Arterial Walls Pilot Grant Program Application FY 2023/2024



Applications must be submitted by 5 p.m. on March 31, 2024.

\$

Project location and major cross streets	# of households	
Primary contact for grant follow up		
Primary contact email		
Primary contact phone number		
Primary contact address (include zip)		
Project description: Describe the current condition of your	arterial walls .	
2. Project Budget (include sales tax)		
Expenses		Amount _d
		\$ \$
		\$
		\$
		\$
		\$
Grant funds requested: \$		

Arterial Walls Grant Application—pg. 2 **3. Narrative**—applications are evaluated based on how well the project meets the below criteria. **Ability:** If approved for funding, briefly describe your ability to complete the project in a year and how it will be maintained in the future. **Community Impact, Outreach and Outcomes**: . Describe how your project will impact the neighborhood/community and the desired outcome.