ARCATA COMMUNITY DEVELOPMENT AGENCY
NEIGHBORHOOD IMPROVEMENT PROGRAM
APPLICATION FORM

Type of program you are applying for (check one):

GENERAL PROJECT AREA _____ **PROJECT NAME** _____

AFFORDABLE HOUSING COMPLEX _____ **NEIGHBORHOOD NAME** _____

NEIGHBORHOOD BOUNDARIES PROJECT SKETCH OR DRAWINGS

Attach a map that outlines the neighborhood boundaries and include any sketches or drawings that may be useful to illustrate your proposed project. Contact City Community Development Department at 822-5955 for neighborhood map that you can draw on.

PROJECT DESCRIPTION

Please provide a description of the following in two pages or less:

- **Project Name**
- **Project Location**
- **Problem**
- **Project Description**
- **How will the project solve the problem?**
- **What is the useful life of the project?**
- **What are the estimated project start and completion dates?**
- **What are the project costs/budget including In-kind contribution?**

CERTIFICATION/AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that to the best of my knowledge the information provided in this application is true and complete. I intend the information to be relied upon for the purposes of this application. I authorize the Redevelopment Agency to make any and all inquiries necessary and appropriate to verify this information. Any false or misleading information may lead to the disqualification of the application.

Name of Primary Contact _____ **email address** _____

Signature _____ **Mailing Address** _____

DATE _____ **Telephone** _____ **Fax** _____

OFFICE USE ONLY

DEPARTMENT HEAD REVIEW

DEPARTMENT: _____

This project is in conformance with General Plan Policies

☐ **NO** ☐ **YES** ☐ **YES, WITH CONDITIONS**

Attach any conditions that should be included in contract if the grant is awarded.

Signature _____ **Printed Name** _____ **Date** _____

Date of Application:	Amount:	Term:	Funding Source

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NEIGHBORHOOD SUPPORT DOCUMENTATION

PRIMARY CONTACT NAME	ADDRESS	SIGNATURE
1		

TEAM MEMBER NAME	ADDRESS	SIGNATURE
1		
2		
3		
4		
5		

NEIGHBORHOOD COMMUNICATION

How will the neighbors be involved in this project?

NEIGHBORHOOD SUPPORT

NAME	ADDRESS	SIGNATURE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

The goal is to gain approximately 70% neighborhood support. Attach additional sheets as necessary.