



2024 Love Your Block Grant Agreement

Name of Neighborhood Based Organization:

Grant Period: May 1, 2024 – December 30, 2024

Total Grant Amount: Not to exceed \$1,500.00 per one (1) organization per calendar year.

To receive this award, the Grant recipient hereby agrees to the following:

1. Payment of Grant:
 - a. The Grant is payable in up to two (2) installments.
 - b. Up to \$1,500.00 reimbursement from the City of Little Rock will be awarded to the applicant at the conclusion of the project and after meeting all Grant submission requirements.
2. The project, as outlined in the Grant application, must be completed by December 30, 2024.
3. The Grantee is required to:
 - a. Maintain separate, complete, and accurate records of expenditures of Grant funds.
 - b. Keep copies of invoices, canceled checks, and receipts for at least two (2) years after the funds are spent. Original receipts are to be submitted.
 - c. Demonstrate the ability to mobilize a minimum of twenty (20) neighborhood volunteers to take part in the revitalization of their block.
 - d. Meet all Grant reporting requirements. ***Failure to do so may result in ineligibility for future Love Your Block Grant funding by the City of Little Rock.***

If the above correctly reflects your organization's understanding of the arrangements made regarding the 2024 Love Your Block Grant, please sign this agreement and return it along with your application to the address or email listed below:

Stephanie Brewer
City of Little Rock
Department of Housing and Neighborhood Programs
500 W. Markham St., Suite 120W
Little Rock, AR 72201

Or

sbrewer@littlerock.gov

Name (Please Print)

Title

Signature

Date



2024 Love Your Block Grant Application

The deadline for submitting your application is 3:00 pm, Monday, April 15, 2024.

FOR HNP OFFICE USE ONLY

Date Received: W-9 included?	
Received By:	

Section I: Applicant Profile

Association/Organization Name:	
Mailing Address:	
Phone Number:	Web Site (if applicable):
Did your organization receive funding last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for what? _____	
Proposed Project Location: _____	
President:	
President Phone #:	Email:
Contact information of the person responsible for writing implementing grant & including W-9 (Primary Contact):	
Name:	
Title/Affiliation:	Phone Number:
Address:	Email:
Secondary Contact:	
Name:	
Title/Affiliation:	Phone Number:
Address:	Email:

Section II: Project Proposal

1. What is the Association/Organization's objective in using the Love Your Block Grant funds?

2. Please give a description of the proposed project. *What is the purpose and how does it fit with the mission of Love Your Block?*

3. Describe how your organization will match the Love Your Block Grant funds.

4. How will this project benefit your neighborhood?

5. If this project is a part of a larger plan, please explain the relationship and indicate the final expectations.

6. How will this project promote volunteerism and benefit the City of Little Rock as a whole?

Section III: Budget

Please specify the amount you are requesting, up to \$1,500.00 \$ _____

Expense (materials, supplies, etc.)	Total Cost	Amount Requested from Love Your Block	Details (purpose, timing, in-kind, etc.)
Total			

Submit your application via:

Email: sbrewer@littlerock.gov

In-Person:

Attn: Stephanie Brewer
 Department of Housing and Neighborhood Programs
 500 W. Markham St., Suite 120W
 Little Rock, AR 72201

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