

2024 | 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.

Plea	se o	check the boxes bei	ow t	o let us know whether	your	association is					
	Elig	ible to apply		A Neighborhood Association		A Homeowner's Association (HOA)		An HOA with 3 rd Party Management			
Tei	LL I	US ABOUT Y	'OU	& YOUR TEAM!							
have	е ир	to five representat	ives	of their neighborhood	partic	ur vision for the future! ipate in the program. T its can live in the same	hree o	of those representatives			
	1.	Neighborhood As	soci	ation & Lead Applicar	nt						
		Neighborhood Asso	ociati	on Name:							
		Name (First C. Last)									
		Name (First & Last)									
		Email Address Phone Number									
		Address									
	City State State Postal/ Zip Code Association Role/ Title										
	2										
	2.	. Contact Information for Supporting Applicant 1 (Required) Name (First & Last)									
		Fmail Address				Phone Num					
	Address										
		Role/ Relation to Neighborhood Association									
		(i.e., resident, susin		when association office	21, 433	solution brook cuptum, a	330010	dion member, etc.,			
	3.	Contact Information for Supporting Applicant 2 (Required)									
		Name (First & Last)									
		Email Address				Phone Num	ıber _				
		Address									
		Role/ Relation to N	eighk	oorhood Association							
		(i.e., resident, busin	iess c	wner, association office	er, ass	ociation block captain, a	ssocic	ation member, etc.)			



4.	Contact Information for Supporting Applicant 3 (Optional)							
	Name (First & Last)Phone Number							
	AddressThore Number							
	Role/ Relation to Neighborhood Association							
	(i.e., resident, business owner, association officer, association block captain, association member, etc.)							
5.	Contact Information for Supporting Applicant 4 (Optional) Name (First & Last)							
	Email Address Phone Number							
	Address							
	Role/ Relation to Neighborhood Association							
	(i.e., resident, business owner, association officer, association block captain, association member, etc.)							
6.	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.)							
7.	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.

characte	rhood Charad ristics. You ca hing else you s are in it, me	an include ir ı think is imp	nformation a portant in d	about your escribing it	neighborhoo (i.e., roughly	od's size, loo how many	cation, charac households c
What do Strengt	you or your th?	team see as	your neigh	borhood's k	oiggest		
Challer	nge?						
	.0 - 1						
	.0-1						







TELL US ABOUT... YOUR ASSOCIATION!

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

					ngs, how often yo mportant. (250-w
	u or your team	see as your asso	ciation's biggest	•••	
What do yo Strength? Challenge					
Strength?					







TELL US ABOUT... YOUR VISION!

1.	What issues would you be most interested in tackling/addressing in your community? (150-word limit)
2.	What additional resources do you think you will need to achieve your goals? (150-word limit)
3.	What song best represents your neighborhood and your hope for its future? (Please include the song name, artist, and a video link if possible.)







APPLICATION CHECKLIST:

Neighborhood Registration (with up-to-date contact information)
Lead Applicant is an acting president of vice president of the neighborhood
At least two supporting applicants are residents of the neighborhood
Names and contact information of 2-4 supporting applicants.
Completed Application

APPLICATION DEADLINE: 11:59 pm, Wednesday, January 31st

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 or by scanning the QR Code below.



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.



