



FY2023-2025 Love Your Block Mini-Grant Application

HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED.

APPLICATION PACKAGE DEADLINE: 11:59 PM ON FRIDAY, FEBRUARY 23, 2024

SECTION 1: APPLICANT INFORMATION

Please select your applicant type:

- Organization utilizing a non-profit 501(c)3 fiscal sponsor – *must complete Sections 1, 2, 3, 4, 5, 6*
- Non-profit organization with 501(c)3 status – *must complete Sections 1, 3, 4, 5, 6*

Organization Name: *Organization Name*

Organization Address: *Address, City, State, Zip*

Executive Director First Name: *First Name*

Executive Director Last Name: *Last Name*

Executive Director Phone: *Phone*

Executive Director E-mail: *E-mail*

Project Manager First Name: *First Name*

Project Manager Last Name: *Last Name*

Project Manager Phone: *Phone*

Project Manager E-mail: *E-mail*

SECTION 2: FISCAL SPONSOR INFORMATION

LEAVE THIS SECTION BLANK IF YOUR APPLICANT TYPE IS "NON-PROFIT ORGANIZATION WITH 501(C)3 STATUS".

Note: Please review the Mini-Grant Information prior to beginning your application to fully understand the documents your fiscal sponsor will need to provide and documentation deadlines your fiscal sponsor will need to follow.

Fiscal Sponsor Organization Name: *Fiscal Sponsor Organization Name*

Executive Director First Name: *First Name*

Executive Director Last Name: *Last Name*

Organization Address: *Address, City, State, Zip*

Phone: *Phone*

E-mail: *E-mail*

SECTION 3: PROJECT DESCRIPTION

Project Title: *Project Title*

Project Summary (100 words or less):

Enter text

Project Budget: *Project Budget*

Grant Amount Requested (up to \$10,000): *Amount Requested*

Project Start Date (must be July 1, 2024 or later): *Click here to select a date.*

Project End Date (must be April 30, 2025 or earlier): *Click here to select a date.*



Project Site Address: *Address, City*

Is the Project Site...

- **A City of Richmond Park or Trail (i.e. Richmond Greenway)?** *Select Yes or No*
- **Accessible or viewable by the public?** *Select Yes or No*
If "No", your project is ineligible.
- **Within the boundaries of the City of Richmond?** *Select Yes or No*
If "No", your project is ineligible.
- **Encroaching on property of a public agency other than City of Richmond (i.e. CalTrans, BART)?**
Select Yes or No
If "Yes", you must submit proof of a pre-existing agreement with the agency or your application will be disqualified.
- **On private property?** *Select Yes or No*
If "Yes", you must submit a signed Letter of Permission from the property owner authorizing the project.
If your organization owns the property, you must still submit a letter.

How many volunteer community events will be part of your project? *# of community events*

When do you plan to hold your community events? *Approximate dates of community events*

Describe your Love Your Block Mini-Grant project proposal. Be sure to include the details of your community events.

Enter text

What is the overall goal of your Love Your Block Mini-Grant project?

Enter text

What metrics/data will you gather to show the impact of your project? List at least 3.

Submit your completed application package online at www.richmondloveyourblock.org by 11:59 pm on Friday, February 23, 2024.

E-mailed applications will NOT be accepted.

Questions? E-mail volunteer@ci.richmond.ca.us, call 510-620-6563, or visit www.richmondloveyourblock.org.



Enter text

SECTION 4: VOLUNTEER & NEIGHBORHOOD ENGAGEMENT

List any individuals or entities you will be partnering with for this mini-grant and provide their role.

Enter text

How many volunteers will be recruited for your project? # of volunteers

What will be the role of volunteers in your project?

Enter text

What community input have you received that is included in your proposal? If you have not received any community input yet, describe how you will seek community input prior to project implementation.

Enter text

How will you involve resident volunteers, community members, organizations, and/or businesses that live in or frequent the project area?

Enter text

What community outreach methods will you use to recruit volunteers for and publicize your project?

Enter text

SECTION 5: BUDGET

Complete your budget proposal using the provided Excel template and submit it with your application.

SECTION 6: ACKNOWLEDGMENT

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By submitting this application, the applicant acknowledges the following:

- Applicant has thoroughly read and understands the Love Your Block Mini-Grant Guidelines, Love Your Block Mini-Grant application questions, and the City of Richmond and Community Services Department requirements.
- All questions contained in the application have been answered and the following required documents are included as part of the application packet (**check all boxes**):
 - Completed application (all sections completed and questions answered) in readable PDF or Word format (scanned files are **not** accepted)
 - Budget proposal in Excel format
 - Project site photo showing current condition of the project site
 - Proof of 501(c)(3) status (Non-Profit Status Determination letter from the IRS)
- The following documents are included in the application packet as needed (**check applicable boxes**):
 - [City of Richmond W-9 form](#) for the 501(c)3 organization if the applicant does not have an active vendor number with the City of Richmond
 - [Vendor Supplemental Questionnaire](#) if the applicant does not have an active vendor number with the City of Richmond
 - Signed Letter of Permission from property owner, if proposal takes place on private property
 - Signed agreement with a public agency, if proposal encroaches on non-City public property
 - Signed agreement between the organization and the fiscal sponsor, if applicable
- Applicant’s organization will obtain comprehensive background checks and/or finger printing of all employees and/or volunteers that work directly with youth or such other vulnerable populations. (*For applicable organizations requesting funds to support an existing or new youth program and/or program that works with other vulnerable populations*); and
- The information included as part of this application is true and accurate.

Applicant Name
Applicant Name (Type)

Organization Name
Organization Name

Click to enter a date
Date

SECTION 5: BUDGET

Complete the budget form below. Be as detailed as possible. Thoroughly review the Mini-Grant Guidelines for information on eligible and ineligible costs, and contact Love Your Block staff if you have any questions. Ineligible expenses will result in disqualification. Line item categories with lump sum estimates are accepted. Round, even numbers are preferred. Click on the "Sample Budget" tab below to see a sample budget for a small planter box project.

Item #	Item or Category	Description/Purpose of Item	Cost	Quantity	Total Cost
1			\$ -	0	\$ -
2			\$ -	0	\$ -
3			\$ -	0	\$ -
4			\$ -	0	\$ -
5			\$ -	0	\$ -
6			\$ -	0	\$ -
7			\$ -	0	\$ -
8			\$ -	0	\$ -
9			\$ -	0	\$ -
10			\$ -	0	\$ -
11			\$ -	0	\$ -
12			\$ -	0	\$ -
13			\$ -	0	\$ -
14			\$ -	0	\$ -
15			\$ -	0	\$ -
16			\$ -	0	\$ -
17			\$ -	0	\$ -
18			\$ -	0	\$ -
19			\$ -	0	\$ -
20			\$ -	0	\$ -
			Total Amount Requested:		\$ -