***For All Applications:***

* + ***Complete Attachment A – Project Planning Sheet***
	+ ***Complete Attachment B – Project Budget Worksheet For Next Level and Transformational Grant Applications:***
	+ ***Also Complete Attachment C***

4

**COMMITMENT**

We understand that funding of this proposal will commit our group/organization to:

1. Complete the activities described in this proposal
2. Actively engage other appropriate parties/individuals in planned activities
3. Engage in project evaluation activities sponsored by the Neighborhoods Small Grants program
4. Share activities and lessons learned with other neighborhoods and the Community Foundation of Greater Flint

|  |  |
| --- | --- |
| Submitted by: |  |
| Printed Name -Title | Signature | Date |
| Printed Name – Title | Signature | Date |

The above signatures must be from:

**Neighborhood groups: Two officers of the group Nonprofit Organizations: 501(c)3: Executive Director**

**Churches/ Faith-based Organizations: Pastor, Bishop, Rabbi, Priest or Head of Governing Body**

**Proposal Check list:**

 **Completed Application Signed by Officers, Executive Director or Appropriate Head of Governing Body**

 **Copy of DBA, EIN or IRS letter**

 **Completed Project Planning Worksheet**

 **Completed Budget Worksheet**

 **Completed Attachment C for *Additional Information for Next Level Mini-Grant and Transformative Grant Applications Only***

5

**Attachment A**

**Project Planning Worksheet**

# Name of Group Name of Project:

**(**Please list all of the major steps to make your project happen. What will you do first? What will you do second, third, etc.? Make additional copies of this sheet if needed.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **List All Your Action Steps***(What are the steps/activities that need to be taken to make the project goal happen? How will you make it happen from start to finish?)* | **Who is Responsible?** *(Who is assigned to make sure that this step is done?)* | **Completion Date** *(When will this action step need to be completed?)* | **Outcome (O) and Documentation (D)** *(How are you going to know that the step is done and has been successfully completed?(O)**How will you document it? (D)* |
| 1. |  |  |  |  |
| *2.* |  |  |  |  |
| *3.* |  |  |  |  |
| *4.* |  |  |  |  |
| *5.* |  |  |  |  |
| *6.* |  |  |  |  |

**Attachment B**

**Project Budget Work Sheet** Please complete the following budget form. Include all costs associated with this project. If there are additional sources of funding or matching funds (such as other grants) or in-kind support (such as donations of services or materials from area businesses, persons, government or organizations) list them in the appropriate column. Each volunteer service hour is worth $25.43 per hour for adults and $12.71 for children and youth.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Items** | **Amount Requested** | **Amount of Cash** | **In-kind Donations** | **Total Costs** |
|  |  | **from Other Sources** | **(Type and Value of** | **(Add the total** |
|  |  | **(i.e. dues, other** | **Donations)** | **amount across each** |
|  |  | **grants, monetary** |  | **row)** |
|  |  | **donations)** |  |  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items** | **Amount Requested from CFGF** | **Amount of Cash from Other Sources (i.e. dues, other grants, monetary donations)** | **In-kind Donations (Type and Value of Donations)** | **Total Costs** |
| 7.. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
| **Total Project Costs** | (Add total amount in column) | (Add total amount in column) | (Add total amount in column) | (Add total amount in column) |

**Attachment C: for Next Level and Transformational Grant Applications**

**Please describe in detail the ways that carrying out this project will help your group to move beyond traditional mini-grant projects such as clean-ups and block parties to have a deeper impact in your neighborhood**

**What method (s) was used to gain input from residents to identify the need that this project will address? (Examples: neighborhood survey, focus group of residents, master plan, census data, community meeting,…).**

**How will this project be maintained and sustained beyond the grant period?**

**Please attach sketches, diagrams, photos or any other materials that would provide detail about the following:**

* **The location of project**
* **Type and placement of essential project elements (i.e. trees, benches, pavilions…**

**Any other additional information that would provide information about the**