

**RICHLAND COUNTY GOVERNMENT
COMMUNITY PLANNING & DEVELOPMENT**

2020 Hampton Street, Columbia, SC 29204
T 803-929-6000 | TDD 803-576-2045
richlandcountysc.gov



**Neighborhood Improvement Program
NEIGHBORHOOD ENRICHMENT GRANT PROGRAM
FY23-24 APPLICATION**

*** Grant changes are effective beginning Fiscal Year 22/23 (July 1, 2022 through June 30, 2023) ***

Application submittal period: December 1st, 2022 – February 5th, 2023
Applications that are incomplete or late will not be processed for consideration.

APPLICATION CHECKLIST:

A complete application includes this document and the following attachments:

- Copy of most recent neighborhood organization’s bank statement
- Official vendor quote/estimate for every proposed project expense. All quotes must include vendor letterhead. Quotes must be no more than 30 days old upon application submittal.
- Copy of neighborhood organization’s by-laws
- Completed latest version of IRS W-9 Form
- Map of neighborhood boundaries (recommended)
- Organization Meeting Minutes (recommended)
- Proof of Permissions/permits (if applicable)

APPLICANT INFORMATION:

Fill in the information below. Do not leave anything blank. The Point of Contact, or Contact Person, will be the main person in communication with NIP about the NEGP. It is highly recommended that the Point of Contact be someone other than the Neighborhood President/Chair

Skywalk Neighborhood Association

1

NEIGHBORHOOD ORGANIZATION

COUNTY COUNCIL DISTRICT#

NEIGHBORHOOD PRESIDENT

POINT OF CONTACT

	NEIGHBORHOOD PRESIDENT	POINT OF CONTACT
NAME	Luke Mann	Kerry Woman
ADDRESS CITY/ZIP	111 Galaxy Rd Columbia, SC 29000	133 Stark Trek Ln Irmo, SC 29000
PHONE	123-456-7890	112-233-4455
EMAIL	lukemann@notgmail.com	the.kerry.leia.woman@email.com

NEIGHBORHOOD TIER FUNDING:

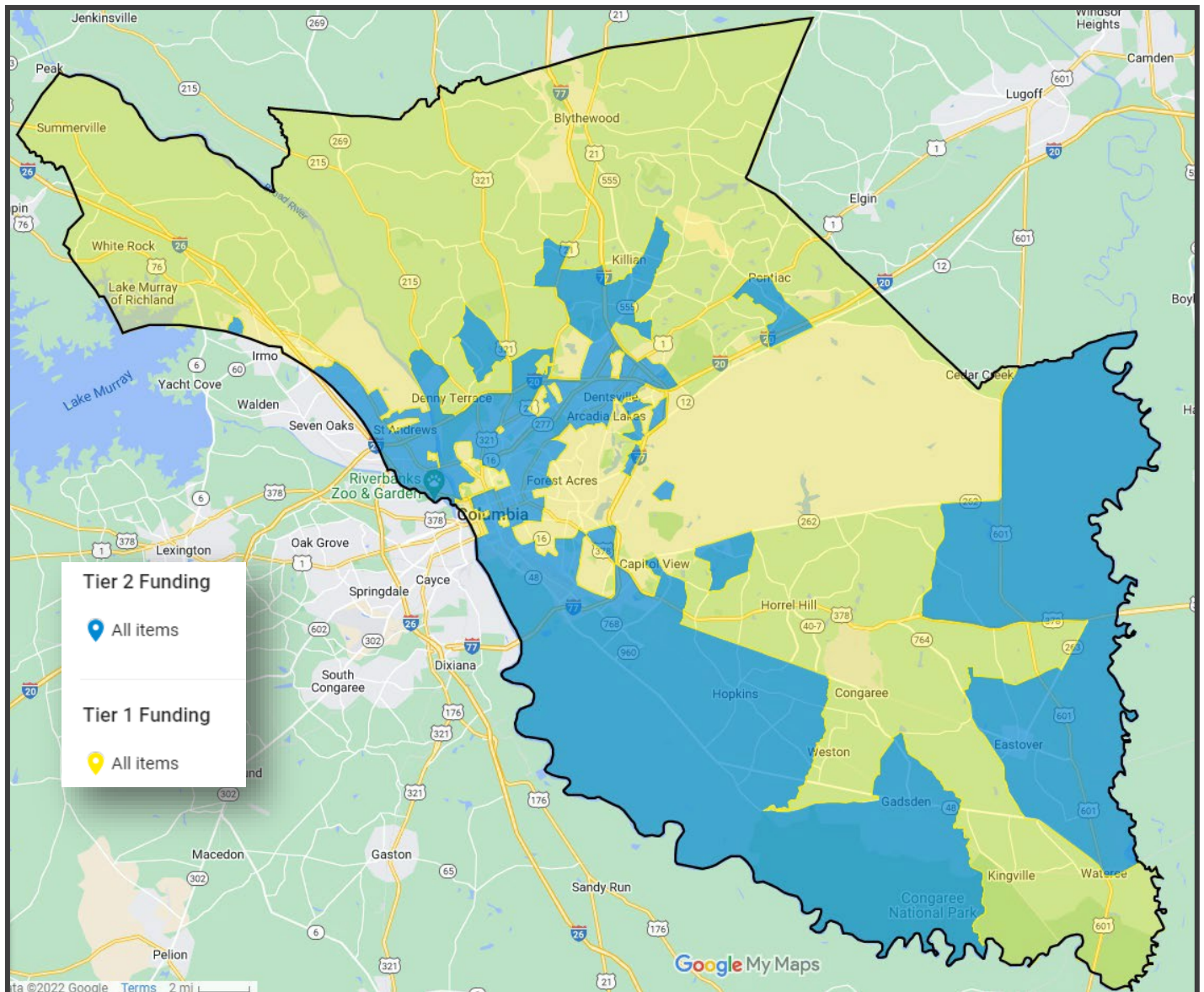
Tier 1 funding is for neighborhood organizations that do not have populations of low-to-moderate income households. Their funding is maxed at \$1,500 per fiscal year. Tier 2 funding is for neighborhood organizations that have population of low-income residents. Their funding is maxed at \$2,500 per fiscal year. See the [Tier Funding Map](#) for reference.

TIER 1	<input checked="" type="checkbox"/>	TIER 2	<input type="checkbox"/>
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Galaxy Rd., Star Drive, Sky Ln., Star Trek Ln. , Jupiter Rd.

NEIGHBORHOOD BOUNDARIES (LIST ALL STREETS IN YOUR NEIGHBORHOOD)

The interactive Tier Funding Map can be found here: <https://tinyurl.com/TIERMAPNEGP>



PROJECT SUMMARY:

Enter the name of the project, check the relevant project categories, and answer each question. Provide as many details as possible. See the NEGP Guidelines for project rules and regulations.

NAME OF PROJECT 1:

Skywalk Greenspace

PROJECT CATEGORIES:

<input checked="" type="checkbox"/> Neighborhood Beautification	<input checked="" type="checkbox"/> Leisure	<input type="checkbox"/> Safety & Health	<input checked="" type="checkbox"/> Community Engagement
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PROJECT DESCRIPTION:

What timeframe will your project take place?	Begin Date: September 2023 End Date: May 2024
Describe the project that your organization is applying for. What do you plan to do? How will you make this happen?	Skywalk Neighborhood Association will create a community greenspace in the center of our neighborhood. This greenspace will feature gardens, a pond, and an open field. We will hire a contractor and designer to design and build, while our Beautification Committee will oversee the work.
Who will be served? Does this project target an underserved population? If so, who? How many will be there?	This project will serve everyone in our neighborhood, specifically seniors. Our seniors need a place to walk around, talk to our neighbors, and get some fresh air. No one will attend, as this is not a gathering event.
Why is this project important for your neighborhood? Why does this project need to happen?	This greenspace will provide an open area for people to gather. We plan to use this area for neighborhood events and meetings. We also need more outdoor recreational areas.
For this project, what does success look like? How will you measure this success?	We will measure this project's success by conducting a feedback survey with our residents after construction is complete. If at least 70% of residents give us positive feedback, this project will be considered a success.
Is your organization working with any other groups, institutions, local businesses, or municipal departments on this project? If so, who, and how will they be involved?	We will partner with Richland County Conservation, Sierra Club, and Clemson Extension. All three have agreed to provide plant materials and gardening maintenance tips to our Beautification Committee. Garner's Ferry Walmart also agreed to donate tools.
Does your neighborhood have a Neighborhood Plan? Describe how this project fits within your Neighborhood Plan Goals.	Yes, our neighborhood plan's main goal is to increase greenspace in our area. Skywalk Neighborhood Association was built on land that was previously an industrial factory. Because of this we are severely lacking outdoor space. This project will bring back the nature that was taken away.
How will this project be maintained or continued?	We will allocate funds each year for our Beautification Committee to perform maintenance as needed.
What type of enrichment resources will this project provide? (ex: medical info, voter registration, etc.)	The Beautification Committee will take the gardening maintenance tips learned from Richland County Conservation, Sierra Club, and Clemson Extension and share them with the community via monthly newsletter.



PROJECT BUDGET:

List the estimated cost of each expense. Each expense requires an attached quote. The amount you will be awarded equals the total grant amount requested.

NAME OF PROJECT 1:

Skywalk Greenspace

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
1. Contractor	\$10,000	\$500
2. Landscape Architect	\$5,000	\$500
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TOTAL:	\$15,000	\$1,000



PROJECT SUMMARY:

Enter the name of the project, check the relevant project categories, and answer each question. Provide as many details as possible. See the NEGP Guidelines for project rules and regulations.

NAME OF PROJECT 2:

Lightsaber Swap Meet & Greet

PROJECT CATEGORIES:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neighborhood Beautification	Leisure	Safety & Health	Community Engagement

PROJECT DESCRIPTION:

What timeframe will your project take place?	Begin Date: May 2024 End Date: May 2024
Describe the project that your organization is applying for. What do you plan to do? How will you make this happen?	Lightsaber Swap Meet & Greet is an event where our neighbors get together, and swap lightsabers. There will be food, music, and fun activities. We will gather at our new Skywalk Greenspace, if construction is finished. If not, we will meet at the nearest public park.
Who will be served? Does this project target an underserved population? If so, who? How many will be there?	This project does not impact an underserved population. We estimate at least 50 households will attend.
Why is this project important for your neighborhood? Why does this project need to happen?	Since Covid, we have not been able to gather. We have a lot of new residents that need to get to know each other. It is important for renters and homeowners to communicate and build trust. This project will make that happen.
For this project, what does success look like? How will you measure this success?	This project will be successful if at least 80 people attend. We also expect to read lots of positive feedback on our neighborhood's Facebook page.
Is your organization working with any other groups, institutions, local businesses, or municipal departments on this project? If so, who, and how will they be involved?	North Columbia Serve and Connect will attend. They agreed to pass out resources and provide games for children.
Does your neighborhood have a Neighborhood Plan? Describe how this project fits within your Neighborhood Plan Goals.	Yes, our neighborhood plan mentions the need to build community trust. This project will allow our neighbors to meet and build relationships.
How will this project be maintained or continued?	If this project is successful, we will apply for the NEGP every year moving forward.
What type of enrichment resources will this project provide? (ex: medical info, voter registration, etc.)	This project will provide neighborhood resources from NCSC. The resources include community feedback surveys and emergency contact magnets.



PROJECT BUDGET:

List the estimated cost of each expense. Each expense requires an attached quote. The amount you will be awarded equals the total grant amount requested.

NAME OF PROJECT 2:

Lightsaber Swap

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
1. Catering	\$300.00	\$300.00
2. Tents	\$96.57	\$50.00
3. Magician	\$180.00	\$110.25
4. Decorations	\$39.75	\$39.75
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TOTAL:	\$616.32	\$500.00



PROJECT SUMMARY:

Enter the name of the project, check the relevant project categories, and answer each question. Provide as many details as possible. See the NEGP Guidelines for project rules and regulations.

NAME OF PROJECT 3:

PROJECT CATEGORIES:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Beautification	Leisure	Safety & Health	Community Engagement

PROJECT DESCRIPTION:

What timeframe will your project take place?	Begin Date:	End Date:
Describe the project that your organization is applying for. What do you plan to do? How will you make this happen?		
Who will be served? Does this project target an underserved population? If so, who? How many will be there?		
Why is this project important for your neighborhood? Why does this project need to happen?		
For this project, what does success look like? How will you measure this success?		
Is your organization working with any other groups, institutions, local businesses, or municipal departments on this project? If so, who, and how will they be involved?		
Does your neighborhood have a Neighborhood Plan? Describe how this project fits within your Neighborhood Plan Goals.		
How will this project be maintained or continued?		
What type of enrichment resources will this project provide? (ex: medical info, voter registration, etc.)		



PROJECT BUDGET:

List the estimated cost of each expense. Each expense requires an attached quote. The amount you will be awarded equals the total grant amount requested.

NAME OF PROJECT 3:

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
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TOTAL:		



DISCLOSURE:

By signing below, I agree that I have completed this application to the best of my ability. I agree that I have read the Neighborhood Enrichment Grant Program Guidelines (NEGP). I understand that it is my responsibility to communicate with the Neighborhood Improvement Program (NIP) with any questions or concerns.



Digitally signed by Fake Name
Date: 2022.11.17 16:33:26 -05'00'

12/13/22

POINT OF CONTACT SIGNATURE

DATE



Digitally signed by Fake Name
Date: 2022.11.17 16:33:48 -05'00'

12/13/22

NEIGHBORHOOD PRESIDENT SIGNATURE

DATE

Thank you for applying to the Neighborhood Enrichment Grant Program! **KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.** Please send completed applications by email to NIP@richlandcountysc.gov using the subject line “NEGP Application”. Other options include fax, mail, and in-person drop off. Mail received after February 5th, 2023 will be considered late and will be denied.

Mailing Address:	Contact:	Physical Address:
Richland County Community Planning & Development Neighborhood Improvement Program P.O. Box 192 Columbia, SC, 29202	NIP@richlandcountysc.gov Phone: (803) 576-2190 Fax: (803) 576-2182 Website: https://tinyurl.com/NIPGRANTS	Richland County Community Planning & Development Neighborhood Improvement Program 2020 Hampton St, Columbia, SC 29204

