**Grant Information**

**Contact Name(s)** (person(s) responsible for grants evaluation)**:** Click here to enter text.

**Contact E-mail Address(es):** Click here to enter text. **Contact Phone Number(s):** Click here to enter text.

**Organization:** Click here to enter text.

**Grant Name:** Click here to enter text. **Grant Agency:** Click here to enter text. **CFDA #:** Click here to enter text.

**Type(s) of support requested:** [ ]  Letter of Support [ ]  Preference Points (HUD Form) [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount of funding requested:** Click here to enter text. **Amount of other funding leveraged for project:** Click here to enter text.

**Amount of funding received (N/A if not yet applicable):** Click here to enter text.

**Date of expected award notification:** Click here to enter a date.

**Time frame for the grant:** Click here to enter start date to Click here to enter end date

**Has community outreach or engagement been conducted in support of this application?** (check if yes) [ ]

**Will this project include a research component?** (check if yes) [ ]

**Please briefly describe how you will use the grant**: Click here to enter text.

**Certification of Promise Zone Benefit**

The information provided in this section will be used to determine whether your proposed project or program will provide substantial benefits to the West Philadelphia Promise Zone. Please complete this section and sign below to certify your understanding and agreement to the guidelines for receiving a Promise Zone letter of support and/or HUD certification form.

**To receive a Promise Zone letter of support and/or HUD certification form, the applicant must demonstrate the following:**

1. An ability and commitment to provide direct and substantial benefits to Promise Zone residents.
	* Amount of grant targeted to the Promise Zone ($, approximate)**:** Click here to enter text.
	* Please briefly explain your targeted amount**:**  Click here to enter text.
	* Number of Promise Zone residents or households expected to benefit from grant activities:

[ ]  Residents: Click here to enter text.

[ ]  Households: Click here to enter text.

1. Alignment of the proposed project or program with Promise Zone goals.
	1. *Please mark which Promise Zone goal(s) that the proposed project or program aligns with:*

[ ]  Goal 1: Residents are employed in living wage jobs that provide opportunities for career

 stability and advancement. (Workforce Development)

[ ]  Goal 2: The Promise Zone is a thriving commercial center providing needed goods and

 services to local residents. (Economic Opportunity)

[ ]  Goal 3: All children achieve their academic potential and post-secondary pursuits through

 high-quality cradle-to-career educational and support resources. (Education)

[ ]  Goal 4: Residents lead active, healthy lifestyles supported by an environment and healthcare

 services that foster well-being. (Health & Wellness)

[ ]  Goal 5: Diverse, quality housing options are available to all Promise Zone residents. (Housing)

[ ]  Goal 6: The Promise Zone is a safe, welcoming place to live. (Public Safety)

1. Commitment to sharing Promise Zone-specific outcomes at least every twelve months.
* Promise Zone staff will follow up with the listed contact person two to four weeks after the expected notification date to confirm the award. If the grant application is successful, Promise Zone staff will confirm the amount of funding received and discuss a first annual reporting date for outcomes. Metrics are required to be shared every twelve months.
* In addition to residents served, the Promise Zone often uses additional measures provided by our partners to communicate the story of the Promise Zone to residents and partners, as well as for internal evaluation. Please select all the following Promise-Zone-specific measures to which this grant will contribute and that you will be able to share with Promise Zone staff:

[ ]  jobs created [ ]  health initiatives supported

[ ]  job support services provided [ ]  businesses supported

[ ]  students supported [ ]  volunteer hours donated

[ ]  housing units created/revitalized [ ]  partnerships supported

[ ]  public safety initiatives supported

[ ]  Creation of a neighborhood amenity in the **Promise Zone** (check if yes, and describe the neighborhood amenity

 below, e.g., park, restaurant, community center, educational facility, health clinic, cultural arts facility, grocery store).

Click here to enter text.

[ ]  Other (if you will be tracking other measures that were not listed above, please check yes and describe below).

Click here to enter text.

* Is your organization currently participating in a committee? [ ]  Yes [ ]  No
	+ Would you or someone in your organization like to get involved further in the work of the Promise Zone? Select a committee to join.

[ ]  Workforce and Economic Development

[ ]  Health and Wellness

[ ]  Public Safety

[ ]  Education

[ ]  Housing

**Printed Name and Title:** Click here to enter text.

**Electronic Signature:** Click here to enter text. **Date:** Click here to enter a date.