To ensure your grant application is complete, please use this information to check off requirements and inclusions. Please make sure to read the GRANT GUIDELINES for additional details about the checklist.

Applications <u>will be considered incomplete</u> if the following forms are not filled and attached. Please don't forget to attach your workshop attendance certificate and proof of the Group's bank account. ENSURE THE APPLICATION IS SIGNED BY BOTH LEADERS, THE APPLICATION WILL NOT BE SUBMITTED UNTIL DOCUSIGN RECEIVES ALL SIGNATURES.

Please note if you are unable to include all attachments, please create a document and give an explanation of why the document is not attached (i.e., Non-profit Org., Commander letter not required). Keep in mind, you can also save your application and return to complete and submit

Please contact for any questions: Memphis Area Neighborhood Watch Division of Community Engagement 3633 Old Allen Road

Phone: 901-636-3105

View more information about the neighborhood grant and view the application here



The Neighborhood Crime Prevention Grant

APPLICATION

PLEASE RESPOND TO ALL THE QUESTIONS, following the same order as this application. **NOTE:** *If you are a past Neighborhood Crime Prevention Grant grantee*:

- 1) Please fill out this application as if it were your first time applying for a grant from us.
- 2) If you received a Neighborhood Crime Prevention Grant in the past year, please check to make sure that you submitted a final report for those grants. Our office will not be able to consider your application otherwise. Print and sign all 5 documents requiring signatures and scan it back with the completed application. Please email Danielle.Boothe@memphistn.gov with your questions or concerns.
- 3) Please ensure all parties sign the DocuSign application sent via email after the first person submits the completed application.

SECTION 1: GENERAL INFORMATION

1.	What is the name of your group's organization and the group's organization mailing address? (Please keep this name the same throughout the application)		
2.	What does your group need funding dollars for? What will be the name of your project? (Refer to guidelines p.6)		

Name		Phone	Email	
			e project address site, any stre nents to help show the address	
		ay actaon any acca.	mente to help show the address	
What is the total amour (Refer to guidelines p.6)		our group is request	ing? (Maximum you can reque	st is \$2
Will those funds cover the	entire project or w	ill they support a larg	or project? Please explain in detai	:I
Will these funds cover the	entire project, or w	vill they support a larg	er project? Please explain in detai	il.
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Will these funds cover the	entire project, or w	vill they support a larg	er project? Please explain in detai	il.
Will these funds cover the	entire project, or w	vill they support a larg	er project? Please explain in detai	il.

SECTION 2: TELL US MORE ABOUT YOUR GROUP

Which neighborhood(s) benefit from your organization? Please explain in detail and include a description of the neighborhood boundaries.			
ur group have a social media page	or website? If yes, please prov	ide the site information.	
• •	•		
•	· ·	• , ,	
s agency, please indicate "N/A" (R	efer to guidelines p.5)		
g Organization	Award Date	Award Amount	
g Organization	Award Date	Award Amount	
g Organization	Award Date	Award Amount	
g Organization	Award Date	Award Amount	
g Organization	Award Date	Award Amount	
st all sources of cash funding your	group received in the past 12 r	months, including	
st all sources of cash funding your rhood Crime Prevention Grant Fur	group received in the past 12 mass. Indicate the sources and a	months, including mounts. Be sure to include	
st all sources of cash funding your	group received in the past 12 r nds. Indicate the sources and a governmental funding, private	months, including mounts. Be sure to include donations, etc. If your grou	
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st all sources of cash funding your rhood Crime Prevention Grant Fun ship dues, funds raised at events, received any cash funding in the p	group received in the past 12 rnds. Indicate the sources and a governmental funding, private ast 12 months, please state tha	months, including mounts. Be sure to include donations, etc. If your grou	
	ur group have a social media page r group received a grant from Men s service center, in the past? If yes If your group has not received a N		

Sources of In-Kind Support	Type of In-Kind Support
	7
N 3: TELL US ABOUT YOUR CRIME PRE\	/ENTION PROJECT
Describe your project and its goal in de	etail. Why will your neighborhood benefit from this project? H
will you be able to start and finish this	
	projecti (nere: to gardemies proj
What need(s) in your community will t	his project fill? (Refer to guidelines p.6)
What need(s) in your community will t	his project fill? (Refer to guidelines p.6)
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What need(s) in your community will t	his project fill? (Refer to guidelines p.6)
	his project fill? (Refer to guidelines p.6)

4.	Describe in detail, how the project addresses the needs of crime prevention. How is your project a crime prevention project for your neighborhood?		
5.	How will you measure the success of this project?		
6.	How will you conduct outreach to involve other members of the community in the project, especially those providing the same services or serving the same clientele? How will you include them to help you?		
7.	List any organizations, agencies, or businesses providing support. Please list any outside support agencies and include any letters (optional) of support/commitment with your grant application.		
8.	How will you fund and operate the project after grant funds have been spent?		
9.	Please list all the volunteers who will participate in the project (including yourself). List the names of the members who will volunteer hours of service to fulfill the required match for the grant funds. The volunteer commitment rate (unpaid) for volunteer service is \$23.07 equal your 108 required matched		

volunteer commitment hours)

NOTE: All volunteers must sign below indicating they agree with the information provided. Complete in full prior to application submission to be considered.

Please indicate if volunteers are serving for less than the 12-month time frame. Example: if you request to be awarded less than the maximum grant amount, please reflect this in your volunteer commitment match total. (Example: dividing the request amount (\$2,500) by 23.07 equals your 108 required matched volunteer commitment hours.)

	Please attach an add	litional page if necessary.	
Name of Volunteer	Signature of Volunteer (must sign)	Volunteer Tasks, Number of Volunteer Hours	Address, Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Total Hours:			
Maxin	num grant amount of \$2,500 must be prov	ide at least 108 matched volunteer	commitment hours.

Signature:	Leader/President	Date	Assistant Leader / President	Date

SECTION 4: WORK PLAN AND TIMELINE

1. **Provide us with a work plan and timeline.** If the project centers on a single event on a specific date, list all the actions leading up to the event.

Timelines must be a proposed schedule of dates for the project task to be completed AFTER the distribution of funds.	Date Covered	Person Responsible
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2.	Please list an approximate date by which the project will be completed. Project completion date should be 12 months from the grant award disbursement. (Refer to guidelines p.6)

SECTION 5: PROJECT BUDGET & REQUESTED GRANT AMOUNT

1. Tell us how much your project will cost and how much your group is requesting. Please detail all cash expenses related to your project. The maximum award amount is \$2,500. NOTE: A maximum amount of \$200 can be spent on food during your grant year. This includes National Night Out and meeting refreshments. Additionally, National Night Out events can only be funded in the grant cycle that proceeds the National Night Out date. This means that you can only apply for NNO Events during the first cycle of the year. (Refer to guideline p.4)

BUDGET TABLE

Item Description	Cost of Item	Quantity	Total
TOTAL			

DO NOT SKIP THIS SECTION

inclusio	ons. Please make sure to read the GRANT GUIDELINES for additional details about the checklist below. The person(s) responsible for leading this project must sign at the end of the checklist.
	I understand and have read the Neighborhood Crime Prevention Grant guidelines and compliance responsibilities.
	Attend Neighborhood Watch Training as offered by the Memphis Police Department. (Please contact your local station Neighborhood Watch Coordinator for this step). If you are a faith-based organization,
	you are not required to do this step, but you are encouraged to connect with your local station.
	Attend a Neighborhood Crime Prevention Grant Workshop offered by Memphis Area Neighborhood Watch. (This is our workshop on How to Apply for the Neighborhood Crime Prevention Grant. Attendance is recorded at these workshops)
Attach	the following documents:
	All applicants will need to have a valid checking account in the group or organization's name to deposit any funds awarded to your group.
	Letter from the station Commander verifying (MPD) Neighborhood Watch Training. Faith-based groups and not for profits are not required to attach a letter.
	A certificate verifying your attendance of the How to Apply for the Neighborhood Crime Prevention Grant Training.
	Other attachments e.g. proof of bank account in group's name, price quotes for project items, etc.
Signatu	re: Leader/President Date Assistant Leader/President Date

Neighborhood Crime Prevention Grant Grantee Agreement

I/We	agree to abide by the	terms of the Neighborhood Crime
	e the proposal outline by our neighborh	
the Neighborhood Crime Prevention	Grant Application. All grant guidelines	are understood by our group and
upon application approval, our grou	p agrees to be in compliance with all re	porting.
•	and agree to submit two reports in 12 I	
	orhood Watch. <mark>I/We understand that t</mark>	
	onies obtained from the Neighborhood	Crime Prevention Grant totaling any
awarded amounts to your group.		
I/We understand that if leadership c	hanges or someone moves, the project	will still be carried out in the
neighborhood that is listed in this ap		
·	a Neighborhood Watch has the right to	·
, -	rhood association or group. This entire	agreement is only valid if your group
application has been approved for fu	ınds.	
Name of Organization:		
Organization Address:		
Contact Number		
Contact Number:		
Email Address:		
Application Name		
Application Name.		
Application Signature:		_
Date:		

Applications <u>will be considered incomplete</u> if the forms are not filled and attached. Please don't forget to attach your workshop attendance certificate and proof of the Group's bank account.



Signatures: Leader/President

Date

Neighborhood Crime Prevention Grant Group Registration Form



Group/Org. Name:	_	Date:	_
Area/Community:	# of Members:	Zip Code:	_
How lo	ong has your group or Org. been active?		
<u>List Area Boundaries / Streets</u>			
North:	South:		
East:	West:		
Number of houses:			
Is your grou	up registered as a NW group through yo	ur local station? Yes	No
	If yes, do you attend your month	ly NW meeting? Yes	No
	Are you a faith-based organization or	a non-business? Yes	No
Wh	nat is the name your group uses?		
Please provide the name:			
1 /0 :1 :			
eader/President:ddress:			
ity: State:			
mail:			
ssistant Leader/President:			
ddress:			
ity: State:	Zip: Ph	one:	
mail:			
rocico Mooting Datos:			
recise Meeting Dates:	Weekly Bi-W	eekly	am
	Monthly Quart	Time:	
		•	pm
	Annually		P''
e /Virtual/Location:			
you shared your meeting dates and	times with your local station NV	V Coordinator?	es
nich issues are your group's major	Assault Drug	Gangs High	/Increased
nch issues are your group's major			
nich issues are your group's major oblem areas? (Check all that apply)	Dung at it utions That I/D	ا معرفاها المعرفاها المعرفة المعرف	O+h o = /1 :
	Prostitution Theft/R	obbery Vandalism	Other (Li

Assistant Leader/President

Date