



2018 NSP PROPOSAL FORM

SEND PROPOSAL TO: City of Cincinnati

Dept. of Community and Economic Development

805 Central Avenue, Two Centennial Plaza, Suite 700 Cincinnati, OH 45202

Applicant Information Please print or type.

Council Name		Amount Requested	
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	NAME	PHONE #	EMAIL
NSP Project Manager			

New Contract (Y/N)		Amendment (Y/N)	
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Council's Mailing Address	
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Zip Code		Council President	
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Phone # for Council		Council Email Address	
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Attachments to Application

Please attach the following to all new applications:

- _____ **Proof of Non-Profit Registration** with the Ohio Secretary of State
- _____ **Certificate of Liability Insurance** proving the Council has secured commercial general liability insurance and that the City of Cincinnati is an additional named insured on the policy.
- _____ **Community Council Bylaws or Constitution** – if updated within the past year.
- _____ **Annual Election Meeting Minutes & Sign-In Sheets**
- _____ **Meeting Minutes & Sign-In Sheets** from the meeting where the NSP Proposal was introduced, reviewed and voted on by the Neighborhood – including all residents, regardless of Council membership.

NSP Proposal as voted on at Council Meeting

When and what was the vote on this NSP Proposal?

Date of Meeting	Number of Yeas	Number of Nays	Total Attendance	Quorum? (Y/N)

Please attach the Minutes & Sign-In Sheets from this Council meeting to your NSP application. As a reminder – all residents of your neighborhood are eligible to vote on the allocation of NSP funds.

Proposed NSP Projects

List the projects you will undertake in this contract. In the attached scope of services, each project must be described completely, including what you wish to accomplish, how you will accomplish it, and how you will measure and evaluate success. Also, be sure to complete the itemized budget sheet indicating specific expenses for each project.

Project Name	Renewal from last year (Y/N)	Volunteer Hours Needed (Est.)	Start* & End Dates	Budget	Amendment Adjustment**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTALS	n/a		n/a		

*Start Date cannot be before your proposal is approved

**Amendment Adjustment - only fill out if you are submitting a formal amendment

PROPOSED BUDGET – NSP 2018

Project Name	Direct Personnel Services	Specialty Contracts*	Printing	Fixed Improvements or Equipment**	Postage	Consumable Supplies	Mileage or Misc.***	Totals
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
TOTALS								

SUPPORTING EXPLANATIONS

*List specific items included in "Specialty Contracts" column. Include dollar amount. (Example: Photo Developing = \$50)

**List specific items included in "Fixed Improvements or Equipment" column. Include dollar amount. (Example: Park Benches = \$200/ea.)

***List specific items included in "Mileage or Miscellaneous." Include dollar amounts. (Example: Gas for Lawn Mowers = \$20)

Detailed Project Information

Fill out a page for each of your proposed projects

PROJECT NAME
WHAT WE INTEND TO DO
HOW WE INTEND TO DO IT
HOW WE WILL MEASURE SUCCESS
VOLUNTEER HOURS NEEDED (EST.)

PROJECT DETAILED BUDGET	
LINE ITEM	AMOUNT (\$)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL PROJECT BUDGET	\$

Statement of Detailed Budget (Sample) (Community 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/Photo's	\$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
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B. Income

City of Cincinnati (Funds Awarded)	\$5,000
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Total City Funds	\$5,000
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COUNCIL NAME: _____



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 NSP 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. You may also send it to the NSP Coordinator by emailing john.reiser@cincinnati-oh.gov.

For the year 2018, the following persons are authorized to sign NSP documents on behalf of the Community Council. The community hereby assures that each person listed below is an elected officer or trustee of the council.

COUNCIL NAME _____

PRINT NAME _____

ADDRESS _____

PHONE # _____

EMAIL _____

TITLE/POSITION _____

SIGNATURE _____

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PRINT NAME _____

ADDRESS _____

PHONE # _____

EMAIL _____

TITLE/POSITION _____

SIGNATURE _____

#####

PRINT NAME _____

ADDRESS _____

PHONE # _____

EMAIL _____

TITLE/POSITION _____

SIGNATURE _____

COUNCIL NAME: _____



E. E.O. FORM

Please complete this form and return to the Department of Community and Economic Development office at your earliest convenience:

**Department of Community & Economic Development
805 Central Avenue STE.700
Cincinnati, Ohio 45202**

NAME OF YOUR COMMUNITY COUNCIL

TAX EXEMPTION NUMBER

Please indicate the current composition of your Council's 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!



Neighborhood Support Program

Please complete all information requested below as applicable and send to the following address.
Department of Community & Economic Development, City of Cincinnati,
Centennial Plaza Two, Suite 700, 805 Central Avenue Cincinnati, OH 45202
Contact: NSP Coordinator, John.Reiser@cincinnati-oh.gov, Phone: 513.352.6261

COMMUNITY PROFILE

Community Council _____
Community Council Phone # _____
Community Council Email _____
Community Council Address _____

President _____ **Phone** _____
Address _____ **Zip** _____
Email Address _____

Vice President _____ **Phone** _____
Address _____ **Zip** _____
Email Address _____

Secretary _____ **Phone** _____
Address _____ **Zip** _____
Email Address _____

Treasurer _____ **Phone** _____
Address _____ **Zip** _____
Email Address _____

NSP Manager _____ **Phone** _____
Address _____ **Zip** _____
Email Address _____

Newsletter Editor _____ **Phone** _____
Address _____ **Zip** _____
Email Address _____

Election Month _____
Monthly Meeting Day & Time _____
Place of Monthly Meeting & Address _____

I hereby certify that the aforementioned information is correct.

X _____ Title _____ Date _____