

PROPOSED BUDGET FOR CONTRACT PERIOD

Project	Direct Personnel Services	Specialty Contracts	Printing	Fixed Imprvmnts or Equipt.	Postage	Consum- mable Supplies	Mileage or Misc.	GRAND TOTAL
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTALS								

SUPPORTING EXPLANATIONS

List specific items included in "Specialty Contracts" column. Include dollar amount. (Example: Photo Developing = \$50)

List specific items included in "Fixed Improvements or Equipment" column. Include dollar amount. (Example: Park Benches = \$200/ea.)

List specific items included in "Mileage or Miscellaneous." Include dollar amounts. (Example: Gas for Lawn Mowers = \$20)



Neighborhood Support Program

Department of Community Development, City of Cincinnati

Centennial Plaza Two, Suite 700, 805 Central Avenue, Cincinnati, OH 45202, Fax: 513.352.6113

Contact: NSP Coordinator, CommunityDevelopment@cincinnati-oh.gov, Phone: 513.352.6146

COMMUNITY PROFILE

Please complete all information requested below.

Community Council: _____
Community Council E-Mail: _____
Community Council Address: _____

President: _____ **Phone:** _____
Address: _____ **Zip:** _____
e-mail address: _____

Vice President: _____ **Phone:** _____
Address: _____ **Zip:** _____
e-mail address: _____

Secretary: _____ **Phone:** _____
Address: _____ **Zip:** _____
e-mail address: _____

Treasurer: _____ **Phone:** _____
Address: _____ **Zip:** _____
e-mail address: _____

NSP Manager: _____ **Phone:** _____
Address: _____ **Zip:** _____
e-mail address: _____

Newsletter Editor: _____ **Phone:** _____
Address: _____ **Zip:** _____
e-mail address: _____

Election Month: _____
Monthly Meeting Day & Time: _____
Place of Monthly Meeting: _____

I hereby certify that the aforementioned information is correct.

Signature _____ **Date** _____

Title _____

AUTHORIZED SIGNATURE FORM

This form must be completed and returned to the Department of Community Development office before any disbursements will be made. Eligible authorized signers on NSP documents are elected officers and trustees. If you have questions, feel free to call the Department of Community Development. Mail completed form to Department of Community Development, 805 Central Avenue STE. 700, Court Street, Cincinnati, OH 45202.

For the year _____, the following persons are authorized to sign NSP documents on behalf of the _____ Community Council. The community hereby assures that each person listed below is an elected officer or trustee of the council.

PRINT NAME: _____

ADDRESS/ZIP CODE: _____

PHONE--DAY: _____ **PHONE--EVENING:** _____

TITLE: _____

SIGNATURE: _____

E-MAIL ADDRESS _____

#####

PRINT NAME: _____

ADDRESS/ZIP CODE: _____

PHONE--DAY: _____ **PHONE--EVENING:** _____

TITLE: _____

SIGNATURE: _____

E-MAIL ADDRESS _____

#####

PRINT NAME: _____

ADDRESS/ZIP CODE: _____

PHONE--DAY: _____ **PHONE--EVENING:** _____

TITLE: _____

SIGNATURE: _____

E-MAIL ADDRESS _____

E. E.O. FORM

Please complete this form and return to the Department of Community Development at your earliest convenience:

**Department of Community Development
805 Central Avenue STE.700
Cincinnati, Ohio 45202**

The _____
(Name of your Community Council)

Tax Exempt Number _____

Please indicate the current composition of your Council's Board:

Number of Males _____

Number of Females _____

Number of Caucasians _____

Number of African Americans _____

Number of Hispanics _____

Number of Asian/Pacific Islanders _____

THANK YOU FOR YOUR COOPERATION!

NEIGHBORHOOD SUPPORT PROGRAM WORK REPORT

Worker's Name: _____ Work Period: _____

Community: _____

Project	Date	Time	Total Hours	Describe Tasks or Activities Accomplished on This Date

Grand Total Hours: _____ x \$ _____ = \$ _____

Signature of Worker: _____ Date: _____

Signature/Approval of NSP Coordinator: _____ Date: _____

**TO BE SIGNED AND DATED AFTER WORK HAS BEEN COMPLETED AND
TOTAL HOURS AND PAY HAVE BEEN CALCULATED.**

I acknowledge receipt: _____ Date: _____

Community _____

Contract Year _____

**DEPARTMENT OF COMMUNITY DEVELOPMENT NSP VOLUNTEER
HOURS LOG
In Numbers of Hours**

PROJECT	1	2	3	4	5	6	7	8	9	10
TOTAL										
Annual Estimate*										
JAN										
FEB										
MAR										
APRIL										
MAY										
JUNE										
<u>INTERIM TOTAL</u>										
JULY										
AUG										
SEPT										
OCT										
NOV										
DEC										
GRAND TOTAL										

* taken from proposal estimates

7. Satisfactory Unsatisfactory Not Applicable

Comments:

8. Satisfactory Unsatisfactory Not Applicable

Comments:

9. Satisfactory Unsatisfactory Not Applicable

Comments:

10. Satisfactory Unsatisfactory Not Applicable

Comments:

Signature

Community

Print Name

Phone Number

DEPARTMENT OF COMMUNITY DEVELOPMENT INC.

NEIGHBORHOOD SUPPORT PROGRAM

FINAL PERFORMANCE REPORT

COMMUNITY: _____ **CONTRACT NO:** _____

Report Submitted by: (Print Name) _____

Signature: _____ **YEAR: 2009**

Prepare one (1) report form for each project. Describe how well you are meeting your goals. Discuss any problems that you have had in fulfilling the terms of your contract, indicate budget, year-to-date expenditures for each project, and the current balance. Identify the number of volunteer hours provided for each project. Attach photographs and other documentation as appropriate.

Project Number & Title: _____

Project Budget: \$ _____ **Y-T-D Expenses: \$** _____ **Balance: \$** _____

Number of Volunteer Hours Provided to Date for This Project: _____

PROJECT DESCRIPTION & GOALS OR PURPOSE:

PROBLEMS WITH THE PROJECT:

EVALUATION OF SUCCESS OF PROJECT (Explain why you feel this project is a success or failure. What do you base this assessment on?):

ADDITIONAL COMMENTS:

RETURN TO DEPARTMENT OF COMMUNITY DEVELOPMENT, 805 CENTRAL AVENUE STE. 700, CINCINNATI, OHIO 45202 BY THE DEADLINE OF JANUARY 15, 2010.

NEIGHBORHOOD SUPPORT PROGRAM (NSP)

NSP INFORMAL AMENDMENT AUTHORIZATION FORM

At a meeting of the _____ held on the _____ day of _____, 2_____, the following motion was adopted.

The authority required for completion of NSP Informal Amendments, per Guideline 7.11, is hereby granted to:

Check one or more of the following that apply:

- NSP Manager alone
- NSP Manager and President (signatures of both required on Informal Amendments)
- Board of Directors (Board resolution, or minutes of same, is required signed by officer of the Council)
- Community Council (community council resolution, or minutes of same, is required signed by an officer of the Council)
- Other; please detail

Name of Community Council: _____

President's Signature: _____

Date: _____

➤ **NOTE: A copy of the minutes where this authorization was voted on must be attached to this form.**