

2023 I Program Application

ELIGIBILITY & NEIGHBORHOOD REGISTRATION:

Fort-ify is open to voluntary Neighborhood Associations registered on the City of Fort Wayne's Neighborhood Association Page.

Neighborhood associations must be registered on the City of Fort Wayne's website to be eligible to apply for and participate in this program. Please visit the following website to confirm that your registration is up to date and/or to register your association before continuing with the application: www.cityoffortwayne.org/neighborhood-registration.html.

☐ Please check this box to confirm that you are eligible to apply

TELL US ABOUT... YOU & YOUR TEAM!

Use this space to tell us more about you, your team, and your vision for the future! (FORT-ify applicants can have up to three representatives of their neighborhood participate in the program. Two of those representatives must live in the neighborhood.)

1. Neighborhood Association & Lead Applicant

Name (First & Last)	
	Phone Number
Address	
City	State
Postal/ Zip Code	Association Role/ Title
Email Address Role/ Relation to Neighborh	od Association Phone Number association officer, association block captain, association member, etc.)
	pporting Applicant 2 (Optional)
	Phone Number
	od Association
	association officer association block captain, association member, etc.)



4.	Tell us your vision for the future of your association in 20 words or less. (We're looking for leaders who are ready to take their work to the next level. Let us know what you hope to achieve in your association over the next few years.)						
5.	Team Knowledge & Skills: Working together is an essential value of Fort-ify! Let us know what you and your team members will bring to the cohort (i.e. skills, perspectives, resources, etc.) (250-word Limit)						





TELL US ABOUT... YOUR NEIGHBORHOOD!

We'd love to know more about the community you are representing.

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	limit)	its are iii it, iii	edian incom	e, cuitures ar	iu etiiiicities	or residents, etc.,	1. (2
What	do you or your t	team see as yo	ur neighborl	nood's bigges	t		
Stre	ength?						
Cha	llenge?						
	am/ Opportunit						







TELL US ABOUT... YOUR NEIGHBORHOOD ASSOCIATION!

We'd love to know more about your neighborhood association and its structure! (Don't worry- If you're just getting established, that won't be held against you.)

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What do	you or your team	see as your neigl	nborhood associa	ation's biggest	
Streng	th?				
	_				
Challer	nge?				
	_	_			
Dream	/ Opportunity?				







TELL US ABOUT... YOUR VISION!

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What additio word limit)	onal resources do you think you will need to achieve your goals? (
Mat cong	best represents your neighborhood and your hope for its future?







APPLICATION CHECKLIST:

Neighborhood Registration (with up to date contact information)
Lead Applicant is an acting president of vice president of the neighborhood Association
Supporting Applicant Contact Information (of at least one person)
At least one supporting applicant is a resident of the neighborhood
Names and contact information of 2-3 neighborhood leaders
Completed Application

APPLICATION DEADLINE: 11:59 pm, Friday, March 3rd

Applications can be submitted by using the online form or by completing the PDF application form and emailing it to rena.bradley@cityoffortwayne.org. Both the online and PDF forms can be found on our website at www.fortwayneneighborhoods.org.

PROGRAM MANAGER CONTACT INFORMATION

If you have any additional questions about the accelerator or the application process, contact Réna Bradley at rena.bradley@cityoffortwayne.org or by calling 260-427-2284.



