CITY OF FOUNTAINS
HEART OF THE NATION
KANSAS CITY
MISSOURI

NEIGHBORHOOD & HOUSING SERVICES DEPARTMENT
NEIGHBORHOOD SERVICES DIVISION
414 E. 12th St., Fourth floor
Kansas City, MO 64106
Phone: 816-513-3200 Fax: 816-513-3201

2013 reBUILD/KC Neighborhood Mini-Grant Program Application

Applications will be evaluated based on how well they meet the following criteria. Please remember that these are competitive grants. **All proposals must be submitted using this application form.** Application must be completed with all questions answered. Please keep a copy for your records.

FOR OFFICE USE ONLY

Date Received:_____ Amount Requested:$_____

Neighborhood Match: $_____ Project Cost: $_____

A. Applicant Contact Information			
Name of organization			
Office address	City	State	Zip Code
Phone	Fax	Email	
Project Manager/Organizer	Phone	Fax	Email
Alternate Contact Person	Phone	Fax	Email
Is your organization registered with the Neighborhood Services Division? ❑Yes ❑No			
Did your organization submit an annual neighborhood report? ❑ Yes ❑ No			
Fiscal Agent if different from Project Manager/Organizer: Name: Address: Phone: Email Address:			

B. Project Information		
Project/Activity Name	Date of Activity	
Project/Activity Address or Location	City Council District	Amount requested
Are any permits required? ❑Yes ❑No If so, please list permits		

C. Project Details
(Answer all questions completely on this application. Please do not attach additional sheets.)

1. In 100 words or less, describe your proposed project/activity.

Project details cont'd:
2. How was the project/activity selected? How were neighborhood members involved in selection process?
3. How were neighborhood residents involved in planning the project/activity? How are residents involved in the implementation of the project/activity? How many residents are involved?
4. How does the project/activity benefit the neighborhood and its residents?

5. What is your anticipated start and end date (month/year)? _____/_____ to _____/_____

List in chronological order the specific activities you will take to complete your project, the person responsible for the activity, and the date (month/year) that each activity or step will be completed.

ACTIVITY	PERSON RESPONSIBLE	TIMELINE Month/Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

6. Will this project require maintenance once it is completed? If yes, briefly describe your maintenance plan.

7. Besides neighborhood members, what other organizations does the project plan to partner with?

8. Do you receive funding from other neighborhood grant programs? ❑ Yes ❑ No
If so, please list the other organizations and the grant amounts. Describe how this project supports the other grant project(s).

9. When you complete the project/activity, how will the organization know it is successful?

10. What has your organization accomplished during the last year? Write one sentence per accomplishment and use specific numbers where possible, i.e. number of clean-ups, number of crime watch signs installed, number of safety patrols, number of vacant lots mowed and cleaned, etc.

PROJECT BUDGET

(A) PROJECT EXPENSES: Please list your project's expenses.

BUDGET ITEM	COST
1.	**$**
2.	**$**
3.	**$**
4.	**$**
5.	**$**
6.	**$**
7.	**$**
8.	**$**
9.	**$**
10.	**$**
TOTAL EXPENSES:	**$**

(B) OTHER SOURCES OF SUPPORT: List in-kind donations of *volunteer hours, donated materials, professional services, and other funding.

CONTRIBUTION DESCRIPTION	COST
1.	**$**
2.	**$**
3.	**$**
4.	**$**
5.	**$**
6.	**$**
7.	**$**
TOTAL CONTRIBUTION:	**$**

*Volunteer hours are valued at $15/hr.

TOTAL PROJECT COST (A+B) : $_____

Terms and Conditions

Project Contracts

- All grant recipients must secure a completed signed contract with the City before beginning their project. If not, the organization risks forfeiture of grant funds.

Reimbursement Terms

- All applicants must have a checking account in the name of the organization.
- Reimbursements will not be processed for work started before contracts are executed.
- Reimbursement payments are made after the grantee has submitted invoices and verification of payment for work completed.
- Prior to receiving final payment, all grant recipients must complete and submit a final report and digital photos.

Ineligible Expenses

This ineligible expense list is not exhaustive. City staff must approve all expenses on a grant-by-grant basis.

- Entertainment and supplies for project events and activities including but not limited to music, comedy and other types of performances; games, prizes, food, refreshments, etc.
- Direct social services such as health clinics, food baskets and emergency preparedness supplies.
- Direct grants, scholarships, loans or stipends.
- Cost associated with preparing grant applications.

Note to Applicant:

Any applicable permit fees and approvals that may be required for the project are the responsibility of the applicant and should be included in the total project cost.

The City retains sole discretion on determining the eligibility of applications and in how the proposed projects, programs and activities meet the program's guidelines and criteria.

Applicant and Neighborhood Association Signatures

I confirm that I have read and understand the reBUILD/KC Neighborhood Mini-Grant Program guidelines and application. I assure that any funds received as a result of this application will be used only for purposes set forth herein.

Applicant Organization President/date:_____

Neighborhood Association President/date:_____

Neighborhood Association Vice-President/date:_____

Submit five (5) copies of the grant application by June 28, 2013, no later than 5 p.m. to:

Neighborhood and Housing Services

ATTN: Tiffany Drummer

Neighborhood Services Division/4th Floor City Hall, 414 E. 12th St./Kansas City, MO 64106/ tiffany.drummer@kcmo.org/ phone: 816-513-3200/fax: 816-513-3201

MATCH PLEDGE FORM

The individuals, businesses or organizations listed below commit to donate the following items to:

_____and its reBUILD/KC Project _____
(Organization) (Project)

NAME	SIGNATURE	DONATION	VALUE	WHEN	TOTAL
Example: John Doe	*John Doe*	Volunteer Time	10 hr @ $15 per hr	5/1/13-5/5/13	$150.00

Please photocopy if additional signatures are needed