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**Action Team Application**

**What is an ACTION TEAM**

An Action Team is three or more Tepe Park residents that want to work together to make positive change in their neighborhood. Action Teams support execution of priority projects tied to the Love Your Neighborhood (LYN) initiative. Action teams can define an action that supports a resident-voiced priority in the LYN Plan for Change document OR create their own action that contributes to Livability, Youth & Lifelong Learning or Neighboring & Community.

Each Action Team has access to funding and resources through the Tepe Park Neighborhood Association and Love Your Neighborhood. *Action Team projects must be approved by the Tepe Park Leadership Team in order to receive funding,* and they are required to report back on progress and completed project.

**Tell us about YOUR ACTION TEAM** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member 2: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member 3: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member 4: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tell us about YOUR GOALS**

What Quality of Life goal area does this Action Team support?

[ ]  Livability [ ]  Youth & Lifelong Learning [ ]  Neighboring & Community

What Resident-Voiced priority from the LYN brochure does this Action Team support?

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Share a brief description of your Action Teams goals and plans, including any projects that you hope to complete.

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How do you plan to complete this project (who, what, when, where, and how)? Outline a brief timeline that includes …

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How do you expect your project to make a positive impact on the lives of neighbors living in Tepe Park?

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What other neighbors, individuals, or organizations will be involved in making your project a reality?

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**Funding Request**

How much money are you requesting to fund your Action Team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan on spending the funding (List anticipated expenses)?

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What are the other funding sources (if applicable)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Member 2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Member 3: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Member 4: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***DO NOT WRITE BELOW LINE***

**Scoring Sheet**

Provide a point total between 1-10, 1 representing the lowest score and 10 the highest.

1. Project engages resident(s) to be change agents in the neighborhood: \_\_\_\_\_\_

2. Project connects strategically to the Love Your Neighborhood initiative: \_\_\_\_\_\_

3. Project shows partnerships and collaboration: \_\_\_\_\_\_

4. Project can be completed on timeline and with funding: \_\_\_\_\_\_

5. Overall level of neighborhood impact: \_\_\_\_\_\_

TOTAL POINTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Award Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_