



DATE: _____ **Project Name:** _____

Organization/Group submitting application: _____

APPLICATION CHECKLIST: a complete application must include the following items:

- Participated in CIP orientation session (In person/Virtual) date:
- Concisely answered questions
- Provide documentation of matching funds
- Vendor quotes or estimates for project (if using a third party vendor)*
- Written permission to implement project on specific property/location from property owner (or appropriate City Department if proposing project on City owned property).
- Photos of space before project implementation
- All additional relevant documents

**Please refer to NIDC CIP Guidelines for clarification on items listed above.*

- **NIDC application form must be used**
- **Incomplete applications may be refused/returned/not processed**
- **Do not include a cover letter**

What is the physical location of your proposed project? Provide address(es), draw or attach map of project location/boundaries.

Aldermanic District: _____ **Neighborhood Name:** _____

Grant Amount Requested: \$ _____ **Total Anticipated Project Cost: \$** _____

LIST AUTHORIZED CONTACT PEOPLE FOR YOUR PROJECT:

Primary contact:

Name _____
Address _____ **Zip Code** _____
Phone _____
Email Address _____

Primary Contact Signature _____

Secondary contact (optional)

Name _____
Address _____ **Zip Code** _____
Phone _____
Email Address _____

APPLICATION QUESTIONS (Please limit responses to 200 words or less.)

1. Describe the project you are proposing, what specifically will be done? ***(Examples: GIVE DETAILS, build and install 20 raised gardens, create and install mural, implement neighborhood branding campaign).***
2. What are the goals of your project? How will you know when your project is a success?
3. How will neighbors be involved in planning, implementing and maintaining this project? ***(Give specific details)***

Provide a work plan for your project, listing all the major steps involved in bringing the project to completion, and an estimated date for when the activity will be completed:

Activity	Expected Completion Date

5. Provide a budget for your project	
Expense Item	TOTAL COST
TOTALS:	

6. Funding Sources	
Source	Amount
NIDC	
TOTALS:	

Totals from questions #5 and #6 must match

List any community organizations, leaders, neighborhood groups who are partners on this project:

Organization/Group/City Department

Contact Person and Contact Information

_____	_____
_____	_____
_____	_____

For assistance applying for a NIDC CIP grant or for more information contact:
 NIDC, (414) 286-5682, 809 N. Broadway, 3rd Floor
Amitch@milwaukee.gov
www.milwaukee.gov/CIPs