



2017 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 include the following for all new applications. Check those which are enclosed or mark "N/A" for those that do not apply.

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|-----------------------------------|-------|---------------------------------|-------|
| Proof of Non-Profit Status | _____ | Current By-Laws | _____ |
| Current Articles of Incorporation | _____ | Statements of Nondiscrimination | _____ |
| Council Minutes & Sign-In Sheets | _____ | Previous Year's Final Reports | _____ |
| Organizational Plan for Employees | _____ | Job Descriptions for Employees | _____ |

For the 2017 NSP Program Year, please send in your most up-to-date documents even if they were previously on-file. Proposals will not be considered without this documentation.

NSP Proposal as voted on at Council Meeting

When and what was the vote on this NSP Proposal? 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.

Date of Meeting		Number of Yeas		Number of Nays		Total Attendance		Quorum? (Y/N)	
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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. See “NSP Guidelines” or “How-To” booklet for details.)

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.					
TOTALS	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 2017

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.								
TOTALS								

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

PROJECT NAME	
Residential Recycling Initiative	
WHAT WE INTEND TO DO	
<p>The youth of Future Leaders OTR want to help educate and train local residence how to recycle "AT HOME." Based off the youth's home experience, they have hypothesized that residential recycling is low due to a lack of awareness and resources to recycle (recycling bins). Their residential recycling initiative will occur in 5 phases. The first phase has been completed and the youth presented information to the OTR community on recycling and they were able to give 6 families recycling bins. Future Leaders OTR youth are now looking to complete the second phase of this initiative by creating recycling bins and educating other youth groups in the OTR area on recycling. Lastly, the youth will place 10 recycling bins in residential homes during each phase.</p>	
HOW WE INTEND TO DO IT	
<ul style="list-style-type: none"> -Youth will design, paint, and assemble the bins. -Youth will create and lead training for other youth groups in the OTR area (Boys and Girls Club, CRC, Peasley, YMCA etc.). -Lastly, youth will deliver each of the recycling bins to the 10 homes along with information on best practices for recycling! 	
HOW WE WILL MEASURE SUCCESS	
<ul style="list-style-type: none"> -The youth will follow up with residence and youth groups one month after delivery date to complete a second survey. This survey will gage the effectiveness of both the training and usage of the bins. -Weekly usage of the recycling bins will indicate effectiveness of the training. 	
PROJECT DETAILED BUDGET	
Budget Items (supplies, materials, services)	Estimated Expenses
Training materials: Print and Illumination	\$50.00
Materials for bins: wood, nails, screws	\$250.00
Tool Rental	\$100.00
Paint	\$100.00
Total Amount Requested	\$500.00

VOLUNTEER HOURS NEEDED (EST.)	
Volunteer Hours for OTR Youth	Estimated Time
Designing, painting, and assembling recycling bins	10-15
Creating best practices and designing training on recycling for youth groups and OTR residents	3-4
Training youth groups	3-4
Delivering Recycling Bins	1-2
Total Estimated Time	17-25

**Statement of Detailed Budget (Sample)
(Community Council Name)**

A. Expenses:

Project #1: *Promotion/Marketing*

Phone at Center	\$1,000
Mailings and stationery	\$1,000
Supplies/Material	\$275
Printing/Postal	\$100
Marketing/Photo's	\$100
Subtotal	\$2,475

Project #2: *Beautification*

Garden Equipment	\$500
Flowers	\$800
Grass Cutting	\$1,000
Subtotal	\$2,300

Project #3: *Insurance*

City of Cincinnati general liability insurance	\$225
Subtotal	\$225

Total Expenses	\$5,000
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B. Income

City of Cincinnati (Funds Awarded)	<u>\$5,000</u>
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Total City Funds	\$5,000
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COUNCIL NAME: _____

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 john.reiser@cincinnati-oh.gov.

For the year 2017, 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 _____

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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, John.Reiser@cincinnati-oh.gov, Phone: 513.352.6261

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** _____