

Mini Grant Request

2018 Neighborhood Association Mini-Grants Application

Please rank priority level if you are submitting multiple requests: _____

I. Organization Information

Association Name: _____

Mailing Address: _____
Street Zip Code

Contact Information: _____
Name Title

_____ Email Telephone

II. Funds Requested

Project/Proposal Name: _____

Total Project Cost: \$ _____

Grant Funds Requested: \$ _____

Project/Program Category—please indicate the ONE statement that best describes your request:

F Funds will be used for a neighborhood event.

Funds will be used to celebrate diversity and increase interaction of residents from different racial, ethnic, or religious backgrounds.

Funds will be used for physical improvements that identify or beautify the neighborhood.

Funds will be used for “Green” initiative project.

Other: _____

III. Required Attachments

1. Neighborhood Association Mission Statement
2. Current listing of Directors with e-mail addresses. Please indicate the two check signers for your account.
3. Copy of resolution or minutes from the meeting at which the Neighborhood Association Board of Directors approved this project proposal and latest Treasurer's report.
4. Project/Program Budget
5. Project/Program narrative, which should include detailed responses to **ALL** questions:
 - a. Describe your proposed project or program in detail.
 - b. How does this project or program advance your Mission?
 - c. What other partners or funding sources are involved?
 - d. Has your Association received necessary approvals from the appropriate City departments?
 - e. What is the project timeline? Please demonstrate your Association's ability to complete this project in a timely manner (volunteer base, additional funding sources, past experience, partners).

IV. Authorizing Signatures—This Request is Duly Authorized by the Association

Signature of Neighborhood Association President:

Name

Date

For applications to be considered, they must be complete and contain all of the required attachments listed in section IV. A copy must be received by 4:30 pm on Tuesday, March 20, 2018 at the Green Bay Neighborhood Division (100 N. Jefferson St, Rm. 608, Green Bay, WI 54301) or email copy to willpe@greenbaywi.gov.

****No handwritten applications will be accepted****

For Office Use Only

Date rec'd: __/__/__

Mission: _____

Res/Min: _____

Directors: _____

Budget: _____

Narrative: _____

Timeline: _____