

To ensure your grant application is complete, please use this information to check off requirements and inclusions. Please make sure to read the GRANT GUIDELINES for additional details about the checklist.

Applications **will be considered incomplete** if the following forms are not filled and attached. Please don't forget to attach your workshop attendance certificate and proof of the Group's bank account.

1. [Volunteer Hours Form](#)
2. [W9 Form](#)
3. [NCP Grant Group Registration Form](#)
4. [NCP Grant Grantee Agreement](#)
5. [Proof of Bank Account \(in group's name\)](#)
6. [Grant Workshop Certificate](#)
7. [Letter from Local Station Commander \(if applicable\)](#)
8. [Additional Documents \(price quotes etc.\)](#)

Please contact for any questions:

Neighborhood Crime Prevention Grant

Accreditation and Research

Division of Police Services

170 N. Main St.,

Phone: 901-636-3708

View more information about the neighborhood grant and view the application here <http://www.memphistn.gov/crime-prevention-grant/>



The Neighborhood Crime Prevention Grant

APPLICATION

PLEASE RESPOND TO ALL THE QUESTIONS, following the same order as this application. **NOTE: *If you are a past Neighborhood Crime Prevention Grant grantee:*** 1) please fill out this application as if it were your first time applying for a grant from us; 2) if you received a Neighborhood Crime Prevention Grant in the past year, please check to make sure that you submitted a final report for those grants. **Our office will not be able to consider your application otherwise.** Print and sign all 5 documents requiring signatures and scan it back with the completed application. Please email audra.lanehart@memphistn.gov with your questions or concerns.

SECTION 1: GENERAL INFORMATION

1. **What is the name of your group's organization and the group's organization mailing address? (Please keep this name the same throughout the application)**

Click here to enter text.

2. **What does your group need funding dollars for? What will be the name of your project? (Refer to guidelines p.6)**

Click here to enter text.

3. **Please list two contact names for your group, including working phone numbers and emails. Both contact persons should be able to discuss the application, as we may call for more information.**

Click here to enter text.

Click here to enter text.

4. Please indicate where your project will take place by listing the project address site, any street addresses, and any block locations. You may attach any documents to help show the address.

Click here to enter text.

5. What is the total amount of grant funds your group is requesting? (Maximum you can request is \$2,500) (Refer to guidelines p.6)

\$

6. Will these funds cover the entire project, or will they support a larger project? Please explain in detail.

\$

SECTION 2: TELL US MORE ABOUT YOUR GROUP

1. Which neighborhood(s) benefit from your organization? Please explain in detail and include a description of the neighborhood boundaries.

Click here to enter text.

2. Does your group have a social media page or website? If yes, please provide the site information.

Click here to enter text.

3. Has your group received a grant from Memphis Area Neighborhood Watch, or any other City of Memphis service center, in the past? If yes, what year(s)? Please include grant award date(s) and amounts. If your group has not received a Memphis Area Neighborhood Watch or any other City of Memphis agency, please indicate with "N/A". (Refer to guidelines p.5)

Awarding Organization	Award Date	Award Amount

4. Please list all sources of cash funding your group received in the past 12 months, including Neighborhood Crime Prevention Grant funds. Indicate the sources and amount. Be sure to include membership dues, funds raised at events, governmental funding, private donations, etc. If your group has not received any cash funding in the past 12 months, please state that below.

Sources of Cash Funding	Amount
Total Amount of cash Funding	Click here to enter text.

5. Please list all sources and types of non-cash support your group has received in the past 12 months. Indicate the sources and the types of non-cash support. For example: donations of equipment or food, materials, space, etc. If your group has not received any non-cash support in the past year, please state that.

Sources of In-Kind Support	Type of In-Kind Support

SECTION 3: TELL US ABOUT YOUR CRIME PREVENTION PROJECT

1. Describe your project and its goals in detail. Why will your neighborhood benefit from this project? How will you be able to start and finish this project? (Refer to guidelines p.6)

Click here to enter text.

2. What need(s) in your community will this project fill? (Refer to guidelines p. 6)

Click here to enter text.

3. Please provide an estimation of how many neighbors and community members will benefit from your crime prevention project.

Click here to enter text.

- 4. Describe in detail, how the project addresses the needs of crime prevention. How is your project a crime prevention project for your neighborhood?**

Click here to enter text.

- 5. How will you measure the success of this project?**

Click here to enter text.

- 6. How will you conduct outreach to involve other members of your community in the project, especially those providing the same services or serving the same clientele? How will you include them to help you?**

Click here to enter text.

- 7. List any organizations, agencies, or businesses providing additional support.** Please list any outside support agencies and include any letters (optional) of support/commitment with your grant application.

Click here to enter text.

- 8. How will you fund and operate the project after grant funds have been spent?**

Click here to enter text.

9. Please list all volunteers who will participate in the project (including yourself). List the names of the members who will volunteer hours of service to fulfill the required match for the grant funds. The volunteer commitment rate (unpaid) for volunteer service is \$23.07. (Refer to guidelines p.6)

NOTE: All volunteers must sign below indicating they agree with the information provided.

Please indicate if volunteers are serving for less than the 12-month time frame. Example: if you request to be awarded less than the maximum grant amount, please reflect this in your volunteer commitment match total. (Example: dividing the requested amount (\$2,500) by 23.07 equals your 108 required matched volunteer commitment hours.)

- Please attach an additional page if necessary.

Name of Volunteer	Signature of Volunteer (must sign)	Volunteer Tasks, Number of Volunteer Hours	Address, Phone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Total Hours:			

Maximum grant amount of \$2,500 must provide at least 108 matched volunteer commitment hours.

_____/_____/_____
 Signatures: *Leader / President* Date

_____/_____/_____
Assistant Leader / President Date

SECTION 4: WORK PLAN AND TIMELINE

1. Provide us with a work plan and timeline. If the project centers on a single event on a specific date, list all the actions leading up to the event.

Timelines must be a proposed schedule of dates for the project task to be completed AFTER the distribution of funds.	Dates Covered	Person Responsible
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2. Please list an approximate date by which the project will be completed. Project completion date should be 12 months from the grant award disbursement. (Refer to guidelines p.6)

Click here to enter text.

SECTION 5: PROJECT BUDGET & REQUESTED GRANT AMOUNT

1. Tell us how much your project will cost and how much your group is requesting. Please detail all cash expenses related to your project. The maximum award amount is \$2,500. **NOTE: A maximum amount of \$200 can be spent on food during your grant year.** This includes National Night Out and meeting refreshments. Additionally, National Night Out events can only be funded in the grant cycle that proceeds the National Night Out date. This means that you can only apply for NNO Events during the first cycle of the year. (Refer to guidelines p.4)

BUDGET TABLE

Item description	Cost of item	Quantity	Total
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Total			Click here to enter text.

Form **W-9**
 (Rev. October 2018)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Click here to enter text.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

- Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
- 5** Address (number, street, and apt. or suite no.) See instructions. Requester's name
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
- Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
- Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____
(and address (optional))

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

6 City, state, and ZIP code

Click here to enter text.

7 List account number(s) here (optional)

Click here to enter text.

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											

OR

Employer identification number											

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

•Form 1099-DIV (dividends, including those from stocks or mutual funds)

Section references are to the Internal Revenue Code unless otherwise

noted.

Future developments. For the latest information about developments

after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption

taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

- Form 1099-B (stock or mutual fund sales and certain other

transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)

- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Neighborhood Crime Prevention Grant
Grantee Agreement**

I/We _____ agree to abide by the terms of the Neighborhood Crime Prevention Grant and fully complete the proposal outline by our neighborhood group or association as listed in the Neighborhood Crime Prevention Grant application. All grant guidelines are understood by our group and upon application approval, our group agrees to be in compliance with all reporting.

I/We understand the importance of and agree to submit two reports in 12 Months of receiving NCPG funds as requested by Memphis Area Neighborhood Watch. I/We understand that these reports must include receipts of any and all items purchased with monies obtained from the Neighborhood Crime Prevention Grant totaling any awarded amounts to your group.

I/We understand that if leadership changes or someone moves, the project will still be carried out in the neighborhood that is listed in this application.

I/We understand that Memphis Area Neighborhood Watch has the right to capture, reproduce, and publish audio or visual media of my neighborhood association or group. This entire agreement is only valid if your group application has been approved for funds.

Name of Organization: _____

Organization Address: _____

Contact Number: _____

Email Address: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____