



Burlington Healthy Neighborhoods Program

2021 APPLICATION

Thank you for your interest in the Healthy Neighborhoods Program, we are excited to work with you to improve our City. Please follow the instructions below to have your group considered for selection for grant money.

Application Instruction:

1. On this cover page, fill out the main contact information for your group.
2. Complete questions about your group on page 3 and 4.
3. Each participant (one per house) must complete the questions on page 5.
4. Please provide a map showing the location of the houses include in the application (if you need help printing a map, contact the Development Department at City Hall).
5. The main contact for the group should return this application (including a separate 'page 5' for each participant) to the Development Department at City Hall (400 Washington Street) by the date specified below.

Application due by: **Friday, April 16th, 2021**

Awards announced: **Friday, 23rd, 2021**

Project completion deadline: **Friday, December 31st, 2021**

Your group's main contact person:

Name _____ Address _____

Phone _____ Email _____

Questions, and the completed application, should be directed to:

Jessica Gerling
Project Coordinator
City of Burlington
319-753-8131
development@burlingtoniowa.org

What are the Goals of this Program?

The two main goals of this program are neighborhood revitalization and increased neighbor to neighbor relationships.

How does the program work?

Each participating property owner in the Healthy Neighborhoods Program is eligible to receive a dollar-for-dollar match on exterior improvements (**visible from the street**), up to \$1,000. If \$500 is spent, a \$250 match will be made. If \$2,000 (or more) is spent, the match will be \$1000. Funding is competitive; please see Tips for a Competitive Application.

To receive the matching funds, participants must submit all receipts and invoices at the conclusion of their project(s), even when the participants invested more than required by the matching grant. The City of Burlington will review these materials, take a picture of the completed work, and mail a reimbursement check to the participant.

Applications will have a limit of one income or commercial property listed for reimbursement. Projects for income or commercial properties will be limited to landscaping only. Homes are eligible to receive awards twice in a 5 year period. The second award will be limited to half of the eligible expenses of the first year. For example:

1st year project cost: \$2,000, Award Amount: \$1,000
2nd year project cost: \$2,000, Award Amount: \$500

Funding for these grants is limited and we want to ensure successful projects. If funding was previously approved and work was not completed or communicated, this could impact future year's applications. Funding will not be dispersed on anyone's project in the neighborhood until at least 60% of neighbors have submitted qualifying receipts.

Role of leader: There are expectations of the neighborhood leader of these funds. High level of communication between neighbors and city will be crucial. This role will act as liaison for all questions if needed and for gathering information and qualifying neighbors for application. This is a time commitment we recognize and will compensate for by offering an additional \$100 for successful applications. *Successful applications will require at least 80% of homes to submit receipts, show good working relationships, and maintain good level of contact with city.

What Improvements are Eligible?

- Porch and soffit repair
- Porch construction
- Porch painting
- Paint for siding and trim
- Exterior lights
- Flower boxes
- Front doors
- Front yard landscaping
- Mailboxes and house plaques/signs
- Shutters

This list is not comprehensive, more improvements may be eligible. All projects must be approved prior to starting the work.

What are the Selection Criteria?

The number of projects chosen for the 2021 Healthy Neighborhoods Program will depend on available funding. If the number of applications exceeds committed funding, a competitive selection process will take the following factors into account: completeness of application, proximity of participating properties, number of participating properties, teamwork on projects, and plans to maintain future momentum. Please see “Tips for a Competitive Application” for more information.

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

1. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
1.				
2.				
3.				
4.				
5.				

ADDITIONAL NOTES:

2. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?

3. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

Amount requested: \$

- Note: Projects must be completed, photographed, and all receipts turned in by 12/31/2021
- If your group is selected, you agree to allow the City of Burlington to document your group's work (including your own project) and to use photos of your improvements on its website and Facebook page to publicize the program.

Applicants Signature: _____

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

4. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
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3.				
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5.				

ADDITIONAL NOTES:

5. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?
6. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

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Applicants Signature: _____

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

7. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
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ADDITIONAL NOTES:

8. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?
9. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

Amount requested: \$

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- If your group is selected, you agree to allow the City of Burlington to document your group's work (including your own project) and to use photos of your improvements on its website and Facebook page to publicize the program.

Applicants Signature: _____

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

10. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
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ADDITIONAL NOTES:

11. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?

12. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

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- If your group is selected, you agree to allow the City of Burlington to document your group's work (including your own project) and to use photos of your improvements on its website and Facebook page to publicize the program.

Applicants Signature: _____

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

13. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
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ADDITIONAL NOTES:

14. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?

15. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

Amount requested: \$

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- If your group is selected, you agree to allow the City of Burlington to document your group's work (including your own project) and to use photos of your improvements on its website and Facebook page to publicize the program.

Applicants Signature: _____

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

16. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
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ADDITIONAL NOTES:

17. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?

18. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

Amount requested: \$

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- If your group is selected, you agree to allow the City of Burlington to document your group's work (including your own project) and to use photos of your improvements on its website and Facebook page to publicize the program.

Applicants Signature: _____

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

19. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
1.				
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ADDITIONAL NOTES:

20. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?

21. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

Amount requested: \$

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- If your group is selected, you agree to allow the City of Burlington to document your group's work (including your own project) and to use photos of your improvements on its website and Facebook page to publicize the program.

Applicants Signature: _____

Individual Homeowner to Complete:

Address _____ **Name** _____

Phone _____ **Email** _____

If this is a rental property, what is your home address? _____

22. Please list the physical improvements you would like to complete as part of the Program. Please use the back of the page if you need more space.

	<u>Improvement</u>	<u>Dimensions (if applicable)</u>	<u>Materials</u>	<u>Anticipated Cost</u>
1.				
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ADDITIONAL NOTES:

23. Are there any improvements you plan to make to your property outside of Healthy Neighborhoods grant funding?

24. Based on your estimate of the cost of the work, please state the matching amount you are requesting from the Healthy Neighborhoods Program (maximum \$1,000). This should be no larger than 50% of the total projected costs.

Amount requested: \$

- Note: Projects must be completed, photographed, and all receipts turned in by 12/31/2021
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