

**NEIGHBORHOOD BUSINESS DISTRICT SUPPORT FUND
PROPOSAL FORM**

SEND PROPOSAL TO: City of Cincinnati, Community & Economic Development
805 Central Avenue, Two Centennial Plaza, Suite 700 Cincinnati, OH 45202

Organization Name: _____
Organization Address: _____ Zip Code: _____
Neighborhood: _____ Organization Tax Exempt Number: _____
Project Manager's Signature: _____ Print: _____
Email: _____ Phone: _____

Is this a FY 2020 New Contract OR Amendment?:

New Contract for \$_____ *OR* Amendment for Contract #: _____

Required Attachments:

____ Proof of Non-Profit Status (State of Ohio) _____ Minutes & Sign-In Sheets
____ Current Articles of Incorporation _____ EEO Form
____ Current By-Laws _____ Certificate of Liability Insurance

What was the vote on this NBD Proposal at your business association meeting?

____ # of Yeas _____ # of Nays _____ Total Attendance Quorum? Yes _____ No _____



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

	Budget (or Amended Budget)	Start Date - End Date
<u>PROJECTS</u>		
1.		- 6/30/20
2.		- 6/30/20
3.		- 6/30/20
4.		- 6/30/20
5.		- 6/30/20
6.		- 6/30/20
7.		- 6/30/20
8.		- 6/30/20
9.		- 6/30/20
TOTAL		

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: <i>Promotion/Marketing</i>	
Website Maintenance/Design	\$450
Mailings and stationery Supplies/ Material	\$500
Printing/Postal	\$150
Marketing/Photos	\$150
Subtotal	\$1,750

Project #2: <i>Beautification</i>	
Garden Equipment	\$300
Flowers	\$300
Grass Cutting	\$600
Subtotal	\$1,200

Project #3: <i>Insurance</i>	
City of Cincinnati general liability insurance	\$450
Subtotal	\$450

Total Expenses **\$3,400**

B. Income

<u>City of Cincinnati (Funds Awarded)</u>	<u>\$3,400</u>
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Total City Funds **\$3,400**



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 _____

