

City of Cincinnati
 Neighborhood Business District Support Fund
 Proposal Form



Please complete this application in its entirety and submit to the Department of Community & Economic Development (DCED) along with required supporting documentation. Forms must be submitted digitally to the Program Manager (darby.schozer@cincinnati-oh.gov) and may be sent to 805 Central Avenue, Two Centennial Plaza, Suite 700 Cincinnati, OH 45202. NOTE: Please review the program overview and guidelines before completing this form.

Section I. Applicant Information

<p>1. Legal Name</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>2. Neighborhood Business District</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>3. Organization Address</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>4. Federal Tax ID Number/ Tax Exempt Number</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>5. Contact Person </p> <input style="width: 100%; height: 20px;" type="text"/>	<p>6. Title</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>7. Phone</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>8. Email Address</p> <input style="width: 100%; height: 20px;" type="text"/>

Section II. Project Information

<p>9. New Contract (Check Box Y/N) <input type="checkbox"/> <input type="checkbox"/></p> <p style="margin-left: 40px;"><u>OR,</u></p> <p>Amendment (Check Box Y/N) <input type="checkbox"/> <input type="checkbox"/></p>	<p>Contract Amount \$ <input style="width: 150px;" type="text"/></p> <p>Amendment for Contract # <input style="width: 150px;" type="text"/></p>
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10. Neighborhood Business District Approval

<p>Total Attendance: <input style="width: 40px;" type="text"/></p>	<p>Votes:</p> <table border="0" style="margin-left: 20px;"> <tr> <td style="border-bottom: 1px solid black;">Yays</td> <td style="border-bottom: 1px solid black; width: 60px;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Nays</td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	Yays	<input style="width: 100%;" type="text"/>	Nays	<input style="width: 100%;" type="text"/>	<p>Quorum (Check Box Y/N)</p>
Yays	<input style="width: 100%;" type="text"/>					
Nays	<input style="width: 100%;" type="text"/>					

11. Projects

List the projects you will undertake in this contract. Please group similar projects into project categories, such as "Marketing" or Beautification".

Project Name	Budget (or Amended Budget)	Start Date – End Date
		- 6/30/25
		- 6/30/25
		- 6/30/25
		- 6/30/25
		- 6/30/25
		- 6/30/25
TOTAL		

See the end of the application, Attachment A, to complete the scope of work for each project.

Section III. Authorized Signature Form 

This form may be completed and submitted with the full application before any disbursements will be made. Eligible authorized signers on NBD documents are elected officers and trustees.

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 organization.

Name
Address and Zip Code
Signature

Title
Phone
Email Address

Name
Address and Zip Code
Signature

Title
Phone
Email Address

Name
Address and Zip Code
Signature

Title
Phone
Email Address

Section IV. Business District Profile

Please complete this section and submit with the full application. This form helps keep updated contact information for your NBD organization.

Organization's Email Address

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Organization's Address

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President

Address and Zip Code
Term (MM/YY – MM/YY)

Phone

Email Address

Vice President

Address and Zip Code
Term (MM/YY – MM/YY)

Phone

Email Address

Secretary

Address and Zip Code
Term (MM/YY – MM/YY)

Phone

Email Address

Treasurer

Address and Zip Code
Term (MM/YY – MM/YY)

Phone

Email Address

NBD Manager

Phone

Address and Zip Code
Term (MM/YY – MM/YY)

Email Address

Monthly Meeting Day & Time:

Place of Monthly Meeting:

I hereby certify that the Business District Profile information is correct.

X _____ Title: _____ Date: _____

[Section V. E.E.O Form](#)

Please complete this section and submit with the full application.

Organization Name

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Tax Exempt Number

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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

Section VI. Required Attachments

Please provide the following required attachments along with the proposal form. Forms will not be reviewed until all required attachments are submitted.

Check to indicate attachment is included	Attachment Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work and Budget that gives a detailed overview of the project and the use of funds for each project. (See Attachments A and B. Complete as many fillable forms as needed to capture all the proposed projects and budget items. Submit Attachments A and B with this application.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Non-Profit Status (State of Ohio)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Minutes & Sign-In Sheets recording the approval of the NBDSF proposal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Corporate Resolution authorizing up to three different officers or employees to have the power to execute documents on behalf of the applicant entity
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Liability Insurance providing the applicant has secured Commercial General Liability Insurance or written to obtain the same with a portion of the NBDSF funding sought, as outlined in the Scope of Work and Budget. Additionally, the City of Cincinnati is named insured on the policy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current operating By-Laws and Articles of Incorporation if updated within the past year
<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence the applicant has a bank account or relationship with Fiscal Agent

Signature of Applicant

Date

Printed Name

Title (if signed as an officer)