

NOF APPLICATION

City of Johnstown Neighborhood Opportunity Fund Application

This application should be completed by neighborhood community groups seeking funding through the City's Neighborhood Opportunity Fund (NOF) program. The maximum grant award is limited to \$10,000. All recipients of funding through this program must meet eligibility guidelines set forth in the application guideline document, and provide all information required in the application.

To be eligible, projects shall:

- Be achievable within 6 months of contract execution.
- Projects contingent on other funding sources that are not approved at the time of application will not be funded.
- Occur within Johnstown city limits.
- Provide a public benefit and be free and open to all members of the community.
- Be initiated, planned and to the greatest extent possible, implemented by community group members.
- Demonstrate significant volunteer match. Preference will be for projects completed using 100% volunteer efforts.

The City reserves the right to reject any grant application, for any reason, at any time.

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Information Required

Application Date:

Applicant Name (Neighborhood Group):

Officers of Neighborhood Group:

Date of Group Formation (approx.):

Financial Institutions holding Group Accounts (do not list account numbers):

Person Completing Application:

Applicant Mailing Address:

Applicant Phone Number:

Applicant Email:

Application Requirements (Please submit on separate pages):

1. Need Statement
2. Project Design
3. Detailed Project Budget
4. Goals, Objectives, Outcomes
5. Organizational Capacity

Amount of Funding Requested from NOF:

Expected Start Date of Project:

Expected Completion Date of Project:

Name and Email of Person to Answer Questions about this Application:

Please summarize in a few sentences how your group will use the Funding for that you are requesting from the City?

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1. **Need Statement:**
2. **Project Design:**
3. **Detailed Budget:**
4. **Goals, Objectives, Outcomes:**
5. **Organization Capacity:**

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FEDERAL AFFIDAVIT (FORM B)

By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of Federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government, and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Stated this day of _____, in the year of _____.

Applicant (Affiant) Printed

Applicant (Affiant) Signature

Joint Applicant (Affiant) Printed

Joint Applicant (Affiant) Signature

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CONFLICT OF INTEREST (FORM C)

I hereby disclose any and all of my conflicts of interest and potentially conflicting interests, including specific financial interests and relationships and affiliations relevant to the City of Johnstown, to include employment and or any affiliation to any employee, including members of City Council. This applies to the present time.

(PLEASE CHECK ONE)

YES: ☐

NO: ☐

PLEASE LIST ANY AFFILIATIONS:

IF YES, ADDITIONAL DOCUMENTATION WILL SE REQUIRED TO RECEIVE FUNDING. THIS DOCUMENTATION WILL BE PROVIDED TO YOU BY THE CITY OF JOHNSTOWN.

Print Name:

Signature:

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FORM D: INDEMNITY

By completing this form and application, the undersigned on behalf of themselves and/or their organization requesting funding agrees to indemnify, save harmless, and exonerate the City of Johnstown against any and all claims that may arise in review and approval or denial of funding for this program.

Print Name

Signature

Date

Print Name

Signature

Date