



Department of Community Development
Neighborhood Enhancement Division
555 Liberty St SE #305, Salem OR 97301
503-588-6207

August 1, 2018

Dear Neighborhood Associations and Community Groups:

Applications are now available for the 2019-2020 Neighborhood Partnership (NP) Program. In addition to providing support to the neighborhood associations, the City collaborates with two neighborhood areas through the Neighborhood Partnership Program. The NP provides an opportunity for residents, property owners, renters, schools, businesses, nonprofits, churches, local government, community organizations and others to work together, identify issues, organize activities and projects and leverage additional resources. Whether it's graffiti, vandalism, park clean up, hunger, support for kids or educational opportunities, the Partnership focuses on the neighborhood's strengths to solve problems.

Positive changes that have occurred through Partnership Program efforts have included increased crime prevention efforts, education and empowerment of citizens, cleaner streets and parks and thousands of dollars in leveraged contributions. In addition, neighbors and community partners report more neighbors talking to and watching out for one another, enhanced awareness of resources and overall improved neighborhood livability.

Right now, neighborhood associations, groups of neighborhoods, and/or community groups can apply for City support for a two year NP in a defined geographic area. An application is attached here. The selection schedule is as follows:

- August 1 - Partnership Applications Available
- November 1 - Applications Due
- November 21 - Partnership is announced
- January 1 - 2019 Partnership begins and receives direct City support through December 2020

The applications will be evaluated by a committee of City staff from various departments and scored based on demonstrated neighborhood need, definable measurable goals and readiness of partners to address them.

Electronic copies of this application are available at www.cityofsalem.net/neighbor. Please feel free to contact me with any questions, comments, or, if you would like for someone to come and speak with your group about the Partnership Program.

Sincerely,

Brady Rogers

Neighborhood Enhancement Division Administrator
jbrogers@cityofsalem.net
503-588-6421



Return completed applications to:

**City of Salem, Neighborhood Enhancement Division
555 Liberty Street SE, Room 305, Salem, OR 97301**

**For questions, please contact Brady Rogers, Neighborhood Enhancement
Division Administrator at 503-588-6421 or jbrogers@cityofsalem.net.**

Applications are due no later than 5:00 pm on November 1, 2018.



STAFF USE ONLY - DO NOT WRITE BELOW THIS LINE

Received By:
Date:

Total Score:

NEIGHBORHOOD PARTNERSHIP PROPOSAL

Applicant Information

Lead Applicant (Nonprofit, Church, Neighborhood Group or other): _____

Contact Person #1: _____

Telephone: _____ E-Mail Address: _____

Contact Person #2: _____

Telephone: _____ E-Mail Address: _____

PLEASE NOTE--Each contact person is also required to complete the attached Partner Worksheet. All worksheets must be submitted with your application.

Please provide answers to the following questions with your application. Provide as much detail as possible and use as many pages as necessary.

1. What is the geographic area for the proposed Neighborhood Partnership?
2. List the likely goals for the proposed partnership and how you have arrived at these goals.
3. How would you measure success toward these goals? (If you have received City Partnership Support in the past, please describe what progress has been made toward the goals you stated in your previous proposal.)
4. Describe proposed partnership area needs and challenges. Supply supporting data if possible.
5. Please list community partners in this area who are committed to working toward the goal(s) listed in question two. Each partner listed is required to complete a copy of the attached Partner Worksheet.

PLEASE NOTE --Each listed partner and both contact people are required to complete the attached Partner Worksheet. All worksheets must be submitted with your application.

6. How could the City of Salem help accomplish your goals listed in question two through a Neighborhood Partnership Program?

NEIGHBORHOOD PARTNERSHIP PROPOSAL

Regarding this application, we have made contact with the following:

Yes ☐ No ☐ **Neighborhood Association(s)** in the proposed Partnership area*

Please list: _____

Yes ☐ No ☐ **Salem City Councilor(s)** for the proposed Partnership area*

Please list: _____

Yes ☐ No ☐ **Community Partnership Team(s)** in the proposed Partnership area*

Please list: _____

A Community Partnership Team is a group of neighbors and partners who collaborate to support residents and improve neighborhood livability in a high school feeder district in Salem. The recognized teams are **North Neighbors** (North Salem), **South Salem Connect** (South Salem), **Edgewater Partners** and/or **Polk County Service Integration Team** (West Salem), and **Community and Partners of East Salem** (East Salem/McKay Area).

*If any listed above will be active participants in your Partnership Program Proposal, please make sure they are listed in question six and include a completed Partner Worksheet for each. If not, the contact persons for this application should be prepared to explain if asked by the selection committee review team.

I certify that the information in this application is true to the best of my knowledge. If this application is selected for the next rotating Neighborhood Partnership Program, I am committed to working with the City of Salem on efforts to enhance the neighborhood area described in this application at least through December 31, 2020.

Contact Person # 1 (Print)

Signature

Date

Contact Person # 2 (Print)

Signature

Date

NEIGHBORHOOD PARTNERSHIP PROGRAM SELECTION CRITERIA

1. Proposal:

- Has the applicant contacted the Neighborhood Association(s), Community Partnership Team(s) and City Councilor(s) in the proposed partnership area? (10 pts)
- How well goals are thought out and match with need. (15 pts)
- How well goals are defined and progress can be measured. (15 pts)

2. Need

- Proposed partnership area needs and challenges. (30 pts)

3. Readiness

- Proposal has a diverse group of committed partners with contributions and assets outlined. (30 pts)

NEIGHBORHOOD PARTNERSHIP PROPOSAL

ATTACHMENT - PARTNER WORKSHEET

A completed worksheet is required for EACH partner listed in question five.

In addition to providing support to the neighborhood associations, the City of Salem collaborates with two neighborhood areas through the Neighborhood Partnership (NP) Program. The NP provides an opportunity for partners to work together, identify issues, organize activities and projects and leverage additional resources. For more information, please go to www.cityofsalem.net/neighbor or call 503-588-6207.

Partner Organization Name: _____

Contact Person Name and Title: _____

Telephone: _____ E-Mail Address: _____

Mailing Address: _____

1. The primary reason I/my organization wants to be involved in this Partnership Program is:
2. Possible contributions (including time, services, expertise, donations or physical assets such as a truck, bus, meeting space, etc.) that myself or the organization I am representing could make to this Partnership Program effort include:
3. Is there anything else you would like the selection committee to take into account when reviewing this Neighborhood Partnership Program application?

I certify that the information I have provided is true to the best of my knowledge. If this application is selected for the next rotating Neighborhood Partnership Program, I am committed to participating in efforts to enhance the neighborhood area described in this application at least through December 31, 2020. Participation includes, but is not limited to, joining this group's mailing list, attending regular meetings and joining project groups as applicable. I understand that I will be one of many partners involved in this effort and that each partner will have an equal voice in decision-making.

Contact Person Name (Print)

Signature

Date