



Neighborhood Activities Fund

Available to NGLA Neighborhoods with active status



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?		