



# Business District Organization Program COVER PAGE

Each application must include a Cover Page and Checklist.

**BUSINESS DISTRICT**

Example: Freedom Drive, Central Avenue, etc.

**GRANT AMOUNT BEING REQUESTED \$**

To fund the following activities (Check all that apply):

- Operating Expenses  
  Marketing & Branding  
  Projects & Events  
  Communications

**APPLICANT INFORMATION**

Organization Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

- |                    |         |                                    |                                      |
|--------------------|---------|------------------------------------|--------------------------------------|
| Non-Profit Status: | 501(c)3 | Completed <input type="checkbox"/> | Applied For <input type="checkbox"/> |
|                    | 501(c)6 | Completed <input type="checkbox"/> | Applied For <input type="checkbox"/> |

**TELL US ABOUT YOUR ORGANIZATION:**

<b>YES</b>	<b>NO</b>	<b>ORGANIZATION (Applicant)</b>
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Incorporated non-profit organization that can receive public funding  |
| <input type="checkbox"/> | <input type="checkbox"/> | Annual work plan has been developed and adopted by Board  |
| <input type="checkbox"/> | <input type="checkbox"/> | Board primarily implements Annual Work Plan   |
| <input type="checkbox"/> | <input type="checkbox"/> | Consultants / partner organizations primarily implement Annual Work Plan                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial capacity to manage funds (financial systems in place, bookkeeper, etc.)                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Administrative capacity to manage funds (adopted meeting minutes, established record keeping systems, etc.) |

<b>YES</b>	<b>NO</b>	<b>BUSINESS DISTRICT ENGAGEMENT</b>
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- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has system in place to communicate regularly with district businesses (newsletter, etc.)         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has established relationships with local business and property owners                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Develops peer-to-peer relationships among businesses (networking events, roundtable talks, etc.) |

<b>YES</b>	<b>NO</b>	<b>BUSINESS DISTRICT MARKETING AND PROMOTION</b>
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant organizes/leads district events that attract people to the district   |
|                          |                          | How many events per year? _____ Average Attendance: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has current marketing plan in place for business district   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has active website for business district  |
|                          |                          | Website: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a recognized business district brand/identity with collateral material  |
| <input type="checkbox"/> | <input type="checkbox"/> | Social media use: <input type="checkbox"/> Twitter <input type="checkbox"/> Facebook <input type="checkbox"/> Blog <input type="checkbox"/> Other |



## Business District Organization Program CHECKLIST

Complete this checklist to ensure all required documents are included. Incomplete applications cannot be accepted.

<input type="checkbox"/>	<b>Complete Application</b> including all required attachments.
<input type="checkbox"/>	<b>Cover Sheet.</b>
<input type="checkbox"/>	<b>Checklist.</b>
<input type="checkbox"/>	<b>IRS Non-Profit Status Documentation.</b>
<input type="checkbox"/>	<b>Articles of Incorporation.</b>
<input type="checkbox"/>	<b>Copy of Bylaws.</b>
<input type="checkbox"/>	<b>Current Board Member List.</b> This list must include (1) Name, (2) Position in Organization, (3) Business Name, (4) Business Address, and (5) Contact Information (email, phone, address, etc.). Include meeting minutes reflecting current Board appointment and officer election.
<input type="checkbox"/>	<b>Current Membership Roster.</b> This list must include (1) Name, (2) Business Affiliation, (3) Contact Information including email, phone and address, (4) Amount of dues paid each year and (5) current status of dues.
<input type="checkbox"/>	<b>Meeting Minutes.</b> Provide copies of minutes from last two meetings. In addition, also include copies of minutes for current Board appointment and adoption of work plan and budget.
<input type="checkbox"/>	<b>Meeting Schedule.</b> Copies of past year AND new proposed meeting schedule for forthcoming year. Include attendance rosters for the last two meetings.
<input type="checkbox"/>	<b>Income Statement.</b> Detailed Income Statement for most recent fiscal year-end.
<input type="checkbox"/>	<b>Annual Budget.</b> Budget should be for 12 month period of July 1st – June 30th. All workplan items should be represented in Budget. Use City form.
<input type="checkbox"/>	<b>Documentation of Matching Funds.</b> Copy of Organization's most recent bank statement.
<input type="checkbox"/>	<b>Annual Work Plan.</b> New annual work plan for forthcoming year; plan should be for 12 month period July 1st - June 30th. Use City form.
<input type="checkbox"/>	<b>Resume</b> of Consultant or Technical Assistance Provider, if any.
<input type="checkbox"/>	<b>Map</b> of boundaries of business district
<input type="checkbox"/>	<b>Communications.</b> See Application question #10. Attach examples of newsletters, social media posts, and other communication that you regularly have with district businesses and other stakeholders.
<input type="checkbox"/>	<b>Business district brand or logo.</b>
<input type="checkbox"/>	<b>Annual Report.</b> If your organization participated in the grant program last year, complete the Annual Report form and include with application.
<input type="checkbox"/>	<b>Other.</b>



# Business District Organization Program APPLICATION

All fields must be completed

1. **APPLICANT** (Organization to receive grant funds)

Organization Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Non-Profit Status: 501(c)3 Completed  Applied For

501(c)6 Completed  Applied For

What business district does the Organization Serve?  Attach map of boundaries

Date that Organization was founded: \_\_\_\_\_

2. **CONTACT INFORMATION** (Primary Contact Person for Organization)

Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. **ELECTED OFFICERS** In the spaces below, provide contact information for your elected officers.

*NOTE: This does not take the place of the board list requested in the application checklist.*

**President**

Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Vice President**

Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Secretary**

Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Treasurer**

Name: \_\_\_\_\_

Business: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**4. BOARD COMPOSITION**

How many elected Board members does your organization have? \_\_\_\_\_

How many Board members represent businesses located in your district? \_\_\_\_\_

How often do you hold Board meetings? \_\_\_\_\_

When does your Board typically meet? (e.g.: 3<sup>rd</sup> Thursday of every month at 6:30 pm)

\_\_\_\_\_

**5. MEMBERSHIP**

Describe your Membership requirements (ex: members must be located in the district, etc.)

Describe your membership dues structure

(ex: Gold membership is \$500 per year; Silver membership is \$300 per year; etc.)

How many current members do you have? \_\_\_\_\_

Of your current membership, how many represent district businesses? \_\_\_\_\_

Of your current membership, how many pay dues annually? \_\_\_\_\_

How often do you hold membership meetings? \_\_\_\_\_

How much income did your organization raise in membership dues last year? \$ \_\_\_\_\_

Describe your strategy to increase membership in the next 12 months (July 1 – June 30). Include what your measures of success will be. Use a separate sheet of paper as needed.

\_\_\_\_\_

**6. INCOME SUSTAINABILITY**

How much total income did your organization raise last year?     \$ \_\_\_\_\_

Other than membership dues, what other sources of income did you receive last year? (List sources and amounts for each).

Describe your strategy to increase income over the next 12 months (July 1 – June 30).

**7. MISSION / VISION**

Provide your organization’s mission and vision statement.

**8. BUSINESS DISTRICT STRATEGIC VISION**

Provide your organization’s strategic vision for the business district. Go beyond the general ideas of walkable, safe, attractive, and lively and include how funding from the City will help the district reach this vision. Include a description of how this vision was developed to demonstrate that this is a broadly shared and compelling vision for the district.

**9. BUSINESS DISTRICT ENGAGEMENT**

Describe how your Organization engages businesses in the district. Include your strategy to engage more businesses in the coming year (July 1 – July 30) and how you will measure success.

**10. COMMUNICATION STRATEGY**

Describe your Organization’s communication strategy. Include examples of how your organization keeps district businesses informed of current affairs that impact your business. Attach examples of newsletters, social media posts and other communication that you regularly have with district businesses and other stakeholders. If you do not currently have a communication strategy, describe the steps you will be taking to develop and implement a strategy over the next twelve months (July 1 – June 30).

**11. ORGANIZATION SUSTAINABILITY**

Describe how your organization plans to sustain and grow the organization and its activities beyond the term of this grant.

**12. PARTNERS**

Using the City's Partner Collaboration form, demonstrate that the stakeholders who are critical to the district are engaged and/or supportive of this initiative and that there is capacity to carry it out. Include the following information:

- List the major stakeholders who are critical to the development of the business district and describe their involvement or potential involvement.
- Describe the role of stakeholders in carrying out the business district improvement goals.

**13. BUDGET**

Complete the Annual Budget Worksheet and attach to your completed application.

**14. WORK PLAN**

Using the Work Plan Template, provide a copy of your organization's work plan for the forthcoming 12 months (July 1 – June 30).

**APPLICANT SIGNATURE**

The Applicant assures that the information contained in the application is true and correct and agrees to comply with all City of Charlotte guidelines applicable to this program.

The Applicant authorizes the City to use his/her/its name, likeness, photos and/or information about the project participating in the Program for promotional purposes.

By signing below, the Signatory acknowledges he/she is duly authorized to act on behalf of the Organization and that the Organization is properly organized and licensed to conduct business in the state of North Carolina.

Organization Name:	
Print name	Title
Signature	Date

**EMAIL COMPLETED APPLICATIONS with all required attachments in ONE PDF file to:**

City of Charlotte Economic Development

ATTN: Arta Osmanaj

[arta.osmanaj@charlottenc.gov](mailto:arta.osmanaj@charlottenc.gov)

Office: 980-416-1424

**Applications are due by 5:00 PM on May 15th. Late applications will not be accepted.**

**ADDITIONAL RESOURCES**

Applicants are encouraged to consider the following additional resource for projects and events:

- **Neighborhood Matching Grant Program** – Assists organizations with individual projects and events such as business district festivals, signage, and much more. Find more information at <http://hns.charlottenc.gov>.



# Business District Organization Program WORKPLAN

## APPLICANT INFORMATION

Organization Name: \_\_\_\_\_

Work Plan Period:      Start Date: July 1, 20 \_\_\_\_\_      End Date: June 30, 20 \_

## SECTION 1: OBJECTIVES – *What are your Organizations objectives for the year?*

1	<i>Example: Keep membership informed about events and district issues</i>
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12	





