

D. Estimated Expenses Form: (See attached form for total.)

Total Estimated Expenses: \$

E. Grant Funds Requested: (Maximum of \$1,000)

Total Funds Requested: \$

F. SIGNATURE: (The signatory declares that the assigned Project Representative assures that a majority of members of the organization voted to undertake this project, and assures that any funds received as a result of the application will be used only for the purpose set forth herein.)

PRINT NAME of Project Representative: _____ **Telephone:** _____

SIGNATURE of Project Representative: _____ **Date:** _____

G. AUTHORIZATION PROCESS:

(For office use only)

Date Received:	Reviewed by Staff:	Date Reviewed:

NMG Subcommittee Action:	<input type="checkbox"/> Approve <input type="checkbox"/> Denied	Date:
Chair's Signature:		
RNP Action:	<input type="checkbox"/> Approve <input type="checkbox"/> Denied	Date:
RNP Chair Signature:		
Housing and Neighborhoods Manager Signature:		Date:

Development Department-Housing and Neighborhoods Division 3900 Main Street, 5th Floor, Riverside, CA 92522, (951) 826-5195