## SECTION VI - AFFILIATIONS

Does anyone in your organization have a former or existing relationship with any of the NC board members? No

| Name of Organization | Status |
|---|---|
| *Example: XYZ Non-profit Corporation* | *Executive Director* |
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## SECTION VII - FOR DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT USE ONLY

*Date Received*

***Application*** ❑ *Complete* ❑ *Incomplete*

*Reviewer Name* *Date Reviewed*

REVEIWER'S NOTES

***DATE Submitted to Funding c/o Adriana Manzanero-Lopez***

**Method:** ❑ In-person ❑ E-mail ❑ Fax ❑ Inter-departmental mail

*DATE RECEIVED BY FUNDING UNIT*

***Application*** ❑ *Complete* ❑ *Incomplete*

***Funding Unit Notes:***

***DONE Date Stamp Receipt***