

Application #:

Community Foundation of Greater Flint

500 S. Saginaw Street, Suite 200

Flint, MI 48502

(810) 767-8270

Neighborhoods Small Grants Program

(NSGP)

Application for Next Level Mini-Grants

(Grants Up to \$5,000)

Applications due: January 22, 2015 by 5:00 p.m.

For Projects to be completed between February 1, 2015 – June 10, 2015

GENERAL INFORMATION

<i>Group Name:</i>	
<i>Group Mailing Address:</i>	
<i>Contact Person #1:</i>	<i>Contact Person #2:</i>
<i>Title:</i>	<i>Title:</i>
<i>Phone:</i>	<i>Phone:</i>
<i>Email:</i>	<i>Email:</i>

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Application Overview

Application / Project Name:

Legal Name of Organization applying:

Organization Federal EIN or DBA:

Year Founded:

Mission Statement or a 2-3 sentence overview of your organization:

Project Information

Purpose of Grant Proposal:

Briefly summarize the project idea. (4 sentences or less)

Start Date:

End Date:

Total Program Cost:

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Amount Requested:

Project Impact

Geographic Area Served (street boundaries of your neighborhood, number of city miles involved in your project, collaborating organizations locations):

What community need(s) are you addressing? Please describe in detail.

What method (s) was used to identify the need? (Examples: neighborhood survey, focus group, master plan or census data...)

Who will be impacted by this project/program?

How many people will be served by this project/program?

What will change as a result of the program/project?

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Goals & Implementation

Describe project/program goals. (What outcome(s) do you expect as a result of your project?)

Describe the activities you will implement to accomplish your goals. (Attach additional pages if necessary)

Describe how your project enhances or improves the quality of life in the community or area where your identified need will be addressed.

What group(s), organization(s), or business(es) will you be partnering with to carry out this project? What is their contribution as a partner? Who will be your main point of contact for that organization?

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Oversight & Results

Who in your organization will be responsible for the oversight of this program/project?

Describe how you will measure what you hoped to achieve or change in the area where your project is implemented.

How will you keep track of the things you learn both positive and negative while implementing this project?

Project Revenue

Revenue Details:

Source	Cash (\$)	In Kind (\$)	Status	Total (add each row across)
Total (add each row down)				

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Project Expenses

Expenses:

<i>Line Item</i>	<i>Description</i>	<i>Cash (\$)</i>	<i>In Kind (\$)</i>	<i>Total (add each row across)</i>
<i>Total (add each column - down)</i>				

Additional Funding Sources

Will this money be used to gain other funding support?

Explain how your organization will continue to fund this project beyond this next level grant funding period and what your idea of success will be.

Signatures & Authorizations

Executive Director/Officer Signature: _____

Printed Name, Title and Date: _____

Board Chair/Officer Signature: _____

Printed Name, Title and Date:
