# Neighborhood Events Matching Funds Program Application

In response to requests from neighborhood groups for assistance to promote community engagement, encourage capacity building, networking and stimulate the local economy, Montgomery County Government established the Neighborhood Events Matching Funds (NEMF) program administered by the five Regional Services Centers. Neighborhood organizations, block groups, tenant associations, civic clubs and similar neighborhood groups that are active and in good standing may apply for funds to hold events and activities by completing this application. We encourage activities that are open to residents, creating sustainable and lasting impacts for the neighborhood. Due to increased demand and limited budget for this program, funding priority will be given to first-time applicants. The maximum fund amount is $1000 per applicant per year.

**Return completed application** to your Regional Services Center. The funds must be matched dollar for dollar with cash or in-kind donations. Please provide the information required below and describe how your organization or group meets the criteria for this program. After consideration of this application by the County you will be notified whether the application is approved and the amount of funds that will be provided to support your activity. You will be required to confirm and agree to the conditions of payment of the funds prior to payment by the County.

--------------------------------------------------------------------------------------------------------------------------

**PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION**

| | |
|---|---|
| **Neighborhood Group/Block/Club Name** | |
| **Contact Name** | |
| **Mailing Address** | |

| | |
|---|---|
| **Home Phone#:** | **Work or Cell #:** |

**Month and Year of Group's Formation:**

**Amount Requested: $ _____**

**What is the Mission Statement or Purpose of the Group? List Names of Three Other Group Members or Current Officers.**

**Neighborhood Activity Name:**

Date:

Location:

**Is Activity Open to the Public? Y_N _ If No, Explain Why:**

**Brief Description of Activity and How It Will Help Improve the Neighborhood**:

**Approximate Number of Households or Businesses that Would Be Participating and Benefiting from Activity?**

Name of Contact Submitting Application: _____

Signature: _____        Date: _____

**Please submit original Neighborhood Event Matching Funds <u>Application Form</u> with the NEMF <u>Match Pledge Form</u> and the <u>Estimated Expense Form</u> to your Regional Services Center Director**

**Montgomery County Regional Services Center Contacts:**

**Bethesda/Chevy Chase**: Kenneth Hartman - Kenneth.Hartman@montgomerycountymd.gov (240-777-8206)
**East County**: Jewru Bandeh – Jewru.Bandeh@montgomerycountymd.gov (240-777-8414)
**MidCounty:** Luisa Montero – Luisa.Montero@montgomerycountymd.gov (240-777-8101)
**Silver Spring**: Reemberto Rodriguez – Reemberto.Rodriguez@montgomerycountymd.gov (240-777-5307)
**UpCounty**: Catherine Matthews – Catherine.Matthews@montgomerycountymd.gov (240-777-8040)

DO NOT WRITE BELOW THIS LINE:


Date Application Received: _____

Received by: _____

_____

**Neighborhood Events Matching Funds Program**
**Estimated Expense Form**

| Please complete this form to show the costs of the proposed neighborhood activity that you are requesting. Please sign at the bottom of page |
| --- |

| Description of Estimated Expenses of the Activity/Event (Please Itemize – For Example: Food, Paper Goods, Decorations, Flyers, Printing, Etc.) | Estimated Expenses |
| --- | --- |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total Expenses | $ |

## Neighborhood Events Matching Funding Program
## MATCH FUNDS PLEDGE FORM

**Neighborhood Block/Group/Club Name:** _____

**Activity/Event Name**: _____

**Location:** _____

Date: _____The match for the NEFG can be made in various
ways: Volunteer Hours, Sweat Equity, In-Kind
Services/Materials, and/or Cash Donations.

| Description of Match (i.e., tent rental, paper utensils for 200, volunteer hours @ $)___/hr. | Name/address (volunteer, business, organization) making the donation) | Initials | Value of Volunteer hours | Value of In-Kind Services/ Materials | Amount of Cash Donation | Totals |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Pledge Amounts | | | $ | $ | $ | $ |

*NOTE: The match pledge total should be more than or equal to the funds amount provided by Montgomery County.*

**Name of Individual Submitting this Form:** _____

**Signature:** _____ **Date:** _____