



Neighborhood Group Starter Kit Index

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How to Start a Neighborhood Group

These are a few basic steps to use in starting a Neighborhood Group:

1. Working with your COP Officer and your Alderman pull together a core group of neighbors. Then, determine the following: area of the neighborhood; date, time and location of your meetings (consistency is critical); a group leader and back-up leader; and discuss/determine the concerns of the group (no more than 3 concerns at a time are recommended).
2. The core group should canvass the neighborhood (door-to-door, phone, email) to invite as many neighbors to the meeting as possible. If your Alderman puts out a newsletter, maybe he/she would include the meeting schedule in the newsletter.
3. At the first meeting:
 - Discuss & prioritize the areas of concern. Some concerns may be able to be addressed by residents, while others may require law enforcement and/or involvement by city departments (ex. building & zoning, animal control, code enforcement),
 - Develop specific strategies to resolve the areas of concern with realistic goals/timeline; volunteers may perform certain tasks or duties,
 - Develop a group member communication network/contact list (in starter kit); this should be an evolving list to keep it up to date,
 - Announce the meeting schedule, location & time.
4. Follow-up meetings may include:
 - Status report on the areas of concern
 - Crime prevention presentations on things such as home security, personal safety, updated local crime statistics
 - Presentations on topics of interest such as identifying & reporting suspicious activity, property standards
 - Plan neighborhood connecting events to further develop positive relationships, maintain interest in the neighborhood group, and expand group participation.
5. Citizen's Police Academy training is also recommended

Name of Organization Here

1. Mission Statement/ Purpose for the Organization

Identify community concerns and work to resolve those concerns. (One or two sentences)

2. Create a Contact List

(See sample attached)

3. Meeting schedule

- Dates and frequency of meetings are at your discretion
- Consistent meeting schedule is import; i.e. - First Tuesday of the month
- Recommendation: Meetings 1 hour

1.	5.	9.
2.	6.	10.
3..	7.	11.
4.	8.	12.

4. Location of meeting

- It is best to choose a familiar location; i.e. school, church, business, etc...

5. Informal Group or Tax Exempt (Circle One)

- It is not necessary to file with IRS, you can stay as an informal group
- If tax exempt please provide the date you filed with IRS as well as your tax exempt number

Date

Tax Exempt Number

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6. **Ward Alderman and C.O.P. Officer**

Alderman Name and Phone Number

C.O.P. Officer Name and Phone Number

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7. **Neighborhood Group Leadership Team** (A core team of 4-5 people is recommended)

Neighborhood Group Leader (NGL) - Presides over meeting; determines agenda	
Co-NGL - Works with NGL and performs duties of NGL in his/her absence	
Secretary (optional)- Record and Maintain meeting minutes	
Treasurer (optional)- Maintains financial records of the group and completes filing for the organization	

8. **Key Issues and Concerns**

- I. _____

- II. _____

- III. _____

Steps to address concerns

- I. _____

- II. _____

- III. _____

Neighborhood Group Name

Dear Neighbor,

We invite you to join us at our neighborhood group
meeting;

Wednesday, September 16

7pm

First Church

Your attendance is important to help make a positive
impact in our neighborhood. I hope to see you there.

Pat Smith, President

(Questions: Contact Tom Sawyer at 630-123-4567)

Neighborhood Group Name

Estimado Vecino,

Le invitamos a unirse a nosotros en nuestra reunion de
grupo de la vecindad;

Miércoles, Septiembre 16

7pm

Primera Iglesia

Su asistencia es importante para ayudar a hacer un
impacto positivo en nuestro vecindario. Espero verte allí.

Pat Smith, Presidente

(Preguntas: Póganse en contacto Tom Sawyer al 630-123-4567)

(Neighborhood Group Name)

Agenda

This is a template, please tailor to your needs

(Date/Time)

- I. Welcome and call to order (Group Leader)
- II. Introductions & comments by group leader
- III. Guest Speakers: Alderman, COP, additional speakers
- IV. Discussion and possible action on issues and concerns:
concerns from previous meetings, action plan, new concerns
- V. Additional Comments from the group
- VI. Adjournment

Next Meeting Date

Please Mark Your Calendars

Timeline for a Neighborhood Group Meeting

- Start planning for your next neighborhood meeting a few weeks in advance
- Review minutes/notes from last meeting to help determine agenda for next meeting
- Arrange/book guest speakers (i.e. Officer, City Official, Park District official, etc...)
- Create your agenda, and have it ready to go at least one week in advance. Forward it to Ward Alderman, COP Officer, and others
- Prepare flyers and distribute/mail them 1 ½ weeks prior to the meeting; emails and phone calls should be made at the same time (you can have a calling tree or captains)
- Encourage others to bring-a-neighbor, maybe add an incentive for those who bring neighbors to the meeting
- Make certain that your room is ready, and any materials, snacks, etc... are put in place about 30 minutes before meeting

Neighborhood Group Name

SIGN-IN-SHEET/CONTACT LIST

(DATE)

NAME ADDRESS PHONE NUMBER EMAIL

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

	NAME	ADDRESS	PHONE NUMBER	EMAIL
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16				
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City of Aurora

2016 Neighborhood Support Funding

National Night Out & Neighborhood Connection Events

Name of Event _____

Sponsoring Group/Individual _____

FEIN or State ID Number _____

(If the group is in the beginning stages of forming, please provide names of three people involved with organizing the event along with contact information. Established groups may receive funds prior to the event but individuals will be reimbursed upon submittal of receipts after the event.)

Contact Name _____

Phone # _____, Cell # _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Description of Sponsoring Organization _____

Purpose of Proposed Event _____

Description of Proposed Event _____

Please check applicable funding type for this event:

☐ **Neighborhood Connection** (This funding is geared toward support of an event that may lead to a new Neighborhood Group; to help support/expand membership of an existing Neighborhood Group. Priorities will be given to events that occur in areas where neighborhood groups are lacking. Funds awarded will be up to \$200 per event.)

☐ **National Night Out** (National Night Out Event held on August 2, 2016 are eligible for funding, with priority given to new NNO events/locations that expand neighborhood participation. Support for existing NNO events will be considered if funds are available. Funds awarded will be up to \$550 per event.)

Date of 2016 Event _____ Time of 2016 Event _____

Location of Event _____

Estimated Attendance at Event _____

Will the street, or any portion of the street be closed to traffic? ☐ Yes ☐ No
If yes, the Neighborhood Party Street Closure Request must be completed and returned with this application.

Has funding been previously provided for this event? ☐ Yes ☐ No; # of Years _____

Neighborhood Festival Funds: ☐ Yes ☐ No; Number of Years _____

Event Funding Sources, Including In-Kind Donations:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____



Please indicate the items (with the number) you need for your NNO event:

<i>Item</i>	<i>Yes/No</i>	<i>#</i>	<i>Notes</i>
<i>Flyers</i>			
<i>Tables</i>			
<i>Chairs</i>			
<i>Bounce House</i>			
<i>Signs</i>			
<i>Port-A-Potty</i>			

Below is a list of Aurora Police Department equipment that may be available.

Please list the top three choices (1,2,3) you would like at your event.

Equipment	Priority	Notes
McGruff		
Command Post		
Armored Vehicle/Bearcat		
Police Puppy		
Canine (no demo)		

We would like an AFD Fire Department truck to visit our NNO event. ____yes ____no

Event Budget:

Item/Category Description

Estimated Cost

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Proposed Budget	\$ _____

Total Funding Assistance Requested

\$ _____

(This amount should not exceed the event budget, and should be no more than the allowed amount under this application.)

Applicant Signature/Date

APPLICATION DEADLINE: June 1, 2016

Return completed application with signed Hold Harmless Agreement to:
Community Services Department, Neighborhood Support Team
City of Aurora, 44 E. Downer Place, Aurora, IL 60507

To deliver in person: 51 East Galena Blvd. Aurora, IL

Attachments Required:

Completed Funding Application

Signed Hold Harmless Agreement

Completed W-9 Form

Neighborhood Party Street Closure Request (when appropriate)



(FOR INTERNAL USE)

Application Received: _____ Event/Group Name _____

Application Approved: _____ Yes _____ No Date: _____

Circle One: Check Request or Reimbursement

Check Request Date: _____ Reimbursement Request Date: _____

Special Notations: _____

Neighborhood Organizer/Community Coordinator _____



HOLD HARMLESS AGREEMENT

Please read the following thoroughly, fill in all blanks, sign and return with the Neighborhood Support Funding Application.

_____, for and in consideration
(Sponsoring organization/group)
of funding assistance from the City of Aurora, Community Services Department, 44 E. Downer Place, Aurora, Illinois, 60507, hereby agrees to indemnify and hold harmless the City of Aurora, Illinois its agents, public officials, officers, employees and authorized volunteers, from and against any and all legal actions, claims, damages, losses or expenses arising out of the permitted activity or any activity associated with the conduct of the applicant's operations, including but not limited to claims for personal or bodily injury, disease or death, or injury to or destruction of property, excluding claims caused by the willful commission or omission by the employees of the City of Aurora acting within the scope of their employment. Further the applicant agrees to indemnify the City of Aurora and any of its agents, public officers, officials or employees and authorized volunteers for any attorney's fees and court costs incurred or to be incurred in defending any actions brought against them as a result of the applicant's use of public property as set forth in this application.

LIABILITY WAIVER:

The applicant agrees for itself and or its employees, agents or volunteers associated or to be associated with the activity for which this application is being sought, to waive and relinquish all claims that may result in any manner against the City of Aurora, its agents, public officers, officials or employees and authorized volunteers from said applicant, except for acts caused by the willful and wanton misconduct by employees of the City of Aurora acting within the scope of their employment.

I have read and understand the above hold harmless and liability waiver.

Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) -

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Neighborhood Connector Party Street Closure Request

Street Closures may be necessary when coordinating neighborhood parties under the Neighborhood Group Support Program. To arrange for street closure, the following procedures need to be followed to ensure all necessary city departments and personnel have been made aware of the request.

Neighborhood Party Street Closure Request Process:

1. Complete the attached application which includes the following information:
 - Date and time you are requesting closure of your street.
 - Name of street, including intersections that are to be closed.
 - Name, address and daytime telephone number of the person requesting barricades to close the street.
 - The person(s) receiving the barricades are responsible for placing them before the event and removing them by dusk. They are also responsible for keeping the barricades in good condition, until they are picked up by our City Street Department.
2. Acknowledgement will be sent to your residence confirming the dates you requested. A copy will also be sent to the City Street Department for delivery of the barricades on the Friday before your party and pick up on the following Monday. It will be sent to the Police and Fire Departments as well, so they will be aware of your street closure in case of emergencies. If the barricades are not delivered by 2 P.M. on the Friday before your party, you should call the Street Maintenance Division at (630)256-3680 to ensure timely delivery.
3. We recommend that you submit your request to Community Services roughly 2 - 3 weeks prior to the event.
4. There are no fees charged by the City of Aurora for street closure request.

Community Services Office

51 E. Galena Blvd.

Phone: (630) 256-3327

Fax: (630) 256-3409

Mailing Address

44 E. Downer Place
Aurora IL 60505

Office Hours

Monday – Friday

8:00 a.m. – 5:00 p.m.

Should you have additional questions regarding this process or the “Request to Barricade Street” form, please contact your Neighborhood Organizer, or call our office at (630)256-3327.



Community Services
51 E. Galena Blvd.
Aurora, IL 60507
(630)256-3327

Date:

To: **Resident Organizer**
Aldermen's Office
Tim Forbes, Street Department
Chief Gary Krienitz, Fire Department
Sgt. Dan Woods, Traffic Division, A.P.D.
Chief of Police Kristen Ziman, A.P.D.
Rick Guzman, Ass't Chief of Staff, Mayor's Office

From: Alderman
Ward

The request to close _____ Street, between _____ Street/block to _____ Street/block on _____, from _____ a.m./p.m. to _____ a.m./p.m. has been **approved**.

The barricades should be dropped off at _____, by 2 p.m. on the _____ before the event. In the event the barricades have not been dropped off by this time, please contact the Street Department at (630)256-3680 to check on their delivery status and to ensure that they will be picked up on the business day following the event.

Date

Alderman

Noise Abatement Ordinance Requirement – In accordance with Sec. 29-205(5) of the Noise abatement Ordinance, "the unreasonably loud and raucous use or operation of a loudspeaker, amplifier, public address system or other device for producing or reproducing sound" is not allowed. Noncompliance with this section of the Code of Ordinances may result in a determination by the Police Department that the sound level is not reasonable and a ticket may be issued.



Community Services
51 E. Galena Blvd.
Aurora, IL 60507
(630)256-3327

Date:

To: Resident Organizer
Aldermen's Office
Tim Forbes, Street Department
Chief Gary Krienitz, Fire Department
Sgt. Dan Woods, Traffic Division, A.P.D.
Chief of Police Kristen Ziman, A.P.D.
Rick Guzman, Ass't Chief of Staff, Mayor's Office

From: Alderman
Ward

The request to close _____ Street, between _____ Street/block
to _____ Street/block on _____, from _____ a.m./p.m. to _____ a.m./p.m.
has been **approved**.

The barricades should be dropped off at _____, by 2 p.m. on the
_____ before the event. In the event the barricades have not been dropped off
by this time, please contact the Street Department at (630)256-3680 to check on their delivery
status and to ensure that they will be picked up on the business day following the event.

Date

Alderman

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AURORA NEIGHBORHOOD CONNECTOR ORGANIZER

Name of Group/Individual:	Contact Info/E-Mail/Phone #	Date/Time/Location/Park Permission:
Invitation Flyers/Signs:	Alderman/COP Officer:	Volunteers:
Hand Outs/Give Aways:	Funding Application: Street Closure Form to Alderman:	Food/Drinks:
Tables/Chairs/Port A Potty:	Activities/Bounce House Elect or Generator/Music:	Budget:
Set Up/Clean Up:	Other:	Other:



Post Neighborhood Party/Event Evaluation

Event _____

Date _____ Time of Event _____

Location _____

1. How many attended event? _____
2. AFD/COP Officer/Alderman/City Officials/ Community Leaders at event?

3. Do you consider the event very successful, moderately successful, minimally
successful? _____
4. What factors contributed to the events success? _____

5. What were the barriers for a more successful event? _____

6. Did the event fulfill the purpose/intent? _____

7. What are the potential outcomes as a result of the event? (i.e. Join/Develop Neighborhood Group;
Community Involvement; Informed Citizens)

Submitted by: _____ Date: _____