



Neighborhood Activities Fund

Available to NGLA Neighborhoods with active status



NAF APPLICATION

Submit applications to: n gla@longmontcolorado.gov or Community & Neighborhood Resources, 350 Kimbark Street, Longmont, CO 80501	Select correct Application period	<input type="checkbox"/> Primary: April 1 thru August 31 <input type="checkbox"/> Fall: September 1 thru October 31 <small>*If funds remain</small>
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CONTACT	Neighborhood Group Name: _____
	Application Date: _____ Number of Neighborhood Households: _____
	Contact Person <i>Does not need to be an NGLA representative</i>
	Name: _____ Phone: _____
	Email: _____
	Address: _____ Zip code: _____

ACTIVITY I DESCRIPTION	ACTIVITY I _____		
	Date Planned: _____	Number of Residents expected to participate: _____	
	Proposed Activity 1 Title: _____		
	Activity Location: _____		
	Activity Description: _____		
	How will this activity improve the sense of community/social bonds in your neighborhood?		

	Resources <i>(must match budget)</i>		
	A: NAF grant request: <i>activity 1 only</i> \$ _____	B: Total other resources: <i>optional</i> \$ _____	C: Total activity cost: $A+B=C$ \$ _____
	Will the activity take place on a street or public right of way? NO _____ YES _____, permit required Permit application available at http://bit.ly/SpecialEventsPermits		

NAF APPLICATION BUDGET ESTIMATE

Distinguish between activities if applying for more than one, total at bottom. *Other resources are not required.*

BUDGET ESTIMATE	Neighborhood Group Name: <input type="text"/>				
	Activity # <small>From application if applicable</small>	Detailed Item Description, Unit Price, and Amount <small>*Please round all numbers up to the next whole dollar*</small>	NAF Grant Request <small>per item</small>	Other Resources <small>neighborhood contributions</small>	Total Item Cost
	<i>Example Activity 2</i>	<i>3 packages of hot dogs @ \$5 each [rounded up from \$4.75 ea]</i>	\$ 10	\$ 5	\$ 15
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			Total Grant Request	Total Contribution	Total Activity Cost
	Activity 1 Total (C)	\$	\$	\$	
	Activity 2 Total (F) <i>if included on application</i>	\$	\$	\$	
	Activity 3 Total (I) <i>if included on application</i>	\$	\$	\$	
	COMBINED TOTAL	\$	\$	\$	



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NAF PAYMENT REQUEST FORM

Submit AFTER activity, payment requests not accepted after Friday, December 1, 2023

REIMBURSEMENT REQUEST	<i>Remember to include dated receipts*, evaluation, and photos!</i>		Funding Period: <input type="text"/>	
	Today's Date:			
	Neighborhood:			
	Date of Activity:			
	Activity Title(s) (#'s ____): <i>From application</i>			
	Make Check Payable To: <i>submit a separate request form for each check required</i>			
	Total Payment Amount Requested: (cannot exceed approved amount)	\$ <input type="text"/>	<input type="checkbox"/> This is the full request for this activity <input type="checkbox"/> Multiple check requests submitted, # ____	
	First & Last Name:			
	Full Address:			
	Phone Number:			
Email:				

***Please submit a separate payment request for each check recipient
and attach all dated receipts as required proof of payment
*canceled checks and credit card statements are not proof of payment***

For internal use only:

Approval:	_____
Date:	_____
Notes:	_____

Submit payment requests to:
n gla@longmontcolorado.gov or

City of Longmont, Community & Neighborhood Resources
350 Kimbark Street, Longmont, CO 80501

A/C #: _____



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NAF ACTIVITY EVALUATION

Submit with Payment request, valid proof of payment, and photos or video of your activity

ACTIVITY I EVALUATION	ACTIVITY I EVALUATION		Funding Period: <input type="text"/>
	Date of activity:	Number of Residents that participated:	
	Activity title:		
	Did the activity improve your community's sense of community or quality of life? Yes or No Please Explain:		
	Do you consider the activity successful? Yes or No How can the activity be more successful next year?		
	Did you borrow or use any resources from Community and Neighborhood Resources? Yes or No Please Explain: _____ What additional resources would have been helpful?		

ACTIVITY II EVALUATION	ACTIVITY II EVALUATION <i>if applicable</i>		Funding Period: <input type="text"/>
	Date of activity:	Number of Residents that participated:	
	Activity title:		
	Did the activity improve your community's sense of community or quality of life? Yes or No Please Explain:		
	Do you consider the activity successful? Yes or No How can the activity be more successful next year?		
	Did you borrow or use any resources from Community and Neighborhood Resources? Yes or No Please Explain: _____ What additional resources would have been helpful?		