

**City of Houston
Neighborhood Matching Grant Program
2025/2026 Intent to Apply
(NOT APPLICATION)**

Please print or type. Please answer each question briefly. You may use one additional 8 1/2" 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).

INTENT TO APPLY DEADLINE: 11:59 p.m., August 31, 2025.

Part I - General Information

Required Documents Needed:

- ☐ **501 (c) (3) or a 501 (c) (4) Certificate of Incorporation from the State of Texas**
- ☐ **Operating budget for 501 (c) (3) and/or (4) the last 12 months.**
- ☐ **Department of Neighborhoods Director or designee approval of funds as indicated by signature below.**

1. Neighborhood Association: _____

2. Contact person name/title: _____

3. Address: _____ Zip: _____

4. Phone (Day): _____ (Evening): _____

5. E-mail Address: _____

6. What Council District is your project located in? _____

7. Is your organization a part of a super neighborhood council? **Yes** ☐ **No** ☐

If yes, please indicate the name and number of the council.

8. Title of Project: _____

9. City Match Requested (**Not to exceed \$5,000**) \$ _____

10. Have you ever received funding from the Neighborhood Matching Grant Program?

Yes ☐ **No** ☐

If yes, what was the matching grant year/amount awarded? If more than once, please list.

Year _____ Amount \$ _____

11. *Please give a brief project description:*

Certification by Department of Neighborhoods Director or designee:

By signing this application, I declare that I have approved the use of my council district service funds for this proposed project. I also understand and agree to the requirements of the Neighborhood Matching Grant Program. I understand that I may reimburse up to 50% of a project's total budget and that the minimum project amount is \$1,000. I also understand the minimum matching grant award amount is \$500 and the maximum matching amount is \$5,000. I hereby approve \$ _____ of these funds towards the requested project.

DON Director or designee: _____

Signature: _____ Date: _____

Certification by Organization:

By signing this application, I/we certify that the information contained in this application is true and correct to the best of my/our knowledge. I/we certify that the applying organization supports this project and have approved it as a body. I/we also understand and agree to the requirements of the Neighborhood Matching Grant Program and to invite the City to any promotional activities associated with our project.

President/Board Chair Name: _____

Signature: _____ Date: _____

Phone: _____

Email: _____

Project Manager Name: _____

Signature: _____ Date: _____

Phone: _____

Email: _____