

*Columbia Council of Neighborhoods (CCN)
2019 National Night Out Grant for Member Neighborhoods*



NATIONAL NIGHT OUT 2019



Tuesday, August 6

The Columbia Council of Neighborhoods (CCN) is offering a limited number of grants to encourage and help its member neighborhoods in Columbia, SC to host a National Night Out event on Tuesday, August 6, 2019.

Up to 40 neighborhoods may be awarded grants of \$50 to help offset their expenses for hosting an event to celebrate National Night Out 2019. To qualify for the grant, each neighborhood must meet the following prerequisites.

1. Attended at least one CCN activity or monthly meeting during the 2018-19 calendar year
2. Must be a recognized member of CCN and submitted a Recertification Form for 2019-20
3. Use the funds solely for *National Night Out* activities;
4. Agree to recognize CCN as a sponsor of their *National Night Out* event;
5. Complete and return the application (not report) by Thursday, July 25th (CCN Meeting)
6. Submit a Report of your NNO Activities (and photos) to CCN by January 2020.

We can mail the grant award checks to you OR they will be available for pick-up at Columbia's National Night Out Kick-Off Event, which is scheduled for Thursday, August 1st at the Exhibit Hall of the Columbia Metropolitan Convention Center (look for our booth)

NNO Grant Applications may also be submitted by mail to the address below. ***Please note we are not accepting applications by email this year:***

The Columbia Council of Neighborhoods
Attention: CCN Treasurer
P O Box 2011
Columbia, SC 29202-2011

The deadline to apply **Thursday, July 25, 2019**. The first 40 neighborhoods, who meet all criteria above, will be awarded funds. Email us at CCN803@gmail.com if you have any questions or need more information.

THANK YOU for supporting *National Night Out 2019*. Attached are the NNO Grant Application and the NNO Grant Report for reimbursement. We have also included a copy of the 2019-20 CCN recertification form for your convenience.... Do NOT submit the REPORT with the initial Application.

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NEIGHBORHOOD GRANT APPLICATION
CCN 2019 National Night Out

Name of Neighborhood Organization: _____

Location of Event: _____

Time of Event: _____

List Activities you plan for Tuesday, August 6th: _____

Name of Contact Person for Neighborhood: _____

Address: _____

Phone: _____

Email Address: _____

Submitted by _____

Officer/ Position: _____

Date: _____

DEADLINE FOR NNO APPLICATION: THURSDAY, JULY 25th
(SEE ELIGIBILITY CRITERIA ON PAGE 1)

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2019 NNO GRANT REPORT

Name of Primary Neighborhood Organization: _____

List any other participating neighborhoods: _____

Location of Event: _____

Time of Events: _____

List Activities Tuesday, **August 6**: _____

Attached Photo(s), Flyer or Promotional Materials Yes No

Comments: _____

Name of Contact Person for Neighborhood: _____

Address for mailing check: _____

Phone: _____

Email address: _____

Grant Report may be mailed, emailed or hand-delivered to the Treasurer at any CCN Meeting:



The Columbia Council of Neighborhoods
P O Box 2011, Columbia, SC 29202-2011 or
ccn803@gmail.com.

NOTE: Do NOT submit the “Grant Report” with your INITIAL GRANT APPLICATION.

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The Columbia Council of Neighborhoods (CCN)
2019-20 Membership Re-Certification Form

Neighborhood Organization: _____

Address _____ **Zip:** _____

Neighborhood Boundaries (include streets/blocks): _____

What portion of your neighborhood lies within the City limits of Columbia?

_____ All _____ More than Half _____ Half _____ Less than Half

Please list the names, emails AND phone numbers of current neighborhood organization officers:

President: _____

Email: _____ *Phone:* _____

Vice President: _____

Email: _____ *Phone:* _____

Secretary: _____

Email: _____ *Phone:* _____

Treasurer: _____

Email: _____ *Phone:* _____

WHAT day/time does your Association meet (ex. First Mondays at 6 pm)? (Attached calendar)

WHERE are meetings held (ex. neighbor's homes) _____

WHEN is the election of officers? (Ex. Annual Mtg in May) _____

ATTACH *most current* Bylaws: _____ Yes _____ Will bring to CCN meeting

List person appointed to attend and represent at CCN meetings IF other than the President:

Name: _____

Email _____ **Phone:** _____

Date Completed: _____ **Submitted by:** _____