



**COMMUNITY BUILDING & ENGAGEMENT PROGRAM  
Funding Application**

**APPLICANT INFORMATION**

Neighborhood Association: \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
Neighborhood Representative(s): \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Project/ Event: \_\_\_\_\_

Date of Neighborhood Approval: \_\_\_\_\_

Description of Activity(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How funds are being spent (attach budget estimates on a separate page, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other funding sources are being used to support this project? Please list all other financial and in-kind contributions, including estimated dollar values.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this project help your neighborhood pursue Healthy Neighborhood outcomes (image, market, physical conditions, neighborhood management)? Attach additional pages, if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the neighborhood residents be made aware of this engagement activity/event (please list dates of notifications). What is the plan for cancellation of the activity/event.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach meeting minutes/documentation of event, activity, meeting or project approval by your neighborhood. Applications without this documentation included will not be considered.**

**Please read the following terms and conditions carefully and check to acknowledge:**

If selected as a recipient of Community Building & Engagement Program funds, I/We agree to:

- Use the program funds toward the completion of the project(s) proposed on my application.
- Neighborhood Association has given documented pre-approval for this project.
- I/We must return a sign in sheet from the event/activity, a log of volunteer hours which includes any hours invested in planning and implementation of the event or project, photos taken during the event, and receipts or paid invoices within two weeks of event completion.
- Allow GO-HNI and/or the City of Oshkosh to use my photos in marketing and promotional materials and for documentation purposes, as they deem appropriate.
- Promptly notify GO-HNI of any project challenges that may delay or prevent the project from being completed as proposed.
- Hold GO-HNI, the City of Oshkosh, and their partners harmless against any claims, damages, losses, expenses, or any other cause of action relating to this program or the proposed project.
- Hereby certify that all information in this application and all information furnished in support of this application, is given for the express purpose of obtaining funding from GO-HNI through the Community Building & Engagement Program, and is true and complete to the best of my/our knowledge and belief.
- It is my/our understanding that if the requested financing is provided, it is my/our intent to complete the project to the terms and conditions of the funding I/We are requesting.
- Know this is not a contract and does not bind either me, GO-HNI, or the City of Oshkosh.

**\*\*Only those applicants who have received a signed approval letter 14 days in advance of said activity, will be qualified for program funds. Any invoices and/or receipts dated prior to the date of an approval letter sent to you by GO-HNI will not be eligible for program funds. \*\***

I understand and agree to comply with all the terms and conditions listed above. I further understand that GO-HNI reserves the right to cancel this agreement at any time, for any reason, without notice.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Return completed applications to:  
Oshkosh Healthy neighborhoods, 100 North Main St., Suite 103 Oshkosh, WI 54901 or cora@gohni.org

**FOR OFFICE USE ONLY:**

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Reimbursement submittal amount \_\_\_\_\_ Date: \_\_\_\_\_ CK# \_\_\_\_\_ Account: \_\_\_\_\_