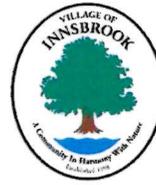


**VILLAGE OF INNSBROOK
NEIGHBORHOOD IMPROVEMENT
PROGRAM (NIP) APPLICATION**



Village Use Only:

Application Rec'd Date: _____

Trustees Mtg Date: _____

App. ___ Approved ___ Reject ___

Comments:

Please complete the entire application and have your representative sign below. The information is needed to determine your eligibility for the Village of Innsbrook Neighborhood Improvement Program (NIP). Applications will be processed on a first-come, first-serve basis.

APPLICANT INFORMATION: **DATE:** _____

Please indicate the name of the Neighborhood Association and the name of the Chair, President, or Director of the Neighborhood Association and a contact person (if different). The contact person should be able to answer specific questions regarding your project and application. Please note that if this project is approved, the approved funds will be mailed to this contact at this address.

Name of Neighborhood Association :

Name of Contact as listed above:

City/State/Zip: _____ Phone: _____

If not a recorded Neighborhood Association, please indicate the names and addresses of three or more individuals (non-familial) that are applying for NIP funds:

NAME:	Address:
NAME:	Address:
NAME:	Address:

President/Chairperson (if applicable):

Address: (Numerics and Street)	City	State	Zipcode
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Daytime Phone Number:	Evening Phone Number:
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Email:

PROJECT SUMMARY:

Please indicate name of the project and the specific neighborhood or physical location of the project. A person authorized by the organization, such as President, Chairperson, Vice-Chairperson, Director, etc. must sign the application.

Name and Short Description of the Project:

Neighborhood and/or Physical Location of the Project:

Total Project Cost:	Amount Requested from NIP:
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Estimated Project Start Date:	Estimated Project Completion Date:
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Has your Neighborhood Association applied for NIP funding previously: YES ___ NO ___

If yes, please indicate when and the name of the project:

Signature of Authorized Representative	Printed Name (&Title) of Authorized Representative
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Please provide a response to the following questions. Attach additional sheets if necessary.

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROJECT

BRIEF DESCRIPTION OF NEIGHBORHOOD ASSOCIATION

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GROUP OF THREE OR MORE INDIVIDUALS

DESCRIBE WHAT NEED THIS PROJECT ADDRESSES AS A PUBLIC PURPOSED AND HOW THE NEIGHBORHOOD WILL BENEFIT FROM THE PROJECT.

FUTURE MAINTENANCE OF THE PROJECT - If the proposed project is for a neighborhood sign or landscaping/beautification project please describe how the project be maintained once the project is completed.

BUDGET WORKSHEET

Provide a total picture of your project expenses itemizing materials and labor costs. Since public funds are being expended for the Neighborhood Improvement Project prevailing wages apply. Consult with Village Administrator on current prevailing wage order.

<u>Materials & Labor</u>	<u>Cost</u>	<u>Copy of three bids</u>	<u>Documentation</u>
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Prevailing Wage No. _____ provided by Village Administrator)

NEIGHBORHOOD IMPROVEMENT PROGRAM GUIDELINES

The Neighborhood Improvement Program (NIP) was adopted by the Board of Trustees of the Village of Innsbrook as Ordinance No. 169. The intent of the NIP is to encourage civic pride, neighborhood safety, environmental sustainability, enhancement and beautification of neighborhoods and promote the interests of the Village of Innsbrook. In order to receive funding from the Village of Innsbrook the project must meet the following minimum guidelines:

1. The project application shall be submitted to the Village Administrator prior to beginning project. All projects must comply with prevailing wage laws.
2. Said application shall be reviewed by the Board of Trustees of the Village of Innsbrook. The Board of Trustees has the right to deny a portion of said application and shall make the final decision for approval of disapproval of application.
3. The project shall meet all Village Codes and applicant must obtain all building permits, if applicable.
4. Project must be completed within six months of approval.
5. Grant cycle shall be annually from July 1 - June 30. Applications received after May 20th shall be considered for the following annual grant cycle. If applicant submits additional applications during a grant cycle, these applications shall be held and, if funds are still available, considered at the end of the cycle unless the new request demonstrates a critical safety need.
6. It shall be at the discretion of the Board of Trustees to annually at budget time to; A) fund the Neighborhood Improvement Program and; B) set a maximum amount per application and/or total improvement amount.
7. Upon approval of application and completion of proposed work applicant shall provide; A) proof of three bids obtained for materials and work performed; B) paid invoices for materials and work performed and; C) inspection of Village official and approval that work was completed as approved in said application.
8. The Village of Innsbrook shall be held harmless from any activities of the Neighborhood Association who shall comply with all federal, state and local laws.

Please send complete application to:
Village of Innsbrook
13600 State Highway M
Innsbrook, MO 63390

Any questions can be directed to:
Village Administrator
Email: admin@villageofinnsbrook.org
Phone: (636)745-8844