



**Community Based Initiatives Grant Program (CBI)
Project Proposal
Funding Application FY 2018-2019**

Please type and submit your application by 4:00 PM on Friday, August 3, 2018.
Only typed applications will be accepted.

AGENCY OR ORGANIZATION INFORMATION

Date of Application:

1. Name of Agency or Organization:

2. *Contact Person(s) and Title(s):*

3. *Mailing Address (address for receiving correspondence and grant reimbursement checks):*

4. Telephone Number(s):

Cell Phone:

5. Email Address:

6. FAX Number:

7. Briefly describe your organization's mission:

8. Project Name: (Keep it Short)

9. Amount of Funds Requested (round to the nearest \$50):

10. Needs Assessment – why is this project necessary? What specific community needs will be addressed by this project? Include the source of data substantiating the needs identified.

11. Project Description (your narrative should include who, what, when, where, why, and how):

12. Project Goal(s) and Objective(s)

13. What community impact is anticipated at the conclusion of this project?

14. Performance Outcomes - what measureable results – specifically, outputs, inputs and outcomes will the project produce?

15. *Performance Measures – what tools will be used to measure the outcomes of the project?*

16. Time Frame for beginning and completing this project:

17. How will the community be involved in the implementation of the project?

18. Location of Activities – List the address, Census Tract and/or Census Block Group, where your project will be conducted. Attach a map to your application, identifying the address and Census Tract of this location:

19. What other agencies or foundations have agreed to fund (or will fund) this project? List the agencies, amount of funds requested, and the status of your application.

Agency/Foundation	Amount of Funds Requested	Status
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20. List the budget for this project in detail. Show a breakdown of individual items. Show matching funds and source where appropriate (specify which items are to be funded through the CBI grant and identify other funding sources).

Expense Description	CBI Funding Request	Matching Funds and Source	Total
Staffing and Personnel Costs (costs directly or indirectly related to Administrative costs are ineligible)			
Contracts and Services			
Program Supplies			
Marketing and Promotions			
Travel/Client Transportation			
Telephone/Fax/Internet Costs			
Space Rental			
Other (specify)			
GRAND TOTAL			

21. Describe how your organization will supply required match funding, (cash, in-kind contributions, and/or volunteer labor) for this project.

22. Also, describe how match funding will be under your control at the *start* of the project. Project match must be documented through letters of commitment or written volunteer commitments provided as an attachment to this application.

23. Please provide the name and contact information for the individual who will be responsible for implementation of the project:

24. Please provide the name and contact information for the individual who will be responsible for keeping appropriate records and preparing monthly reports for the project:

25. What other groups, organizations, or persons will your organization work with to achieve the goals of the project (including volunteers)?

26. Describe your organization's Marketing and Promotion Plan to generate community-wide recognition of this project and advising that this project has been sponsored by the City of High Point's - Community Development Block Grant/Community Based Initiative funding:

27. Will your organization implement the project via other sources if CBI grant funds are not awarded? If so, identify these sources.

Applications must contain the signature of the President and the Treasurer of the organization. If signatures are not legible, then also print the names of the individuals who have signed this application.

My signature indicates that I have read the program guidelines and that I am willing and capable of compliance.

President

Date

Treasurer

Date



MATCH WORKSHEET

Amount of Grant request: \$ _____

\$ _____ x 25% = \$ _____
(Grant Request) (Required Match Value)

Matching Funds: \$ _____
(put a zero if not applicable)

Source of funds:

Describe:

Matching Volunteers: Number: _____

Each volunteer will work _____ hours per week
Total number of volunteers: _____ x Projected Hours _____ per week x
_____ x \$14.00 per hour = \$ _____
(projected weeks) (per hour) (volunteer match value)

Attach a list of volunteer names and identify what work/function they will perform in relation to this project.

In-Kind Contributions:

Source of funds: _____

Describe:

Sample Budget

Project: After School Tutoring

<u>Expense/Description</u>	<u>CBI Funds</u>	<u>Matching Funds</u>	<u>Volunteer Labor</u>
Reading Flash Cards 4 sets @ \$7.00	28.00	-0-	
Instructor Educational Booklets 10 @ \$12.50 each	120.00	-0-	
Paper, pens, pencils, files, notebooks, etc.	300.00	50.00 (church donation)	
Office/Project Space In-kind donation from the church, Valued at \$50.00 wk X 15 Weeks or \$750.00	-0-	-0-	
5 Volunteers will work 2 hours for 2 days per week for 15 weeks. Calculated at a value of \$14.00 per hour or \$4,200	-0-	-0-	\$4,200
	\$448.00	\$50.00	\$4,200
Round to:	\$450.00		

Grant request: \$450.00
Required Match: \$450.00 x 25% = \$112.50
Matching Funds: \$50.00
Matching volunteer labor: \$4,200
Matching In-Kind office space: \$750

Describe the source of matching funds:

APPLICATION CHECKLIST



Submit and use this checklist to ensure that you have included key information in your application.

- Your application is dated.**
- You are submitting one original and one copy. Also keep a copy for yourself.**
- The person listed as the contact person is knowledgeable about the project and application and is aware that they are listed as the contact person.**
- Day and cell phone numbers as well as email addresses are listed.**
- You have rounded the funding request to the nearest \$50.00.**
- Your project description includes essential information:**
 - Who will implement the project**
 - What your project will do**
 - When it will begin and end**
 - Where the activities will take place (address[es] provided)**
 - Why the project is needed**
 - How the project will address a community need**
Project addresses a neighborhood need or problem that has been recognized in a city study, report, neighborhood needs assessment or neighborhood-developed survey, plan, or analysis, or in other publicly-defined ways.
- A map identifying project sites is included, identifying the address and Census Tract where project activities will occur.**
- The value of the match meets or exceeds the minimum 25% match required.**
- The Match worksheet is completed and included in application.**
- The proposed match is documented and ready to expend. Attached is a letter from the Organization or Donor committing the match.**
(examples of documentation include pledge sheets committing volunteer time or a bank statement and a resolution from an organization that it has reserved the designated amount for the proposed project).

- The project involves and describes broad neighborhood participation.**
- The project is jointly supported by or involves several organizations working in partnership.**
- The project provides benefits to persons of low to moderate income.**
- The proposed detailed project budget is an accurate projection of the project's expenses and revenue. The budget details how you will spend CBI funds including other sources of funding in connection with this project. Sources of matching funds are identified.**
- The application is signed by the President and Treasurer of the organization.**