



Neighborhood Crime Prevention Grant

To ensure your grant application is complete, please use the checklist below to confirm all documents are included.

Be sure to read the **Grant Guidelines** for full details and instructions related to the application process.

Applications will not be considered if the following forms and documents are not filled out, signed and attached.

Required Documents Checklist:

1. Volunteer Hours Form
2. W9 Form
3. Proof of Residency in the City of Memphis (Driver's License and Current Mail Required)
4. NCP Grant Group Registration Form
5. NCP Grant Grantee Agreement
6. Proof of Bank Account (in group/organization's name)
7. How to Apply Grant Workshop Certificate
8. Letter from Local Station Commander
9. Additional Supporting Documents (price quotes, photos, etc.)

If you have any questions, please contact us:

Neighborhood Crime Prevention Grant

Memphis Area Neighborhood Watch

Community Engagement

Division of Police Services

3633 Old Allen Rd., Memphis, TN, 38128

Phone: 901-636-2732 and 901-619-4185

Email: Audra.Lanehart@memphistn.gov and Tyreaka.Hamilton@memphistn.gov



The Neighborhood Crime Prevention Grant

APPLICATION

Please respond to all questions, in the same order as presented in this application. Do not use any other format when submitting this grant 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 grant projects. ***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 Audra.Lanehart@memphistn.gov and Tyreaka.Hamilton@memphistn.gov with your questions or concerns.

SECTION 1: GENERAL INFORMATION

1. What is the name of your group or organization and please include the mailing address?
(Please keep this name the same throughout the application)

2. Please list two contact names for your group, including working phone numbers and emails. Both contact persons should be able to discuss the application, as we may call for more information.

Name	Phone	Email

3. Please indicate where your project will take place by listing the project address site, any street addresses, and any block locations. You may attach any documents to help show the address.

4. Will these funds cover the entire project, or will they support a larger project? Please explain in detail.

SECTION 2: TELL US MORE ABOUT YOUR GROUP

1. Which neighborhood(s) benefit from your crime prevention funding? Briefly explain.

2. Does your group have a social media page or website? If yes, please provide the site information.

3. Has your group received a grant from Memphis Area Neighborhood Watch, or any other City of Memphis service center, in the past? If yes, What Year(s)? Please include grant award date(s) and amount. If your group has not received a Memphis Area Neighborhood Watch or any other City of Memphis agency, please indicate "N/A"

Awarding Organization	Projects	Award Date	Award Amount

4. Please list all sources of cash funding your group received in the past 12 months, including Neighborhood Crime Prevention Grant Funds. Indicate the sources and amounts. If your group has not received any cash funding in the past 12 months, please state that below.

Source of Cash Funding	Amount
Total Amount of Cash Funding	

SECTION 3: TELL US ABOUT YOUR CRIME PREVENTION PROJECT

1. Please provide an estimation of how many neighbors and community members will benefit from your crime prevention project.

2. How will you measure the success of this project? Briefly explain

3. 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? Briefly explain.

4. **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.

5. **How will you fund and operate the project after grant funds have been spent?**

6. 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.**

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 additional page if necessary.

Name of Volunteers	Signature of Volunteer (must sign)	Volunteer Tasks - Number of Hours Projected	Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Total Hours:			

Maximum grant amount of \$2,500 must provide at least 108 matched volunteer commitment hours.

Sign: Submitter/Leader/President Date

Sign: Assistant Leader /Vice President Dat

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 <u>proposed</u> 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.

SECTION 5: PROJECT BUDGET & REQUESTED GRANT AMOUNT

1. (a) What does your group need crime prevention dollars for? (b) What is your project goal? (c) How will you start and finish the project?

(a)

(b)

(c)

2. What is the total amount of grant funds your group is requesting? (**Maximum you can request is \$2,500**)

SECTION 6: NEIGHBORHOOD CRIME PREVENTION GRANT CHECKLIST

DO NOT SKIP THIS SECTION

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 below.

NOTE: 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.
- All applicants must attend Neighborhood Watch Training as offered by the Memphis Police Department. **(Please contact your local station Neighborhood Watch Coordinator for this step).**
- 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. Please register)

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.
- A certificate verifying your attendance of the How to Apply for the Neighborhood Crime Prevention Grant Workshop.
- Must provide a **valid photo ID and proof of City of Memphis residency** (e.g., Driver's license and recent mail).
- Signed volunteer form.
- W-9 form completed and signed.
- Grantee Agreement form completed and signed.
- Group Registration form completed and signed.
- Other e.g. proof of bank account in group's name, price quotes and photos for project items, etc.

Sign: **Submitter/Leader/President** _____ Date _____

Sign: **Assistant Leader/President** _____ Date _____

Neighborhood Crime Prevention Grant Grantee Agreement

I/We, _____, agree to abide by all terms and conditions of the Neighborhood Crime Prevention Grant (NCPG) and to fully complete the proposal as outlined in the Neighborhood Crime Prevention Grant Application for our neighborhood group or association. Upon approval, we acknowledge that all grant guidelines are understood and accepted, and we agree to comply with all required reporting.

I/We understand and agree to submit two (2) required reports within twelve (12) months of receiving NCPG funds, as requested by the Memphis Area Neighborhood Watch. These reports must include receipts for all items purchased with grant funds, totaling the full amount awarded.

I/We acknowledge that if there is a change in leadership or residency, the approved project will still be carried out in the neighborhood listed in this application.

I/We further understand and agree that the Neighborhood Crime Prevention Grant / Memphis Area Neighborhood Watch reserves the right to capture, reproduce, and publish audio and visual media of our neighborhood association or group. This entire agreement is only valid if your group's application has been approved for funds.

Name of Organization: _____

Organization Address: _____

Contact Number: _____

Email Address: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Applications will be considered incomplete 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.

Neighborhood Crime Prevention Grant Group Registration Form

Group/Org. Name: _____ Date: _____

Area/Community: _____ # of Members: _____ Zip Code: _____

How long has your group or Org. been active? _____

List Area Boundaries / Streets

North: _____ South: _____

East: _____ West: _____

Number of houses: _____

Is your group registered as a NW group through your local station? Yes No
 If yes, do you attend your monthly NW meetings? Yes No
 Are you a faith-based or a non-profit organization? Yes No

Leader/President: _____
 Address: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____
 Assistant Leader/President: _____
 Address: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____

Precise Meeting Dates: _____

Weekly Bi-Weekly am
 Monthly Quarterly Time: _____
 Annually pm

Phone /Virtual/Location: _____

Have you shared your meeting dates and times with your local station NW Coordinator? Yes No

Which issues are your group's major problem areas? (Check all that apply)

Assault Drug Gangs High/Increased Crime
 Prostitution Theft/Robbery Vandalism Other

I (we) affirm the above information to be correct and hereby agree to abide by the rules and guidelines of the Memphis Area Neighborhood Watch. We agree to share our group/organization meeting dates and times yearly with our local police station and the Grant office.

 Sign: *Submitter/Leader/President* Date

 Sign: *Assistant Leader/President* Date

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____			
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		<i>(Applies to accounts maintained outside the United States.)</i>
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
	6	City, state, and ZIP code		
7	List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									
				-					

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they