

Date Submitted: _____

Project Information

Project Title: _____

Project Location / Address: _____

Estimated Project Start & End Date(s)/Times: _____ thru _____

Brief Summary of Project:

List of other partners or resources outside of your organization (Attach additional pages if necessary to include complete contact list.):

Name of City Liaison involved in the planning or outreach for the project: (If Available)

Amount Requested (cannot exceed \$10,000 and must be same on budget form): \$ _____

- Complete the attached budget form and budget item descriptions. Attach additional pages if needed
- Attach a complete project narrative
- Attach any related fliers, planning minutes, designs, event permits or photographs

Organization Information:

Organization/Group Name: _____

Organization President/Director: _____

Address: _____

Phone Number: _____ Alternate Number: _____

E-mail Address: _____

Project Manager: _____

Address: _____

Phone Number: _____ Alternate Number: _____

E-mail Address: _____

Required Signatures

If awarded, the scope of work and implementation of the project are the responsibility of the organization. This project must be inclusive, incorporate the “Love Your City Event” theme, and promote communication and partnership within the community. By signing below, we verify that this project has been discussed by a representative body of the applying group and that all information contained herein is accurate.

Name (Printed) Signature Title Date

Project Narrative Instructions

Please provide information on the following in a typed format consistent with Section D of the LYCE Policy. The narrative should include the sections as outlined below.

I. Description of Organization

Provide a brief overview of your organization. (i.e. Membership, Governance, Mission, Date Established, etc)

II. Description of the Project

Provide an overview of the entire project. Share any relevant information about the project (such as, time, location, scope, target audience, planned activities, resources, partnerships, etc.), including how it is connected to any previous projects done by the group. Describe any cooperative efforts or partnerships related to the project.

III. Goals of the Project

Describe your primary goals of the project and explain how they will meet the needs of the City. Your goals should identify how the project will benefit the citizens of Hampton by providing quality programming.

IV. Event Plan (Refer to Section D of the LYCE Policy)

Explain the process used to plan the event. It should include timelines, all activities, site plan, street closures and partnerships/sponsors. If outside event planners are involved, please detail in what capacity and include portfolio materials.

V. Budget and Budget Narrative

Complete the attached budget form describing each activity. The budget and budget narrative should give a total picture of your project and the resources available to it. All related costs must be covered in the budget. You may not be aware of all the costs associated with the budget but should estimate them to the best of your ability.

Identify the source of funding for each line item. The value and type of any in-kind contributions should be thoroughly explained. It is important that your budget figures clearly relate to what is proposed in the project description.

VI. Match Requirements

Describe the matching resources identified to support 100% of the project. You must be able to provide the dollar value of matching resources for the project. Your match provided must have a direct relationship to the project.

Eligible match may include cash contributions, donated materials or services, volunteer labor, and reductions in cost.

- Donated or volunteer labor is valued at the rate published by the Independent Sector (<http://www.independentsector.org>) for Virginia in the last published calendar year.
- Donated or discounted professional services will be valued at the full cost of the service provided. Professional services are services a person provides for paid employment that are offered at a reduced rate; the difference between what the professional normally charges and

what they charge the neighborhood may be counted as matching funds. These services must have a direct contribution to the project in order to be counted as a match.

- For reductions in cost, donated materials and services price quotes must be obtained from multiple vendors to substantiate the value of the match.

Projects most likely to receive approval are those which plan to utilize grant funds along with other resources from their community. Therefore, you may wish to aggressively recruit volunteer labor or contact local businesses, financial institutions, and other agencies about other possible resources in support of the project.

VII. Love Your City Factor

Explain how event is unique and will enhance quality of life of Hampton residents and visitors through quality public gatherings. (See sections A and C of policy)

NOTE: Application Deadlines

Applications will be received in person, by mail, fax or email. All applications that are turned in after the deadline will be forwarded to the next round of grant funding. To ensure timely processing of your application, please adhere to the timeline provided.

Hampton PRLS- Special Events
c/o Love Your City Grant
413 W Mercury Boulevard
Hampton, Virginia 23666
O: 757-915-6074
F: 757-727-8313
E: specialevents@hampton.gov

Budgeted Costs

Proposed Budget

Budget Item (A)	Funding Source			Specify Other Sources (State, City, Federal, Donations, etc.)
	Grant Funds (B)	Other Sources (C)	Total (B+C)	
TOTALS:				
	(Will be the same as indicated in Section II of the application.)			

Budget Narrative

Budget Item (A)	Explanation

APPLICATION CHECKLIST

This checklist is to help you prepare your application and serves as a suggested guide to planning your project. Please call the Special Events division at (757) 915-6074 if you need assistance.

You should...

- Contact** your City Liaison to discuss your project idea and the grant process. For more information on your City Liaison, please contact Rachael Faunce at 757-915-6074 or specialevents@hampton.gov.
- Plan** the project; establishing a committee or group. (The names and telephone numbers of those involved in planning the project should be included in the application.)
- Seek** other resources besides the grant funds to support or supplement the project.
- Identify** resources to meet the 25% match requirements and indicate the planned match clearly in the budget and budget narrative.
- Complete** all sections of the application attaching project and budget narratives. Please ensure project narrative includes all six sections.
- Submit** six (6) copies of your application by the deadline via hand-delivery, mailing, faxing or emailing to the following:
 - Hampton PRLS- Special Events
 - c/o Love Your City Grant
 - 413 W Mercury Boulevard
 - Hampton, Virginia 23666
 - O: 757-915-6074
 - F: 757-727-8313
 - E: specialevents@hampton.gov
- THANK YOU** for your interest in the Love Your City Event Grant Program!