City of Houston
Neighborhood Matching Grant Program
2026/2027 Intent to Apply
(NOT APPLICATION)

Please print or type. Please answer each question briefly. You may use one additional 8 ½" x 11" sheet to complete your answers. Be sure to number the question/answer on the extra sheet. If the question does not apply to your project, put NA (Not Applicable).

INTENT TO APPLY DEADLINE: 11:59 p.m., August 31, 2026.

Certification by Department of Neighborhoods Director or designee:

By signing this application, I declare that I have approved the use of my council district service funds for this proposed project. I also understand and agree to the requirements of the Neighborhood Matching Grant Program. I understand that I may reimburse up to 50% of a project's total budget and that the minimum project amount is $1,000. I also understand the minimum matching grant award amount is $500 and the maximum matching amount is $5,000. I hereby approve $ _____ of these funds towards the requested project.

DON Director or designee: _____

Signature: _____ Date: _____

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 certify that the applying organization supports this project and have approved it as a body. I/we also understand and agree to the requirements of the Neighborhood Matching Grant Program and to invite the City to any promotional activities associated with our project.

President/Board Chair Name: _____

Signature: _____ Date: _____

Phone: _____

Email: _____

Project Manager Name: _____

Signature: _____ Date: _____

Phone: _____

Email: _____