



## ALLIANCE FOR COMMUNITY ENRICHMENT (A.C.E.) PROGRAM

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### A.C.E. MATCHING GRANT APPLICATION FISCAL YEAR 2022-2023

Thank you for your interest in the City of Gastonia's Alliance for Community Enrichment (A.C.E.) Matching Grant Program.

Please read all of the application materials thoroughly. If you need further assistance, please contact the [Neighborhood Program Administrator](#), at 704-866-6907.

#### **A.C.E. MATCHING GRANT PROGRAM PURPOSE AND POLICY:**

The A.C.E. Matching Grant Program provides eligible Recognized Communities with access to funds to implement projects that will improve the quality of life in City of Gastonia neighborhoods. Up to \$1,500 is available for qualified projects. All projects are planned and implemented by neighborhood residents in partnership with the City.

The goal of the grant program is to facilitate neighborhood self-improvement. The program gives Recognized Communities an incentive to raise funds, build partnerships, cultivate volunteer and community support to complete projects that improve the neighborhood physically or address a need through active involvement of the neighborhood residents themselves. Community building is core to the project success. The value of the neighborhood's contribution (cash, volunteer labor, donated materials, or donated services) must be equal to or greater than the City's grant. The program is administered through the Housing and Community Engagement Department.

Review the A.C.E. Matching Grant Program Policy for a complete description of the program, including eligibility requirements, limitations on the use of funds, match requirements, and the review process.

**GRANT PERIOD:** July 1, 2022 – June 30, 2023

**GRANT AMOUNT:** Maximum of \$1,500. Neighborhoods may apply for any amount not to exceed \$1,500.

**ELIGIBLE APPLICANTS:** City of Gastonia Recognized Communities that have been formally recognized by the City of Gastonia's Alliance for Community Enrichment (A.C.E.) Program for at least six (6) months.

**APPLICATION DEADLINE:** Applications are due to the Neighborhood Program Administrator by **TBD**. Applications can be [emailed](#) or delivered in person to the Housing and Community Enrichment Department located in the Garland Municipal Building or sent by mail to P.O. Box 1748, Gastonia, NC 28053. Late or incomplete applications will not be accepted.

**APPLICANT INFORMATION**

**Recognized Community Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_  
 (Project coordinator who can answer questions prior to proposal review and receives all correspondence related to the project)

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PROJECT DESCRIPTION:**  **Attach a one-page proposal.** The proposal should include a detailed explanation of what problem or opportunity will be addressed by the project, the benefit to the entire neighborhood, how neighbors are involved in the project and the end goal or visible product that will result when the project has been completed. Include information about community partners and attach plans or schematic designs if applicable. **Check box above to confirm that you have completed the 1-2 page requirement.**

Briefly describe the project in the space below.

**GRANT REQUEST**

\$ \_\_\_\_\_ **Grant Amount requested** (cannot exceed \$1,500.00)

\$ \_\_\_\_\_ **Minimum Match Required**

\$ \_\_\_\_\_ **Total Match Provided** (sum of 1,2,3 below)

\$ \_\_\_\_\_

Match can be made in one or a combination of three ways: Total estimated project amount.

1. Cash. \$ \_\_\_\_\_  
*Total Cash Match*
2. Volunteer hours. Number of hours: \_\_\_\_\_ x \$25.00 = \$ \_\_\_\_\_  
*(Total volunteer hours cannot exceed 50% of required match)*
3. Donation of in-kind goods and professional services: \$ \_\_\_\_\_



**Certification by Organization**

By signing this application, I/we certify that the information contained in this application is true and correct to the best of my/our knowledge. I/we also acknowledge that the Recognized Community fully supports this project and submission of the request for grant funds. I/we agree to comply with the requirements of the A.C.E. Matching Grant Program and to allow the temporary placement of assign promoting the Program.

President/ Board Chair Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**  
Date Council Approved: \_\_\_\_\_

Amount Approved \_\_\_\_\_

COMMENTS: