

Neighborhood Improvement Program
NEIGHBORHOOD ENRICHMENT GRANT PROGRAM
FY25-26 APPLICATION

*** Grant changes are effective beginning Fiscal Year 25/26 (July 1, 2025 through June 30, 2026) ***

Application submittal period: December 2nd, 2024 – February 2nd, 2025
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 will be the main person in communication with NIP about the NEGP, unless otherwise noted. It is **REQUIRED** that the Point of Contact be someone other than the Neighborhood President/Chair. If the President desires to be the primary person with whom NIP communicates, please indicate so by checking the box below.

NEIGHBORHOOD ORGANIZATION	COUNTY COUNCIL DISTRICT#
NEIGHBORHOOD PRESIDENT	POINT OF CONTACT
NAME	
ADDRESS CITY/ZIP	
PHONE	
EMAIL	
<input type="checkbox"/> Check here if President is Primary Point of Contact	



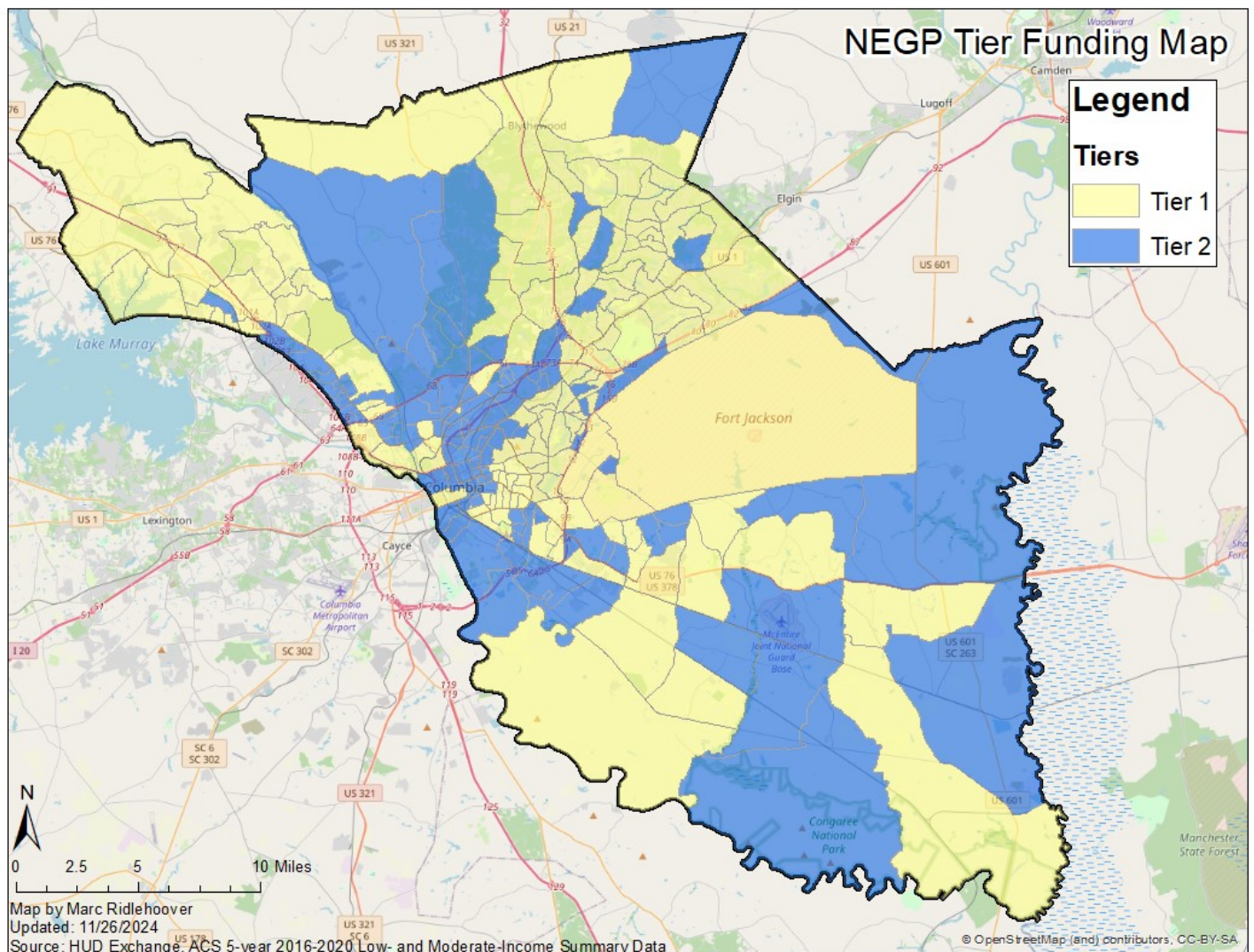
NEIGHBORHOOD TIER FUNDING:

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.



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:

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 1:

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
TOTAL:		



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:

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 2:

EXPENSE	ANTICIPATED COST	GRANT AMOUNT REQUESTED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
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.

POINT OF CONTACT SIGNATURE DATE

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 2nd, 2025 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

