

Project Name (for each project):

Scope of Project:

[Provide details on what the community will accomplish with this grant money. This includes details such as: what will be purchased, location, anticipated dates, community goal, etc.]

How we intend to do it:

[Provide details on how the scope of work will be accomplished. This includes details such as: anticipated contractors, frequency, equipment, volunteer hours, etc.]

How we will measure success:

[This helps to ensure this grant continues in the future. Provide details on how the project will be deemed successful. This includes metrics such as: quantitative data, surveying of businesses, increase in membership, increase in fundraising, etc.]

Project budget:

See next page for example:

Statement of Detailed Budget (Sample) (NBD Council Name)

A. Expenses:

Project #1: *Promotion/Marketing*

Phone at Center	\$1,000
Mailings and stationery	\$1,000
Supplies/Material	\$275
Printing/Postal	\$100
Marketing/Photos	\$100
Subtotal	\$2,475

Project #2: *Beautification*

Garden Equipment	\$500
Flowers	\$800
Grass Cutting	\$1,000
Subtotal	\$2,300

Project #3: *Insurance*

City of Cincinnati general liability insurance	\$225
Subtotal	\$225

Total Expenses **\$5,000**

B. Income

<u>City of Cincinnati (Funds Awarded)</u>	<u>\$5,000</u>
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Total City Funds **\$5,000**



AUTHORIZED SIGNATURE FORM

This form must be completed and returned to the Department of Community & Economic Development office before any disbursements will be made. Eligible authorized signers on NBD documents are elected officers and trustees. If you have questions, feel free to call the Department of Community & Economic Development. Send this completed form to Department of Community & Economic Development, 805 Central Avenue STE. 700, II Centennial Plaza, Cincinnati, OH 45202.

For the year _____, the following persons are authorized to sign NBD documents on behalf of the _____ Business District. The community hereby assures that each person listed below is an elected officer or trustee of the council.

PRINT NAME: _____

ADDRESS/ZIP CODE: _____

PHONE--DAY: _____ PHONE--EVENING: _____

TITLE: _____

SIGNATURE: _____

E-MAIL ADDRESS _____

PRINT

NAME: _____

ADDRESS/ZIP CODE: _____

PHONE--DAY: _____ PHONE--EVENING: _____

TITLE: _____

SIGNATURE: _____

E-MAIL ADDRESS _____

PRINT

NAME: _____

ADDRESS/ZIP CODE: _____

PHONE--DAY: _____ PHONE--EVENING: _____

TITLE: _____

SIGNATURE: _____

E-MAIL ADDRESS _____



E.E.O. FORM

Please complete this form and return to the Department of Community & Economic Development office with your proposal forms:

**Department of Community & Economic Development
805 Central Avenue
II Centennial Plaza, Suite 700
Cincinnati, Ohio 45202**

The _____
(Name of your Community Council or Business District)

Tax Exempt Number _____

Please indicate the current composition of your Board:

Number of Males _____

Number of Females _____

Number of Caucasians _____

Number of African Americans _____

Number of Hispanics _____

Number of Asian/Pacific Islanders _____

THANK YOU FOR YOUR COOPERATION!



BUSINESS DISTRICT PROFILE

Business District: _____

Business District E-Mail: _____ Business District Address: _____

President: _____

Phone: _____

Address: _____

Zip: _____

E-mail address: _____

Date Most Recently Elected (REQUIRED): _____ (Month/Year)

Vice President: _____

Phone: _____

Address: _____

Zip: _____

E-mail address: _____

Secretary: _____

Phone: _____

Address: _____

Zip: _____

E-mail address: _____

Treasurer: _____

Phone: _____

Address: _____

Zip: _____

E-mail address: _____

NBD Manager: _____

Phone: _____

Address: _____

Zip: _____

E-mail address: _____

Monthly Meeting Day & Time: _____

Place of Monthly Meeting: _____

I hereby certify that the aforementioned information is correct.

TITLE: _____ DATE _____

