	\$
Donated goods and/or services	\$
<b>Total Neighborhood Match (sum of lines 1-3 above)</b>	<b>\$</b>

Please describe any donated goods and services in the area below:

Neighborhood Contact Information

Contact Person:   
(Suggestion: Select a person who is available to answer questions prior to and during proposal review, and who will receive and address all correspondence related to the project.)

Telephone:

Mailing Address:

Email Address:

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Alternate Contact Person:

Telephone:

Mailing Address:

Email Address:

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**Civic League Endorsement:**

By signing below, I/we certify that we have reviewed this proposal and it has the full endorsement and support of  Civic League.

Authorizing Official (please print name)

Signature

Title	Date
<input type="text"/>	