

# STRENGTHENING NEIGHBORHOODS APPLICATION FORM



**STRENGTHENING NEIGHBORHOODS**

THE DENVER FOUNDATION

*Please type or print your responses clearly.*

## TELL US ABOUT YOUR PROJECT

<b>Today's Date:</b>	
<b>Name of Your Project/Campaign:</b>	

**In what county will the project take place? (Check all that apply.)**

- Adams     Arapahoe     Boulder     Broomfield
- Denver     Douglas     Jefferson

<b>(Optional) Your Neighborhood:</b>	
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## DESCRIBE YOUR PROJECT

**1. What is your idea for strengthening your neighborhood or community?**

**2. Describe your project/campaign in steps. What will you do first? What will you do second, etc.?**

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3. Please list each resource this project/campaign will use and explain how the resource will be used to accomplish project goals.

4. How will you know if the project/campaign worked? How will your community be stronger?

## FIT WITH STRENGTHENING NEIGHBORHOOD GOALS

5. Check the box for each goal that you think your project/campaign will accomplish, and explain how in the space provided.

**Goal 1: It will support or help build positive relationships among community members and value everyone's contributions.**

**Goal 2: It will support community leaders or build the leadership skills of people in your community.**

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**Goal 3: It will help community members organize to create positive change in our community.**

**Goal 4: It will connect community members and community-led groups across different neighborhoods so we can learn from one another and take action on common issues and concerns.**

**Goal 5: It will build or strengthen partnerships to support the work of grassroots leaders and their organizations.**

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## THE DENVER FOUNDATION GRANT FOCUS AREAS

### Basic Human Needs, Economic Opportunity, Education, Leadership & Equity

*(If your project doesn't address one or more of these areas, please move on to page seven.)*

**6. Check the box for each focus area that you think your project fits with and explain how it fits in the space provided.**

#### **BASIC HUMAN NEEDS**

Does your project:

- A) Teach, help, or organize people to get their basic services human needs met, such as food, housing, basic medical care, and protection from domestic violence? If yes, please explain:

- B) Create a support system that helps people meet their basic human needs, including help and resources. If yes, please explain:

- C) Create spaces and opportunities to collect and share stories of those who are having trouble meeting their basic human needs, and use these stories to build understanding and help create positive change? If yes, please explain:

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## ECONOMIC OPPORTUNITY

Does your project:

A) Create or improve a plan to strengthen the local economy in your neighborhood? If yes, please explain:

B) Help to strengthen the economic life of your community? (Examples: Creating jobs, strengthening, starting or growing small locally owned businesses, or creating active public spaces.) If yes, please explain:

C) Try a new idea that will make the local economy stronger and/or keep economic resources in your community? If yes, please explain:

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## EDUCATION

Does your project:

A) Help students in their community be successful in school by participating in after-school programs, the arts, parenting and early childhood support, dropout prevention and intervention programs, community organizing, or other activities? If yes, please explain:

## LEADERSHIP & EQUITY

Does your project:

A) Strengthen the skills of local leaders to address issues affecting their community? If yes, please explain:

B) Support community members as they learn and share knowledge with each other across communities? If yes, please explain:

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## YOUR GROUP

### 7. Tell us about you and your group.

<b>Your Group's Name:</b>	
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Has your group ever received a Strengthening Neighborhoods grant?  Yes\*  No  I don't know

*\*If "Yes," ensure your final report has been submitted or your application will not move forward. Please provide name of project and year of grant.*

<b>Previous Project or Campaign Name :</b>		<b>Year of Grant:</b>	
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## YOUR GROUP'S LEADERS

### 8. Who are the key leaders of this project/campaign?

These are the people who will plan and carry out the project/campaign. Please do not include people who will volunteer briefly or who will attend your event. *You must have at least three unrelated leaders who will be responsible for this project/campaign.*

- If you have more than three leaders, please use a separate sheet.
- Those listed should expect to be contacted by Strengthening Neighborhoods staff as we evaluate the application.
- Please indicate if the person does not speak English, and specify the language that person speaks.
- Project leaders MUST live in one of seven-county areas.

#### LEADER 1

<b>Name:</b>					
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Email:</b>				<b>Language:</b>	
<b>Lives in Which County:</b>	<input type="checkbox"/> Adams <input type="checkbox"/> Arapahoe <input type="checkbox"/> Boulder <input type="checkbox"/> Broomfield <input type="checkbox"/> Denver <input type="checkbox"/> Douglas <input type="checkbox"/> Jefferson				

# STRENGTHENING NEIGHBORHOODS APPLICATION FORM

## LEADER 2

<b>Name:</b>					
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Email:</b>				<b>Language:</b>	
<b>Lives in Which County:</b>	<input type="checkbox"/> Adams <input type="checkbox"/> Arapahoe <input type="checkbox"/> Boulder <input type="checkbox"/> Broomfield <input type="checkbox"/> Denver <input type="checkbox"/> Douglas <input type="checkbox"/> Jefferson				

## LEADER 3

<b>Name:</b>					
<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Cell Phone:</b>	
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Email:</b>				<b>Language:</b>	
<b>Lives in Which County:</b>	<input type="checkbox"/> Adams <input type="checkbox"/> Arapahoe <input type="checkbox"/> Boulder <input type="checkbox"/> Broomfield <input type="checkbox"/> Denver <input type="checkbox"/> Douglas <input type="checkbox"/> Jefferson				

## LEADER BACKGROUND

### 9. Please tell us about the backgrounds of the three leaders listed above.

Enter the number of leaders in each category listed below. For example, if you have two male project leaders, put the number "2" in the box next to "Male." If you no seniors as project leaders, put the number "0" in the box next to "Senior (65+)."

Age					
Youth (18 & under):	#	Adult (19-65):	#	Senior (65+):	#
Gender					
Female:	#	Male:	#	Other:	#
Housing Status					
Homeowner:	#	Renter:	#	No Home:	#
Race or Ethnicity					
African-American:	#	Latino:	#	Asian:	#
Mixed Race:	#	Native American:	#	Other:	#



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## YOUR COMMUNITY

### 10. Tell us about your community.

Where is it? What is it called? Who lives there? If you know any statistics about the race, ethnicity, income, or age of the people living in your community, please share them.

## YOUR ALLIES

### 11. Are you working with other groups?

*\*If, yes please complete:*

#### GROUP 1

<b>Name of Group:</b>			
<b>Address:</b>			
<b>Contact Person:</b>		<b>Phone Number:</b>	

#### GROUP 2

<b>Name of Group:</b>			
<b>Address:</b>			
<b>Contact Person:</b>		<b>Phone Number:</b>	

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## BEFORE YOU BUDGET PAGE 1

### A. Is anyone getting paid?

If you are planning to pay anyone with money from this grant, please complete the following worksheet. If you cannot check the boxes that match the type of payment you are considering, please do not include this in your budget.

#### a. Are you paying a professional?

- We are hiring a professional, such as an artist, musician, landscape designer, licensed caterer, trained teacher, etc., whose skills are necessary for us to complete our project successfully.
- The services of this professional are not available in our community through volunteer help.

***If you checked BOTH of the above boxes you can include this in your budget.***

#### b. Are you paying a person in your community who is *not* a professional?

- We have a leadership group of community members (three or more people) who will decide who gets hired/ paid.
- Our leadership group will advertise the job to two or more community members who are ***not part of the group.***
- Those interested in the job will tell us in writing why they are qualified and how much they will charge.
- The leadership group will review the applications and choose the one who will best meet the project's needs.
- The leadership group will get an invoice or bill from the person getting paid, will review that invoice, and will make sure the work has been done properly before paying the person.

***If you checked ALL of the above boxes you can include this in your budget.***

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## BEFORE YOU BUDGET PAGE 2

### B. Are you planning to buy equipment that will last awhile?

a. If you are planning to buy anything with your grant dollars that will still be useful after the project is over, such as tools, electronic devices, furniture, sports or outdoor equipment, please complete the following worksheet.

- This equipment is necessary for us to do our project.
- This equipment cannot be found through a loan or donation.
- At the end of our project, this equipment will be available for use by anyone in our community who needs it. We will store the equipment at the following location, and make sure that people who might want to use it can have access to it.

*If you checked ALL of the above boxes you can include this in your budget.*

### b. Description of equipment:

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### c. Address of place where equipment will be stored:

<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

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## BUDGET WORKSHEET

**12. Please enter your estimated project budget in the table below.**

Try to organize your expenses by the categories provided under "EXPENSE ITEM."

1. In the column called "THIS GRANT," enter the dollar amount that you are requesting for each item.
2. In "Explanation of Expense Item," explain how you arrived at this figure.
3. In the column called "OTHER SOURCES," enter the dollar amount that you will obtain through another source, like a donation. For example, if you receive \$100.00 worth of food from a local restaurant, you would enter \$100.00 in the "OTHER SOURCES" column next to "Food."
4. In the column called "TOTAL," please enter the total cost for each item.
5. Finally, total all columns and enter the amounts at the bottom of the table. The figure in the "TOTAL" box for the column titled "THIS GRANT" should be the amount you are requesting for this grant.

Expense Item	This Grant	Explanation of Expense Item	Other Sources	Total Cost
1. Food				
2. Materials (supplies for project)				
3. Printing (invitations, flyers)				
4. Fees/Permits (meeting space)				
5. Paid Help* (see page seven)				
6. Equipment* (see page eight)				
7. Other				
TOTAL				
<b>TOTAL AMOUNT REQUESTED:</b>				

***This number should match the total in the column labeled "THIS GRANT".***

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## PAYMENT INFORMATION

13. Who will be responsible for handling the money if this grant request is awarded?

<b>Name:</b>			
<b>Phone Numbers:</b>		<b>Email:</b>	

14. To whom should the grant check be made payable?

<b>Name:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

15. By what date do you need to know if this project will be funded?

<b>Date:</b>	
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## SUBMIT YOUR APPLICATION

Please mail application to:

The Denver Foundation  
Strengthening Neighborhoods  
1009 N. Grant Street  
Denver, CO 80203

## QUESTIONS

Please call 303.300.1790 and ask to speak to a Strengthening Neighborhoods grants manager.