



NEIGHBORHOOD SERVICES DEPARTMENT



City of Phoenix

Love Your Block Program

Application must be typed and is limited to three pages.

Association name: _____

Contact person: _____

Contact email: _____

Contact phone: _____

Alternate contact person: _____

Alternate contact email: _____ Alternate contact phone: _____

Requested amount (maximum amount \$5,000): _____

Estimated completion date: _____

Please make sure to complete all three pages, spell check and proofread your grant application prior to submitting.

1. What is your Neighborhood Group Association's Mission Statement?

Love Your Block Project Budget

Directions:

In the table provided, list all expenses that you plan to incur for your project. If you have “in-kind” forms of revenue (volunteers and/or donations) list those in the “in-kind” section.

In the expenses section, you must include an actual quote, invoice or other form of proof of cost (website printout of the item with the price, tax and delivery if applicable).

The total for the “Total Expenses” should not exceed \$5,000. There is no limit on “in-Kind”.

Line	Expenses	Projected Cost
1	Equipment:	
2	Supplies and Materials:	
3	Printing and Copying:	
4	Advertisement & Marketing:	
5	Travel and Meetings:	
6	Contract Services:	
7	Staff and Volunteer Training:	
8	Other:	
9	Other:	
10	Other:	
11	Other:	
12	Miscellaneous:	
	Total Expenses	
Line	In-kind	
1	Supplies:	
2	Food:	
3	Other:	
4	Other:	
	Total In-kind	

By signing this form, I verify that all information in the grant and budget is accurate to the best of my knowledge.

Signature

Date