



SHAKER
HEIGHTS

CITY OF SHAKER HEIGHTS 2016 MORELAND RISING GRANT APPLICATION

Deadline: Ongoing

PROJECT SUMMARY	
Project Name:	
Project Location:	
Brief description of project in 50 words or less:	
Applicant Organization/Group Name	
Type of Organization/Group (e.g. arts & culture, block group, faith based group, business association, neighborhood association, school affiliated group, youth organization)	
Tax Exempt Charitable 501 (c) 3 Organization (attach IRS letter if so):	YES NO
Project Contact Person	
Project Contact Mailing Address	
Project Contact Daytime Telephone Number	
Project Contact E-Mail address	

PROJECT BUDGET SUMMARY	
TOTAL grant request from the City	\$
TOTAL neighborhood match (cash & in-kind)	\$
TOTAL PROJECT COST	\$

The signatory declares that any funds received as a result of this application will be used only for the purposes set forth herein, and that the information presented in the application is accurate.

NAME:

SIGNATURE:

ADDRESS:

PROJECT INFORMATION

Describe your proposed project. What do you want to do? Why do you want to do it? What is the neighborhood need it addresses? Does the project conform to city codes and regulations? For example, if the project will need approval by the Planning Department or the Architectural Board of Review, they should be consulted before your proposal is submitted. Who will maintain the project in the future?

3. In what ways does this project develop community leadership, organizational capacity and build community capacity? Is this project identifying and developing the skills of new leaders in your neighborhood? How is it helping leaders, groups and organizations become more skilled so you can take action on important community issues?

4. What will change as a result of this project? How will the neighborhood be stronger? In what ways will it improve? What groups are expected to benefit directly from the project (e.g. families, youth, seniors)? What benefits will they experience?

5. How many people will be directly involved in making your project happen? _____

6. How many people in your neighborhood will the project benefit? _____

NEIGHBORHOOD INVOLVEMENT

List the key leaders of this project and each of their roles in the project. There must be at least five (5) unrelated neighborhood residents who are responsible for this project, and all must sign below.

1. Name: _____
Address: _____
Email: _____ Phone: _____
Signature: _____
Role: _____

2. Name: _____
Address: _____
Email: _____ Phone: _____
Signature: _____
Role: _____

3. Name: _____
Address: _____
Email: _____ Phone: _____
Signature: _____
Role: _____

4. Name: _____
Address: _____
Email: _____ Phone: _____
Signature: _____
Role: _____

5. Name: _____
Address: _____
Email: _____ Phone: _____
Signature: _____
Role: _____

6. Name: _____
Address: _____
Email: _____ Phone: _____
Signature: _____
Role: _____

7. Name: _____
Address: _____
Email: _____ Phone: _____
Signature: _____
Role: _____

ADD ADDITIONAL SHEETS IF NEEDED

List the community assets and resources involved in this project and explain how they will help accomplish project goals. Assets include other community groups (associations), institutions (established non-profits, public institutions, private institutions), the local economy (local businesses), and physical space. Attach letters of support from groups/organizations involved.

ORGANIZATION NAME	PROJECT ROLE	SUPPORT LETTER (Y/N)

GROUP/ORGANIZATION HISTORY

Date the applying group/organization was established: _____.

Why did you come together? Share some of your accomplishments.

BUDGET

Donated in-kind professional services should be listed at market value. Other volunteer services, such as clerical or manual labor, should be listed at \$10.00 per hour. Attach copies of vendor estimate/quotes as backup to your budget figures.

Description of Item	TOTAL COST	City grant funds	Neighborhood Match (in kind)	Neighborhood Match (cash)
Stipends				
Volunteers (number=)				
Contract services (list below)				
Space				
Equipment (list below)				
Supplies/Materials (list below)				
Fees/permits				
Other (list below)				
GRAND TOTAL				

GRANT APPLICATION CHECKLIST

- Application fully filled out (pages 1-9) and signed
- All project leaders signed pages 5-6
- Letters of support from each partner organization attached
- 501 (c) 3 letter attached (if applicable)
- Price quotes for budget items attached

QUESTIONS:

- Contact Kamla Lewis at Kamla.lewis@shakeronline.com or 216-491-1374.

Deadline for applications:

Ongoing till all funds allocated

Submit Completed Applications to:

Dept. of Neighborhood Revitalization
City of Shaker Heights
3450 Lee Road
Shaker Heights, OH 44120
(Faxed applications not accepted))

*When people discover what they have, they find power.
When people join together in new connections and relationships they build power.
When people become more productive together, they exercise their power to address problems and realize dreams.*

Mike Green

When People Care Enough to Act