

**City of Topeka**  
**2023 Topeka DREAMS Neighborhood Improvement Initiatives Program**  
**Meeting Consultation & Recommendation Form**

| I. PROPOSED PROJECT  |                     |
|--|---------------------|
| Applying Organization _____  | Name of NIA _____   |
| Project Title _____  | Project Title _____ |
| Location/Address for improvement (s) or projects (s): _____  |                     |
| Project location _____   |                     |
| <p><b>DREAMS Initiative Level (select all that apply)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Level 1/ DREAMS 1 – NOT A GRANT<br/> <input type="checkbox"/> Level 2 / DREAMS 2 (Housing)<br/> <input type="checkbox"/> Other / Non-DREAMS Project/Program         </div> <div style="width: 48%;"> <input type="checkbox"/> Level 2 / DREAMS 2 (Infrastructure)<br/> <input type="checkbox"/> Level 3 / DREAMS 3         </div> </div> <p><b>Project/Program Impact Area (select all that apply)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Infrastructure<br/> <input type="checkbox"/> Accessibility         </div> <div style="width: 30%;"> <input type="checkbox"/> Community Engagement<br/> <input type="checkbox"/> Beautification         </div> <div style="width: 30%;"> <input type="checkbox"/> Quality of Life         </div> </div> <p><b>Neighborhood Health:</b> as defined in the 2020 Neighborhood Health Map</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Intensive Care<br/> <input type="checkbox"/> Out Patient         </div> <div style="width: 48%;"> <input type="checkbox"/> At Risk<br/> <input type="checkbox"/> Healthy         </div> </div> |                     |

**Brief Summary of Project Scope and/or Neighborhood Issues to Address**

**Name of Department/Organization Recommendations**

| Project Requirements & Eligibility Reasoning: | Eligible Project |    |
|---|------------------|----|
|   |                  |    |
|   | Yes              | No |

Reviewer/Title: \_\_\_\_\_