Grant Application

**The Community Foundation of Greater Flint**

Neighborhood Small Grants Program Application

Application Party ID:

Organization ID#:

Legal Name of Organization applying

Is this organization a fiscal sponsor?

Contact Person Name

Title

Email Address

Phone Number

Grant Category (Choose One):

Amount Requested

Start Date

End Date

What are the specific neighborhood boundaries (streets, landmarks, etc.) of the area your group or organization serves?

What is your group's mission (the purpose your group was created)?

Has your group received funding from the Community Foundation of Greater Flint's Neighborhood Small Grants Program in the past 3 years?

How successful was your group in completing the objectives of your most recent grant project?

If the project was successful, what was the main reason as to why the project was successful?

If the project was unsuccessful, what was the main reason as to why the project was unsuccessful?

Did you experience any unexpected challenges/obstacles?

How did COVID-19 restrictions or health and safety protocols affect your programming?

Did you have any unexpected rewards/successes?

Which of the following focus areas best fits your project?

 Strengthening Neighborhood Groups through Leadership Development/ Technical Assistance

 Improving Neighborhood Conditions

 Creating Safe Neighborhood Environments

 Creating Opportunities for Neighbors to Connect and Engage in Community Activities

Which of the following program outcomes will your project address the most?

 Community Engagement (Getting people involved in neighborhood/community groups or activities)

 Developing Well-maintained and Inviting Outdoor Spaces (Engaging people in clean-ups, beautification and improvement of public spaces)

How many of the following activities will your project complete (Please indicate how many for each type.)?

|  |  |
| --- | --- |
| **Activity Type** | **Number of Activities** |
| Workshops, trainings, conferences, learning exchanges |  |
| Neighborhood Watch Activities |  |
| Neighborhood Clean-ups |  |
| Neighborhood Beautification |  |
| Creating Neighborhood gathering spaces |  |
| Neighborhood Engagement Events |  |
| Neighborhood Art Festival |  |
| Other Activities (Please specify): |  |

Will you require any special assistance or training to develop and carry out your project?

First describe the type of project you propose to do.

Second, please describe where the project will take place. (Please include address and zip code for each project site.)

Third, please describe when the project will take place.

Fourth, please describe who will be involved carrying out the project.

Fifth, identify who will be impacted by the project. In other words, who benefits from the project?

# Project Evaluation

How will you know if your project has been successful in bringing about this change?

What programmatic modifications are you implementing throughout your project because of COVID-19 health and safety protocols?

Will your project require maintenance and upkeep throughout the grant period?

What other groups, businesses, or organizations will you be partnering with to carry-out the project? Please identify the name of each organization and the individual along with what each partner will be contributing (e.g. cash, food, volunteers, meeting space, other donations).

|  |  |  |
| --- | --- | --- |
| Partner | Individual | Contribution (Cash, food, meeting space, etc.) |
|  |  |  |
|  |  |  |
|  |  |  |

If you are ready to submit your application, please enter your digital signature and click submit. Please note: You may be contacted by a Program Officer if further information is needed.

Applicant Signature:

Date:

*\*Please print and retain a copy for your records.\**

Community Foundation of Greater Flint

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