SECTION VI - AFFILIATIONS

Does anyone in your organization have a former or existing relationship with any of the NC board members? No

Name of Organization	Status
Example: XYZ Non-profit Corporation	*Executive Director*

SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

Date Received

Reviewer Name ***Date Reviewed***

Application ❑ *Complete* ❑ *Incomplete*

REVEIWER'S NOTES

DATE Submitted to Funding c/o Adriana Manzanero-Lopez

Method: ❑ In-person ❑ E-mail ❑ Fax ❑ Inter-departmental mail

DATE RECEIVED BY FUNDING UNIT

Application ❑ *Complete* ❑ *Incomplete*

Funding Unit Notes:

DONE Date Stamp Receipt