

**City of Houston  
Neighborhood Matching Grant Program  
2023/2024 Intent to Apply  
(NOT APPLICATION)**

*Please print or type. Please answer each question briefly. You may use one additional 8 1/2" x 11" sheet to complete your answers. Be sure to number the question/answer on the extra sheet. If the question does not apply to your project, put NA (Not Applicable).*

**INTENT TO APPLY DEADLINE: 5:00 p.m., Thursday, August 31, 2023.**

**Part I - General Information**

**Required Documents Needed:**

- Y 501 (c) (3) or a 501 (c) (4) Certificate of Incorporation from the State of Texas
- Y Operating budget for 501 (c) (3) and/or (4) the last 12 months.
- Y Council member approval of funds as indicated by signature below.

1. Neighborhood Association: \_\_\_\_\_

2. Contact person name/title: \_\_\_\_\_

3. Address: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. What Council District is your project located in? \_\_\_\_\_

7. Is your organization a part of a super neighborhood council? Yes ☐ No ☐

*If yes, please indicate the name and number of the council.*

8. Title of Project: \_\_\_\_\_

9. City Match Requested (Not to exceed \$5,000) \$ \_\_\_\_\_

10. Have you ever received funding from the Neighborhood Matching Grant Program? Yes ☐ No ☐

*If yes, what was the matching grant year/amount awarded? If more than once, please list.*

Year	Amount


**11. Please give a brief project description** (Limit 2,000 characters) :

**Certification by City Council Member:**

By signing this application, I declare that I have approved the use of my council district service funds towards this proposed project. I also understand and agree to the requirements of the Neighborhood Matching Grant Program. I understand that I may reimburse up to 50% of a project's total budget and that the minimum project amount is \$1,000. I also understand the minimum matching grant award amount is \$500 and the maximum matching amount is \$5,000. I hereby approve \$\_\_\_\_\_ of these funds towards the requested project.

Council Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification by Organization:**

By signing this application, I/we certify that the information contained in this application is true and correct to the best of my/our knowledge. I/we certify that the applying organization supports this project and have approved it as a body. I/we also understand and agree to the requirements of the Neighborhood Matching Grant Program and to invite the City to any promotional activities associated with our project.

President/Board Chair Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Email: \_\_\_\_\_

Project Manager Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Email: \_\_\_\_\_