



APPLICATION

Please print your responses to each question and ensure the information can be read clearly. Carefully read and answer each question completely. If any question does not apply to your project or organization, please write "n/a", "not applicable" or "does not apply".

GENERAL INFORMATION

Name of Neighborhood Association _____

Name of President/Contact Person _____

Mailing Address _____

Home Phone: _____ Street _____ City _____ Zip _____
Cell/Mobile Phone: _____

Neighborhood Name: _____

Boundaries: North: _____

East: _____

South: _____ West: _____

NEIGHBORHOOD ASSOCIATION INFORMATION

1. What year was the neighborhood association established?

2. List the names of the neighborhood association's current officers and Board members.

President/Chairman: _____

Vice-President/Vice-Chair: _____

Treasurer: _____

Secretary: _____

Board Members: _____

3. Is the neighborhood association's membership opened to any person who lives and/or owns property in your neighborhood? _____ Yes _____ No
If no, please explain: _____

4. Please enter the amount of the neighborhood association's annual operating budget.
Amount \$: _____ Year: _____

5. Describe the neighborhood association's experience managing grants and implementing projects. List the amounts of previous grants and the types of projects the organization has implemented.

6. Has your neighborhood association received or been approved for any other grant awarded by the City of Savannah? _____ Yes _____ No.
If yes, which grant? _____ How much? \$ _____

7. Adult Supervision: Neighborhood Pride Teams must be supervised by two adults. These adults must be mature and responsible individuals who are able to work well with youth and can serve as role models and mentors.

a. Please describe how your association will recruit the "right" adult(s), who can not only manage projects and work schedules, but also supervise and work well with youth?

b. Please describe the duties of the Supervisor(s).

8. Project Management: Associations awarded funds must manage the project and ensure youth and adults perform the required work in a satisfactory manner. Associations also are responsible for ensuring public funds are expended properly, without fraud or abuse. In the space below, please provide the name(s) and contact numbers for the person(s) who will be responsible for overseeing the project.
Project Manager #1: _____ Phone #: _____
Project Manager #2: _____ Phone #: _____

Duties: _____

9. Hiring Youth Participants: A maximum of seven (7) youth can serve on the Neighborhood Pride Team. It is important that all neighborhood youth, ages 14 to 18, are aware and have an opportunity to apply for the Team, if desired. Please describe how you plan to get the word out to neighborhood youth about the employment opportunity, and interview and select youth for the program. (Note: Youth must meet age requirements for working in the State of Georgia with parental consent.)

10. Identifying Projects: In addition to keeping youth safe and engaged in positive activities during the summer, a goal of the program is to teach youth to show pride and care for their neighborhoods by improving the way the neighborhoods look and helping elderly and disabled residents in need. If selected, please describe the types of projects youth will carry out in the neighborhood and how you will ensure their work is limited to eligible activities and assistance of only elderly residents and those living with disabilities. Please be specific as what you list will help determine the distribution of equipment and materials.

**APPLICATIONS MUST BE RECEIVED BY: 11:59 PM on February 27th, 2026 at
the
ONSE office at 2005 Waters Ave suite 700 (by 5:00 PM) OR via email at
onse@savannahga.gov**

**THE ONSE OFFICE WILL BE OPEN TO ASSIST WITH APPLICATIONS. PLEASE
CALL OUR OFFICE TO CONFIRM AVAILABILITY FOR WALK-INS.**