City of Hartford
Request for
North Hartford Promise Zone
Certification

Date _____ **Phone** _____

Lead Agency _____ **Email** _____

Contact _____

1) **Grant Name:** _____

2) **Government Agency/Funder Name:** _____

3) **Amount Requested $:** _____

4) **Submission Deadline:** _____

5) **Which Promise Zone Goal(s) and Community Subgoal(s) will this grant support?**

☐ **Goal 1: Create Jobs and Economic Opportunity**

Click the arrow on the right to select a Community Subgoal

☐ **Goal 2: Reduce Serious or Violent Crime**

Click the arrow on the right to select a Community Subgoal

☐ **Goal 3: Educational Opportunities**

Click the arrow on the right to select a Community Subgoal

☐ **Goal 4: Affordable Housing**

Click the arrow on the right to select a Community Subgoal

☐ **Goal 5: Health and Wellness**

Click the arrow on the right to select a Community Subgoal

6) **Provide a brief project description; discuss need, goals and expected outcomes, timeframe, experience, collaboration, budget, sustainability (2500 characters max)**

7) Describe or name the geographic areas of the Promise Zone that this grant will support (ex. entire Zone, selected census tracts, streets, the Zone and bordering neighborhods).

8) What is the expected number of Promise Zone residents that will directly benefit from this grant?

9) How will the impact on the Promise Zone be measured?

10) How will the applicant maintain an on-going relationship with the Promise Zone/City of Hartford for the purposes of coordinating with other Promise Zone activities and reporting on milestones and outcomes?

Assurances

The Applicant:

- **Agrees to submit a copy of its Grant Application to the North Hartford Promise Zone Director (NHPZ) within 48 hours of submission to the funder.**
- **Agrees to notify NHPZ of award or denial of Grant within 48 hours of notification from the funder.**
- **Agrees NHPZ may publicize Grant Award in its online, print and other outreach materials.**
- **Agrees to submit periodic reports to NHPZ that provide quantitative or qualitative data on NHPZ residents served by the Grant, and demonstrate whether NHPZ participants have improved on an intended outcome as a result of Grant activities.**

_____

Authorized Applicant Signature

_____

Print Name and Title

_____

Date