

Community Engagement 215 SE 7th Street, 1st Floor, Suite 150 Topeka, KS 66603

www.topeka.org

2025 TOPEKA DREAMS NEIGHBORHOOD IMPROVEMENT INITIATIVES <u>DREAMS PROGRAM APPLICATION COVER PAGE</u>

Preliminary Application Due: Friday, September 13, 2024, 5:00 p.m. **Final Application Due**: Friday, October 11, 2024, 5:00 p.m.

Application Questions / Technical Assistance: Bianca Burnett, Senior Community Engagement Coordinator,

lburnett@topeka.org or 785-368-3663

<u>Project Eligibility Requirement</u>: All Projects must have prior approval via the City of Topeka Consult Meeting process before the application is submitted. (2024 Consult Meetings: January – April 2024

NEIGHBORHOOD IMPROVEMENT ASSOCIATION INFORMATION								
Click on the gray field boxes below to answer each question. Do not use 'Tab' on your keyboard.								
Applying Organization:								
Application Date:								
President/Director:			Phone:					
Address:								
E-mail:								
Grant Contact Person			Phone:					
(If different from above):			riione.					
Address:								
E-mail:								
Project Contact Person (If different from above):			Phone:					
Address:								
E-mail:								
Neighborhood Rating (as defined in the 2020 Neighborhood Health Map):	☐ Intensive Care Neighborhood	At-Risk Neighborhood		Out-Patient Neighborhood				
Treignormood median Mapy.	Healthy Neighborhood							
COMMUNITY ENGAGEMENT OFFICE USE ONLY								
Application For	DREAMS 1	DREAMS 2 Housing		DREAMS 2				
	DREAMS 3							
FOR PROJECTS ONLY								
Project Priority		Total Amount						
(Rank Number Provided by NIA with multiple projects):		Requested for Pro	oject:					

DREAMS 1 NEIGHBORHOOD INVESTMENT PROGRAM AND/OR DREAMS 2 NEIGHBORHOOD HOUSING REHAB PROGRAM APPLICATION

Preliminary Application Due: Friday, August 16, 2024, 5:00 p.m. **Final Application Due**: Friday, October 4, 2024, 5:00 p.m.

Application Questions / Technical Assistance: Bianca Burnett, Senior Community Engagement Coordinator, lburnett@topeka.org or 785-368-3663

APPLICATION SUMMARY							
	plication is for ration of (select all ply)	ONLY DREAMS 1 – NEIGHBORHOOD INVESTMENT PROGRAM (includes Housing Rehab)	ONLY DREAMS 2 NEIGHBORHOOD HOUSING REHAB PROGRAM (only Housing Rehab)	BOTH DREAMS 1 – NEIGHBORHOOD INVESTMENT PROGRAM & DREAMS 2 NEIGHBORHOOD HOUSING REHAB PROGRAM			
Conflict of Interest should be avoided in the recommendation and decision-making process. Applicants shall not sit on the recommendation and decision-making committees that make the selection of TOPEKA DREAMS NIIP recipient neighborhoods FOR: DREAMS 1 NEIGHBORHOOD INVESTMENT PROGRAM & DREAMS 2 NEIGHBORHOOD HOUSING REHAB PROGRAM							
1.	more than one heal	ealth Rating for the following the rating, list the rating that is to COT Neighborhood Health	MOST predominant for that				
	Poverty (area median Public Safety Residential Property V Home Ownership Unsafe Structures	income)					
2.	Which of the follow one)	ring types of projects is there	the GREATEST need for in you	r neighborhood? (Select			
	Quality of Life Enri Neighborhood Bea Community Public	air/Replacement (Streets, sidewa chments (Parks, Bus Shelters, Pul autification (Murals, Banners, Sigr Service Activities (Health educati ation (Major Rehab, Minor Rehab,	olic Facility amenities, etc.) is, etc.) on, Substance Abuse Prevention,	Crime Awareness, etc.)			
Describe the existing positive features of the neighborhood which, if enhanced, would positively impact the neighborhood. Include any recent or potential investment/development that TOPEKA DREAMS NIIP efforts could capitalize on. (150 words or less)							
4.	Describe any condit	cions or issues that pose poter o words or less)	ntial limitations to successfully	revitalizing your			
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