



Attestation of Neighborhood Inclusivity

To be included as part of an application for any and all
HAND neighborhood grant programs

Membership in our neighborhood organization, and/or the benefits received to our neighborhood as a result of grant funding, shall be open to all residents within our neighborhood boundaries. We do not exclude individuals from membership on the basis of race, color, sex, language, religion, political affiliation, veteran status, national or social origin, citizenship, ancestry, disability, age, marital and family status, sexual orientation, gender identity, health status, socio-economic status, housing status, or whether they own or rent their home or property.

As a duly elected representative* of the _____
neighborhood, I attest that our organization follows the above policy on inclusivity.

NAME: _____

DATE: _____

SIGNATURE: _____

*If your group does not have elected representatives, the Neighborhood Grant Coordinator may sign.