

**ATLANTA CHOICE NEIGHBORHOODS  
2013 MICRO GRANT PROGRAM APPLICATION**



**I. APPLICANT INFORMATION**

Organization Name:		
Address:		
City:	State:	Zip:
Primary Contact Name and Title:		
Telephone Number:	E-mail Address:	
Applicant Description: (Briefly describe your organization's history and mission, the geographic boundaries it serves and your organization's relationship to the Choice Neighborhoods area)		

**II. PROJECT INFORMATION**

Project Name:	Requested Funding Category and Amount:
Project Summary and Use of Funds:	
Project's scheduled starting date:	Ending Date (must be completed no later than May 9, 2014):
Project Deliverable:	
Required Attachments: <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of current organizational status of Applicant</li> <li><input type="checkbox"/> Additional Space Page (if applicable)</li> </ul>	



**III. CN PROJECT SCOPE**

Provide description of the project or activities you will undertake per the requested funding category. Describe how the project supports any of the 12 CN Transformation Plan strategies (see CN Micro Grant Guidelines).

**IV. PARTNERSHIPS AND RESIDENT ENGAGEMENT**

If applicable, describe if the project will include partnering organizations, groups or individuals and/or how residents, local organizations, businesses or groups will be engaged.

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**V. SUSTAINABILITY (PRIOR CN GRANTEES ONLY)**

Describe the sustainable change in the neighborhood as a result of the project/activity previously funded through the Atlanta CN Micro Grant Program.

Empty response area for Section V.

**VI. BUDGET NARRATIVE**

Provide a detailed description of your project budget. Please be sure your response corresponds with your completed Project Budget Form.

Empty response area for Section VI.

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<b>VII. PROJECT BUDGET FORM</b>	
<b>DESCRIPTION</b>	<b>COST</b>
Training Courses/Technical Assistance	
Materials	
Supplies	
Marketing/Printing	
Administrative Costs	
Other (Please specify)	
Other (Please specify)	
<b>TOTAL</b>	

<b>AUTHORIZED APPLICANT REPRESENTATIVE</b>	
<p>By signing below, I certify that I am a duly authorized representative of the applicant and that the information provided herein is true, accurate and complete. Applicant agrees that AHA has the right to reject this application or withhold, terminate or recapture funding if it is determined that this application contains false statements and/or deliberate misrepresentations or omissions.</p>	
Printed Name:	Title:
Signature:	Date:

Mail or hand-deliver the completed application, to be received no later than 5:00 p.m. February 7, 2014, to:

Trish O'Connell  
 Vice President of Real Estate Development  
 Atlanta Housing Authority  
 230 John Wesley Dobbs Avenue  
 Atlanta, Georgia 30303

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**ADDITIONAL PAGE\***

\*Use this page if extra space is required to respond to requested information.