



City of St. Augustine
Office of the City Manager
Post Office Box 210
St. Augustine, FL 32085-0210
Phone: 904.825.1006 / Email: CoSA@CityStAug.com

Neighborhood enhancement requests now being accepted

Deadline for funding request is March 1

The St. Augustine City Manager's office is now accepting funding requests for its Neighborhood Enhancement Program.

Residents and organizations representing residents of a particular neighborhood, including neighborhood associations, may request funds for a project they wish to undertake as a community project that will improve the quality of life in one or several of the city's neighborhoods. Enhancements may be structural in nature, such as park benches or informational signage, or landscaping projects, such as shrubbery or trees.

Projects are required to be on City of St. Augustine public property and capable of being completed before September 6, 2019. Total funds available for neighborhood enhancements is \$15,000 with no single request to exceed \$2,500.

Funds are available as reimbursements only, and only after providing appropriate documentation, including receipts, of expenditures and verification that the project has been completed by September 6, 2019.

Requests must be submitted on a Neighborhood Enhancement Request Form with, as needed, supporting information by 5:00pm on Friday, March 1, 2019 in the City Manager's Office (elevator "A," 4th floor), City Hall, 75 King St., St. Augustine, FL 32084. Applications may be mailed to City of St. Augustine, Attn: City Manager, 75 King St., St. Augustine, FL 32084, faxed to 904.825.1096, or emailed to CoSA@CityStAug.com.

In early March, the requests will be reviewed and determinations made regarding projects to be funded and at what level.

For more information, contact the City Manager's Office at 904.825.1006. Download the Neighborhood Enhancement Request Form from the home page web story at www.CityStAug.com.

Neighborhood Enhancement Request Form

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REQUEST ORIGIN

Describe origin of request (neighborhood association, community organization, group of residents, etc.)

PROJECT CONTACT INFORMATION

Name: _____

Mailing Address: _____

Phones: Office: _____ Home: _____

Cell: _____ Email: _____

PROJECT INFORMATION

Describe the project (include drawings if applicable).

Describe the project's benefits to the neighborhood.

Describe the location of the project.

Describe the schedule for the project's completion.

Describe the project's need for ongoing maintenance.

PROJECT COST

Amt of grant request: \$ _____ (\$2,500 maximum)

Amt from other sources \$ _____

Project total cost \$ _____

Note that all information provided on this form is a public record and will be made available to the public if requested.