



**2021 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.					
<b>TOTALS</b>	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 2021**

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.								
<b>TOTALS</b>								

**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\*\*\*  
 additional pages can be found at [www.choosecincy.com](http://www.choosecincy.com)

<b>PROJECT NAME</b>
<b>WHAT WE INTEND TO DO</b>
<b>HOW WE INTEND TO DO IT</b>
<b>HOW WE WILL MEASURE SUCCESS</b>
<b>VOLUNTEER HOURS NEEDED (EST.)</b>
<b>PROJECT LEVERAGE (Enter total amount allocated to this activity from Non-NSP sources)</b>
Total Non-NSP Sources $\implies$ AMOUNT (\$) _____

PROJECTED <u>NSP</u> BUDGET DETAIL	
<u>NSP</u> LINE ITEM(s)	$\Downarrow$ <u>NSP</u> AMOUNT (\$) $\Downarrow$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL <u>NSP</u> PROJECTED BUDGET <math>\implies</math></b>	<b>\$</b>

## Statement of Project Sources

*(Insert Budget Sources Below)*

### NSP Total Sources

Name of Sources	Amount
City of Cincinnati (Funds Awarded)	
<b>Total Sources</b>	

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 [valerie.mcintosh@cincinnati-oh.gov](mailto:valerie.mcintosh@cincinnati-oh.gov).

**For the 2021 program year, 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** \_\_\_\_\_

#####

**PRINT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**TITLE/POSITION** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

#####

**PRINT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**TITLE/POSITION** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_



## 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, [valerie.mcintosh@cincinnati-oh.gov](mailto:valerie.mcintosh@cincinnati-oh.gov), Phone: 513.352.4534

### 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 \_\_\_\_\_