



MATCHING GRANT APPLICATION (\$15,000 funding cap, 50% match)

Applicant Contact Information

Organization Name: _____

Project Contact Name: _____
**Must be a neighborhood resident, HOA company cannot apply on behalf of the community.*

Mailing Address: _____
Street

_____ City Zip Code

Daytime Phone: _____ **Evening Phone:** _____

Email: _____

Alternate Contact Name: _____

Daytime Phone: _____ **Evening Phone:** _____

Email: _____

Has your community ever been awarded an Orange County grant before?

YES * NO

**Attach a current photo of the project site and a brief explanation of what was improved.*

What is your community type? Residential Homes Townhomes Condos
(Check all that apply)

Gated Community Apartment Complex

Are you within city limits? YES NO

If so, does your city offer a grant program? YES NO

How did you learn about the grant program? _____

Project Request

Type of Project – Please select all that apply:

- Entranceway sign improvements
- Wall pressure washing, painting, and minor caulking
- Major structural wall repair
- Landscaping/Hardscaping (**\$5,000 cap, preexisting irrigation required**)
- Ground lighting
- Repairs to existing irrigation systems
- Interior common area improvements (Playgrounds, Gazebos, etc.)
- Other

If your project does not appear on this list, please contact the Neighborhood Services Division prior to completing an application.

Project Street Address or Nearest Intersection:

Project Budget

A. TOTAL PROJECT COST: \$ _____

INCLUDE:

Materials

Labor

Delivery

Equipment rental

Professional services

Permits/impact fees

B. COMMUNITY CONTRIBUTION \$ _____

C. GRANT FUND REQUESTED \$ _____

***Organizations must not initiate projects or deliver deposits to vendors/contractors before delivery of Purchase Order.**

Grant Team Roster

Print Name: _____	Signature: _____
Address: _____	Phone: _____
Role: _____	Email: _____
Print Name: _____	Signature: _____
Address: _____	Phone: _____
Role: _____	Email: _____
Print Name: _____	Signature: _____
Address: _____	Phone: _____
Role: _____	Email: _____
Print Name: _____	Signature: _____
Address: _____	Phone: _____
Role: _____	Email: _____
Print Name: _____	Signature: _____
Address: _____	Phone: _____
Role: _____	Email: _____
Print Name: _____	Signature: _____
Address: _____	Phone: _____
Role: _____	Email: _____

SUGGESTED TEAM ROLES

PROJECT MANAGER – Responsible for leading the project, getting a group consensus on what projects the group wants to pursue, and serve as the main contact with County staff.

ASST PROJECT MANAGER – Will work in concert with the project manager and assist in obtaining quotes once the project idea has been decided upon. This position can also monitor project expenses.

REPORT WRITER – Responsible for submitting bi-weekly progress reports to the Neighborhood Services Division on the 15th and 30th of every month.

SOCIAL DIRECTOR – Responsible for keeping the community/neighborhood informed about the project as well as planning a possible celebration for the team and the neighborhood once the project is completed. This position would also be great for establishing community partnerships.

HISTORIAN – Responsible for taking photos at each stage of the project.

Conflict of Interest Statement

It is prohibited for any officers or contact persons to receive financial benefit from this grant. These grants are subject to audit by the Orange County Comptroller's Office and any evidence of violation, misrepresentation in the terms of this grant, or conflict of interest will result in loss of grant and/or repayment of funds to Orange County Government. I hereby certify that the information provided in this application is true and accurate. I further certify that I possess the authority to apply for this grant on behalf of the applicant organization.

Applicant Signature

Print Name

Date

Project Information

- Please provide the answers to the following questions on a separate sheet of paper.
- No more than three (3), 8 1/2 x 11 pages will be accepted.
- We require all submittals to be single space and no less than 10pt font.

1. Please describe the project in detail and how property owners directly adjacent to the project will be affected.

This summary should provide an overview of the entire project, including what improvements will be constructed, installed, or applied and how affected neighbors will be notified of project implementation and details. Failure to notify affected property owners may result in loss of funding.

2. Indicate the organization's level of experience in undertaking neighborhood projects.

Organizations must demonstrate their ability to participate in the implementation of the requested project, as well as their capacity to manage the financing of the project and ability to complete the project in a timely manner.

3. Project Maintenance:

Describe how the property has been maintained in the past, any failures to maintain property, how the project will be maintained and by whom after it is completed.

4. Describe why this project is important to the community.

Provide a brief summary of how the project will enhance the quality of life in the community. How will this project empower your organization to work together to accomplish common goals and objectives?

5. Submit the following attachments:

Two to five color photos of the project area and notarized minutes indicating the approval of the community match and the availability of the funds to match. Be sure to include a **redacted** copy of your bank statement.