FY 2026 Super Neighborhoods Grant Program Application

APPLICATION DUE DATE 10/6/2025 by 5:00p.m.

Super Neighborhoods

Grants Program 2025 - 2026



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Part I – General Inform	mation
Contact Person & Title	
Property Address	
City, State & Zip Code	
Phone	Alt Phone
Email	
President or Board Chair Print Name	
Treasurer/Secretary Print Name	
Part II – Super Neighl	porhood Information
Super Neighborhood	
City Council District	
Project Physical Address	
Property Ownership Name(s)	
Title of Project	
Total Reimbursement Funds Amount (max \$7,000)	
Project Brief Description (Add 8 ½ x 11 plains sheet	
for more details)	

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Part III – Proposed Project(s) Information

1. Will the proposed project require frequent maintenance beyond the grant period? If so, how will you maintain the project? Please be specific.	,
2. Describe the current condition for the proposed project site?	
3. How will the proposed project improve the property? Please be specific	
4. Describe the project after completion with the final visible aesthetic?	

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	will the other neighborhood members ementation processes?		_
			_
			_
-	your super neighborhood receive pre-a ston Department to conduct the propo	nuthorization from the appropriate City of esed project? \Box Yes \Box No	
Certification	n by the Super Neighborhood Organizat	<u>tion</u>	
correct to th and have be	ne best of my/our knowledge. I/we cert en approved as a body. I/we also under	ormation contained in this application is true and tify the applying organization supports this project rstand and agree to the requirements of the Supe any promotional activities associated with our	
President c	or Board Chair Print Name		
President o	or Board Chair Signature	Date	
Treasurer/S	Secretary Print Name		
Treasurer/S	Secretary Signature	Date	

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Scope of Work Worksheet

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

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the authorized person. * Mayor's Assistance Office, DON Manager	Date	
By signing this application, I/we certify that I am audisted in this signature. I/we understand and agree to Grant Program. I/we certify, the applying organization and the project is appropriately	to the requirements of the Super Neighbo	orhood
Part IV-REQUIRED CITY APPROVA Certification by City of Houston Departmen		

Date

DON Finance Designee

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Project Qualifications Checklist & Due Dates

Please submit the requirements below with the application.

The properties owned by individuals, corporations, & LLCs., must have a signed permission letter from the property owner(s)
Must have proof of property ownership (ex. Deed, HCAD/FBCAD record)
Photographs of the proposed property
Property must be accessible to all City of Houston residents for eligibility
Meeting minutes with required approval vote
Three (3) signed letters of support for the project
All required City of Houston approval(s)
Scope of Work/Quote – concise explanation of project with cost estimate

