

**2016 KGCB NEIGHBORHOOD BEAUTIFICATION MINIGRANT APPLICATION**

**READ THE ENTIRE APPLICATION GUIDELINES BEFORE COMPLETING THE APPLICATION.  
MAKE A COPY OF YOUR APPLICATION BEFORE SUBMITTING IT TO KGCB.**

**Organization Name:**

*(If awarded a grant, your check will be made payable to the name of the organization, NOT an individual.)*

**Organization Address (if applicable):**

**Street:**

**City/Zip Code:**

**Organization Phone # (if applicable):**

**Organization Email (if applicable):**

**If funded, check should be mailed to:**

**Organization:**

**Person's Name:**

**Street:**

**City/Zip Code:**

**Location of Project:**

- City of Flint
- Genesee County (outside City of Flint)

**Project Chairperson Name:**

*(This person will receive letter notifying grant is awarded)*

**Street:**

**City/Zip Code:**

**Phone Number:**

**Email Address:**

- This person  implements project  makes purchases  
 is in charge of workers  writes grant/final report  other

**Project Assistant Name:**

**Phone Number:**

**Email Address:**

- This person  implement projects  makes purchases  
 is in charge of workers  writes grant/final report  other

**If not noted above, list person who implements project, is in charge of workers and purchases items. If grant is awarded, this person should attend 4/21 training.**

**Name:**

**Phone Number:**

**Email Address:**

**Amount Requested Based on Completion of Budget Worksheet Page 6:**

Specify Amount: \$ \_\_\_\_\_

Eligibility Amount: First time applicants up to \$500 and past minigrant recipients up to \$1,000

**Time Period of Project From Implementation Through Maintenance:**

Start Date: \_\_\_\_\_

End Date by October 16: \_\_\_\_\_

**Project Priority Area(s):**

- Perennials/Trees/Shrubs  Murals  Recycling  Graffiti Removal/Prevention
- Neighborhood Blight Cleanup  Specific Visual Artwork Using Plants (see description in Guidelines)
- Other Project (must receive approval from KGCB prior to application submission)

**Project Title (if there is one):**

**Summary of Project: (1-2 sentences ONLY)**

**BEAUTIFICATION MINIGRANT APPLICATION NARRATIVE**

**Instructions: Print or type the following information requested and fill out each section completely.**

**1. GENERAL MINIGRANT INFORMATION AND DESCRIPTION**

**Purpose of the project** (main desired outcome you would like to have happen):

**Street address (name and number):** \_\_\_\_\_

**Nearest cross streets:** \_\_\_\_\_

**Additional details to find the project once on the grounds:** \_\_\_\_\_

\_\_\_\_\_

**Detailed Project Description:**

(Include items/tasks listed here in Attachments A, B and C).

**2. VOLUNTEERS AND PARTNERSHIPS**

Complete Attachments D and E first and then provide totals here.

**How many volunteers have been recruited to date? \_\_\_\_\_**

**How many partners have been recruited to date (i.e. block club/neighborhood association, business, faith-based or non-profit organization, school, college, fraternity, sorority or Scouts)? \_\_\_\_\_**

**What steps will be taken by your group to ensure that volunteers follow through with their assigned tasks and participate in the project?**

**3. COMMUNITY IMPACT**

**What positive impacts the project will have in your neighborhood/community?**

**4. PROJECT MAINTENANCE AND SUSTAINABILITY**

**What maintenance tasks will be required next year and in the future and who will be responsible for doing them?**

**ATTACH THE FOLLOWING TO THE APPLICATION**

*(See the sample pages in the Application Guidelines for assistance on how to complete the attachments correctly).*

**Attachment A: Beautification Sketch, Plan and/or Photos (page 5)**

**Attachment B: Budget Worksheet (page 6)**

**Attachment C: Planning Worksheet (page 7)**

**Attachment D: Volunteer List (page 8)**

**Attachment E: Partner List (page 9)**

**Attachment F: Genesee County Land Bank Approval Form (page 10 )**

**5. AUTHORIZED SIGNATURES AND ACKNOWLEDGMENT OF REQUIREMENTS**

If this Beautification Mini Grant is eligible and accepted by KGCB, we:

- Agree to send a representative to the **April 21 training** who will implement the project, is in charge of workers, makes purchases and is authorized to sign the grant on behalf of the organization
- Understand that KGCB may revise, remove and/or amend items in this application before funding
- Will implement only the KGCB approved activities and budget line items in this project
- Must request any changes to the activity or budget items in writing to KGCB and receive approval before implementing
- Will begin the project only after funding is received and complete the project by October 14, 2016
- Must submit the Final Report by October 28, 2016 as provided at the Training/Orientation

**Submitted by: (SIGNATURES MUST BE ORIGINAL – FAX AND EMAIL ARE NOT CONSIDERED ORIGINAL)**

Project Chairperson # 1 - Printed Name (from Grant Application - page 1)	Original Signature	Date
Project Assistant # 2 - Printed Name (from Grant Application - page 1)	Original Signature	Date

**ATTACHMENT A: BEAUTIFICATION SKETCH, PLAN AND/OR PHOTOS**

**Instructions: If more space is needed, use the back side of this paper or another blank sheet. Be sure that items noted in your sketch, plan or photos are also included in Attachment B (Budget Worksheet). (See sample on pages 5, 6 and 7 in the Application Guidelines to complete this attachment correctly).**

**ATTACHMENT B: BUDGET WORKSHEET**

**Instructions: Include costs related to this project (purchased and donated) including tax, if applicable.**

**Plant material and other items listed below MUST match what is listed on Attachment A.**

*(See sample on page 8 in the Application Guidelines to complete this attachment correctly and also page 2 for items not eligible for purchase with minigrant funds).*

ITEMS TO BE PURCHASED WITH MINIGRANT FUNDS (Any changes during project must be pre-approved)	Cost per Item	Quantity (# of items)	Total Cost
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
5.	\$		\$
6.	\$		\$
7.	\$		\$
8.	\$		\$
9.	\$		\$
10.	\$		\$
11.	\$		\$
12.	\$		\$
13 A. <b>Total Cost of Items in Lines 1-12</b>			\$
13 B. <b>Check Box for Maximum Grant \$ Allowed (see Page 1 for eligibility)</b>			<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
14. <b>If 13A is MORE than 13B, put maximum \$ here from 13B AND include the \$ amount over maximum on Line 1 below.</b>			\$
ITEMS DONATED TO THE MINIGRANT PROJECT (Cash or in-kind donations of products or services donated by individuals, organizations, businesses or other grants)	Cost per Item	Quantity (# of items)	Cash Value of Donations
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
5.	\$		\$
6.	\$		\$
7.	\$		\$
8. <b>Total Cash Value of Donated Items (add Lines 1-7)</b>			\$
9. <b>Total Project Cost (add Line 8 + 13A <u>OR</u> 13B, whichever is <u>smaller</u>)</b>			\$

**ATTACHMENT C: PLANNING WORKSHEET**

**Instructions: Include all steps involved from the start of the project until the end. Make multiple copies of this blank page as needed.**  
*(See sample on page 9 in the Application Guidelines to complete this attachment correctly).*

	<b>List All Your Steps and Actions</b> Include steps and actions from time spent planning to the finish of the project	<b>Responsible Person(s)</b> Name of person(s) assigned to make sure this step is done	<b>Completion Date</b> Date when this step will need to be completed	<b>Outcome (O) And Documentation (D)</b> (O): How will you know the step has been successfully completed? (D): How will you document that it has been completed?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

**ATTACHMENT D: VOLUNTEER LIST**

**Instructions: Include information for volunteers already recruited for your project. Make multiple copies of this blank page as needed. Randomly selected volunteers will be contacted and/or called by KGCB staff to confirm that they have agreed to volunteer for this project. (See sample on page 10 in the Application Guidelines to complete this attachment correctly).**

	<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Phone Number</b>	<b>Email Address</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						



**ATTACHMENT E: PARTNER LIST**

**Instructions: Include information for partners already recruited for your project.**

**Randomly selected volunteers will be contacted and/or called by KGCB staff to confirm that they have agreed to volunteer for this project.**

*(See sample on page 11 in the Application Guidelines for groups that do or do not qualify as partners to complete this attachment correctly).*

**NONE (Check this box if you will NOT be working with other groups/partners)**

	<b>Name Of Partner and Contact Person</b>	<b>Phone # for Contact Person</b>	<b>Email Address for Contact Person</b>	<b>How Will This Partner be Involved in Your Project?</b>
1.	Partner: Contact:			
2.	Partner: Contact:			
3.	Partner: Contact:			
4.	Partner: Contact:			
5.	Partner: Contact:			
6.	Partner: Contact:			
7.	Partner: Contact:			
8.	Partner: Contact:			
9.	Partner: Contact:			
10.	Partner: Contact:			

**ATTACHMENT F: GENESEE COUNTY LAND BANK APPROVAL FORM**

**Instructions: Attach any applicable Land Bank Approval Form to this application**

*(See information on page 12 in the Application Guidelines for forms needed for this attachment).*

- This project IS taking place on a Land Bank property and the required form is attached**
- This project IS NOT taking place on a Land Bank property**