

**City of Houston  
Neighborhood Matching Grant Program  
2025/2026 Application  
(TO COMPLETE AN INTENT TO APPLY MUST HAVE BEEN SUBMITTED)**

---

*Please print or type. Please answer each question briefly. You may use one additional 8 ½" x 11" sheet to complete your answers. Be sure to number the question/answer on the extra sheet. If the question does not apply to your project, put NA (Not Applicable).*

**APPLICATION PACKET DEADLINE: 11:59 p.m., November 1, 2025.**

**Qualifying Information for Organizations**

Qualifying organization must be a Neighborhood Association/Civic Club with a 501 (c) (3) or a 501 (c) (4) Certificate of Incorporation from the State of Texas to qualify for this grant.

Does your organization fit these criteria? **Yes** ☐ **No** ☐

***If yes, please provide a copy of your organization's State Certificate of Incorporation and IRS Department of Treasury tax exempt status. If no, please have your partnering 501 (c)(3) or 501(c) (4) organization complete and attach the following: A copy of your organization's State Certificate of Incorporation and IRS Department of Treasury tax exempt status, or that of your partnering organization, if applicable. Please also attach the operating budget for the last 12 months.***

1. Partnering Organization: \_\_\_\_\_

Contact person name/title: \_\_\_\_\_

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

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Please list the current officer(s), name(s) and title(s). Also list committees and chairpersons.

---

---

---

---

3. Organization's annual operating budget: \$ \_\_\_\_\_ Year: \_\_\_\_\_

4. Organization's Federal Identification No. \_\_\_\_\_

**Select One:** We are a **501 (c) (3)** ☐ **501 (c) (4)** ☐

**Certification by a 501(c) (4) Organization:**

By signing this application, I declare that our organization is not a political action committee. I/we certify that the applying organization supports this project and have approved it as a body. All grant monies will be used for a project that will benefit the community.

President/Board Chair Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part II- Qualifying Information for Projects**

**Required Documents needed:**

- ☐ Signed letter of permission from owner of the proposed site
- ☐ Proof of ownership of proposed site (Ex: Copy of Deed, HCAD record, etc.)
- ☐ Photo of proposed site

*\*The owner of property may be a government agency, the owner of private property, or an association if the property is a common area. Property and project must be accessible to all residents of Houston for eligibility. \**

1. Title of Project: \_\_\_\_\_

2. Briefly describe your project:

3. What is the physical address of your project?

\_\_\_\_\_

4. The property is owned by:

\_\_\_\_\_

5. Do you have permission from the property owner to make the proposed improvements?

Yes ☐ No ☐

6. Does your project require upkeep/maintenance beyond the grant period? If so, how will you maintain the project (funding, volunteers, etc.)? Please be specific.

### **Part III- Project Information**

#### **Required Items needed:**

- ☐ **3 signed letters of support for your project**

*(Ex: Neighborhood or area organizations, businesses, elected officials, schools, super neighborhood council, etc.)*

- ☐ **ALL required City of Houston approval(s)**

*Note- The application is ineligible without the pre-approval from the appropriate city department(s)*

*(Ex: Pre-approvals must be issued by, Parks & Recreation Department for the Adopt-An-Esplanade Program, Public Works & Engineering Department for Subdivision Markers, etc.)*

- ☐ **Scope of Work/Quote**

*(Note: This should include the total dollar amount as well as proposed services rendered or goods to be provided from the actual vendor completing the services or supplying the goods.)*

1. With your project in mind, describe the current condition of the project site. How will your proposed project improve it? Please be specific.

2. Describe your project after completion. What is your end goal or visible result?

3. How will the proposed project contribute to improving the quality of life of the neighborhood?

4. List the ways in which you involved the rest of the neighborhood in **selecting** and **planning** this project? How did you get their input (Ex: Meetings, door-to-door surveys or flyers, etc.)?

5. Describe how the residents and organization members will be involved in achieving this project. Include fundraising efforts, implementation of the project, maintenance of the project, and celebrating the completion of the project. Please be specific.

6. Has your organization obtained permission or pre-approval from the appropriate City Department(s) to conduct the proposed project? **Yes** ☐ **No** ☐

**Department Approvals**

**Certification by City of Houston Department (s):**

By signing this application, I/we certify that I am authorized to sign on behalf of the department listed in this signature. I/we understand and agree to the requirements of the Neighborhood Matching Grant Program. I/we certify that the applying organization has met the requirements for my department for this project and the project is approved. *\*Please indicate if you are signing by permission of the authorized person. \**

**Department name-** \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**Department name-** \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**Department name-** \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**7. Project Timeline** -Provide a timeline for each phase of your project (i.e. install irrigation, purchase plants, planting, etc. on the following page. Please attach a separate document if necessary.)

Project Activity Description	Estimated Completion Date

## **Part IV-REQUIRED CITY APPROVALS**

### **Certification by City of Houston Department (s):**

By signing this application, I/we certify that I am authorized to sign on behalf of the department listed in this signature. I/we understand and agree to the requirements of the Neighborhood Matching Grant Program. I/we certify that the applying organization has met the requirements for my department for this project and the project is approved. *\*Please indicate if you are signing by permission of the authorized person. \**

\_\_\_\_\_  
DON Grant Coordinator  
Department of Neighborhoods

Date: \_\_\_\_\_

\_\_\_\_\_  
**Department of Neighborhoods**  
Herbert C. Sims Jr.  
Director

\_\_\_\_\_  
**Legal Department** *(Signature above)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Position)*

\_\_\_\_\_  
**Office of Mayor John Whitmire** *(Signature above)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Position)*

## **DON NEIGHBORHOOD MATCHING GRANT PROCESS CHECKLISTS**

### **Application packet checklist:**

- ☐ Completed the Required Training for Matching Grant Program
- ☐ Submitted a signed Intent to Apply by August 31<sup>st</sup>.
- ☐ Reviewed and completed ALL questions and answers.
- ☐ 501 (c) (3) or a 501 (c) (4) Certificate of Incorporation from the State of Texas
- ☐ 12-month Operating budget for 501 (c) (3) or a 501 (c) (4) organization
- ☐ Signed letter of permission from owner of the proposed site
- ☐ Proof of ownership of proposed site
- ☐ Photo of proposed site
- ☐ 3 signed letters of support for your project
- ☐ ALL required City of Houston approval(s)
- ☐ Scope of Work/Quote

### **Procurement checklist:**

- ☐ Approved application packet
- ☐ Photo of completed project
- ☐ City vendor number
- ☐ Proof of services and payment (Original receipts/completed invoices/bank statements/cancelled checks/credit card receipts) No cash transactions will be reimbursed