FY2021-2023 Love Your Block Mini-Grant Application

PLEASE TYPE DIGITALLY—HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED.

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, 2022 or later): *Click here to select a date.*

Project End Date (must be April 30, 2023 or earlier): *Click here to select a date.*

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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 by the public?** *Select Yes or No*
- **Within the boundaries of the City of Richmond?** *Select Yes or No*
- **Encroaching on property of a public agency other than City of Richmond (i.e. CalTrans, BART)?** *Select Yes or No*
  If "Yes", you <u>must</u> submit proof of a pre-existing agreement with the agency or your application will be disqualified.
- **On <u>private</u> property?** *Select Yes or No*
  If "Yes", you <u>must</u> submit a signed Letter of Permission from the property owner authorizing the project.

Project Site Photos: Insert one (1) photo below showing the current condition of your project site. If you are having technical difficulty with this function, you may attach it separately in your submission.
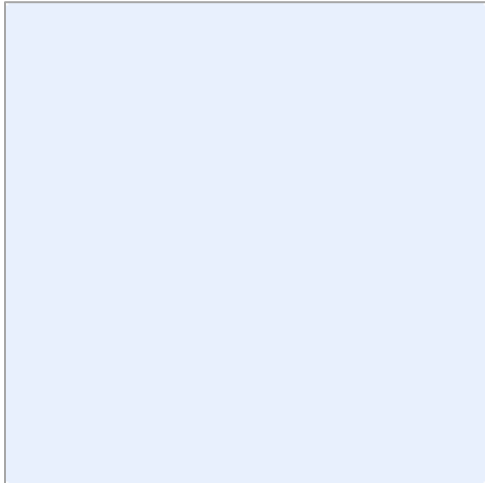
Describe your Love Your Block Mini-Grant project proposal. Be sure to include the <u>number</u> of community events you will host and what those events will entail.

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? <u>List at least 3.</u>

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

How will you involve resident volunteers, community members, organizations, and/or businesses outside of your current network?

Enter text

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

Enter text

What measures will you take to prevent the spread of COVID-19 during the course of your project?

Enter text

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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.

Item	Description/Purpose	Cost	Quantity	Total Cost
Item 1	Item Description			**$0.00**
Item 2	Item Description			**$0.00**
Item 3	Item Description			**$0.00**
Item 4	Item Description			**$0.00**
Item 5	Item Description			**$0.00**
Item 6	Item Description			**$0.00**
Item 7	Item Description			**$0.00**
Item 8	Item Description			**$0.00**
Item 9	Item Description			**$0.00**
Item 10	Item Description			**$0.00**
Item 11	Item Description			**$0.00**
Item 12	Item Description			**$0.00**
Item 13	Item Description			**$0.00**
Item 14	Item Description			**$0.00**
Item 15	Item Description			**$0.00**
			Total Amount Requested:	$0.00

SECTION 6: ACKNOWLEDGMENT

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 <u>required</u> 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)

  ☐ Proof of 501(c)(3) status (Non-Profit Status Determination letter from the IRS)

  ☐ City of Richmond W-9 form for the 501(c)3 organization

  ☐ Vendor Supplemental Questionnaire

- The following documents are included in the application packet as needed *(check applicable boxes)*:

  ☐ 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