



Application Form
Neighborhood Small Grants Program
(NSGP)

Application Deadline: 4:30 p.m. Monday, March 14, 2016

A. Organization Profile

Organization _____

Contact Person for This Application _____

Mailing Address _____ Zip _____

Phone _____ Email _____

Neighborhood Boundaries

North _____

South _____

East _____

West _____

Approximately how often did your group meet in 2015?

8-12 times ___ 3-7 times ___ 2 times ___ 1 time ___ no meeting ___

On average, how many members/neighbors attend each meeting? _____

Do you have by-laws or operating rules? YES ___ NO ___

How often do you elect new leaders? _____

Does your organization have a checking account? YES ___ NO ___

Please Note: You must establish a checking account to receive funding.

Name of Your Treasurer _____

Phone _____ Email _____

Describe your neighborhood and its residents.

Tell us about your neighborhood organization.

B. Grant Request

Project Name _____

Project Coordinator _____

Phone _____ Email _____

Amount Requested \$_____ (\$500 minimum to \$3,000 maximum)

Please Note: Dollars you receive from the Neighborhood Small Grants Program must be matched on a dollar-for-dollar basis with other contributions. See Page 8.

Project Starting Date _____ (approximate date)

Project Ending Date _____ (no later than June 30, 2017)

_____ represented our group at the Pre-Application Workshop.

Fiscal Sponsorship

Our group has contacted the Office of Neighborhoods regarding whether we will use a fiscal sponsor for this grant, if we are funded.

YES ____ NO ____

Please check the choice that applies to your organization:

____ Our group has a valid 501(c)(3) determination letter from the IRS and will receive funds directly rather than use a fiscal sponsor.

____ We will use East Tennessee Community Design Center as our fiscal sponsor.

____ We will use the following 501(c)(3) organization as our fiscal sponsor:

Name _____

Address _____

Contact Name _____

Phone _____ Email _____

C. Your Project

Describe the project or activities for which you are requesting funding and support.

Address such questions as: How was the project selected? Who will carry it out? What do you hope to achieve or accomplish by doing this project? How will it improve the neighborhood? (Please attach a sketch of the proposed design of physical projects, such as parks, signs, and major landscaping projects.)

How will your project connect and engage residents in your neighborhood?

D. Measure the Results

What are your project goals? How will you measure your success?

Measurable goals could be things like frequency of a particular activity (potluck supper), number of residents participating in a social event, number of residents reached in a door-to-door survey, and percentage of those residents who get involved in the organization in some way.

You can also measure success with more subjective evidence, such as testimonials, first-hand accounts, and narratives of the impact of your project.

E. Project Work Plan and Timeline

Please complete the following Project Work Plan and Timeline. List separately each key step or task that will be necessary to carry out your project; name the person(s) in charge of carrying out each task; and indicate with a check mark in which quarter the task is to be completed.

Project Work Plan & Timeline

Project Tasks	Person(s) Responsible	July- Sept 2016	Oct-Dec 2016	Jan-Mar 2017	April- June 2017

F. Proposed Project Budget

Estimated Cash Income

This includes the amount of your request from NSGP, your group's cash contribution, cash contributions from others, and project income.

Source	Amount
Neighborhood Small Grants Request	\$
	\$
	\$
	\$
	\$
Total Estimated Cash Income	\$

***** **Total Cash Income *must equal* Total Cash Expenses.** *****

Estimated Cash Expenses

Item	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Estimated Cash Expenses	\$

G. Matching Contributions

The money you receive from the Neighborhood Small Grants Program must be matched on a dollar-for-dollar basis with the total value of volunteer labor, donated goods and services, and any non-NSGP, non-City-of-Knoxville cash income dedicated to the funded project. **The total of your matching contributions must equal or exceed the amount requested from NSGP.**

One third of the match must be in the form of volunteer labor provided by residents.

Funds from other City of Knoxville sources, such as City Council 202 funds, can be used in an NSGP-funded project, but they cannot be used for the match.

For volunteer labor, calculate the value based on \$15/hour. Labor donated for specific professional services can be charged at that professional’s rate, which should be specified in a letter to you.

Neighborhood Small Grants Request	\$
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Matching Contributions

Type and Source	Value
Volunteer Labor	
	\$
	\$
	\$
	\$
Cash Income (other than NSGP or City of Knoxville)	
	\$
	\$
	\$
Donated Goods & Services (list separately)	
	\$
	\$
	\$
	\$
	\$

Total Estimated Matching Contributions	\$
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H. Budget Narrative

Some line items in your project budget and matching contributions may need an explanation. Use this space to elaborate.

How will the project or improvements be maintained after the grant ends? Have you been able to identify other possible sources of funding?

If you receive some funds, but not the total amount you requested, how would you modify your project?

