CITY OF FOUNTAINS
HEART OF THE NATION
KANSAS CITY
MISSOURI

NEIGHBORHOODS & HOUSING SERVICES DEPARTMENT
414 E. 12th St., 4th Floor
Kansas City, MO 64106
Phone: 816-513-3036 Fax: 816-513-2808

reBUILD/KC Neighborhoods Mini-Grant Program Application

Applications will be evaluated based on how well they meet and support activities below. These are competitive grants. **All proposals must be submitted using this application form.** Application must be completed with all questions answered. Please keep a copy for your records.

FOR OFFICE USE ONLY

Date Received:_____ Amount Requested: $_____

Project Cost: $_____

Amount Approved: $_____ Date:_____

A. Applicant Contact Information

Name of organization			
Office address	City	State	Zip Code
Phone	Fax	Email	
Project Manager/Organizer	Phone	Fax	Email
Alternate Contact Person	Phone	Fax	Email

Is your organization registered with Neighborhoods & Housing Services Department? ❑Yes ❑No

Fiscal Agent if different from Project Manager/Organizer:
Name:
Address:
Phone:
Email Address:

B. Project Information

Project/Activity Name	Date of Activity
Project/Activity Address or Location	Amount requested

Are any permits required? ❑Yes ❑No If so, please list permits

C. Project Details

(**Answer all questions completely on this application. Please do not attach additional sheets.)**

1. In 100 words or less, describe your proposed project/activity, including: what is the primary purpose and how does it support either/or: (1) Neighborhood Capacity/Engagement; (2) Neighborhood Appearance/Livability; (3) Small Business Development/Jobs Opportunities?

2. How was the project/activity determined? Describe if and how neighborhood/community members were involved in planning the project?
3. Describe the role of other local stakeholders or partners in planning the project/activity, and how will they be involved in the implementation of the project/activity?
4. How does the project/activity benefit the neighborhood, its residents, and/or local businesses?

5. What is your anticipated start and end date (month/year)? _____/_____ to _____/_____

List in chronological order the specific activities you will take to complete your project, the person responsible for the activity, and the date (month/year) that each activity or step will be completed. Please be very specific.

ACTIVITY	**PERSON RESPONSIBLE**	**TIMELINE Month/Date**
1.		
2.		
3.		
4.		
5.		
6.		
7.		

6. When you complete the project/activity, how will success be measured? Please specify project anticipated deliverables/achievements.

PROJECT BUDGET

(A) PROJECT EXPENSES: Please list your project's expenses.

BUDGET ITEM	COST
1.	**$**
2.	**$**
3.	**$**
4.	**$**
5.	**$**
6.	**$**
7.	**$**
TOTAL EXPENSES:	**$**

(B) OTHER SOURCES OF SUPPORT: List in-kind donations of *volunteer hours, donated materials, professional services, and other funding.

CONTRIBUTION DESCRIPTION	COST
1.	**$**
2.	**$**
3.	**$**
4.	**$**
TOTAL CONTRIBUTION:	**$**

TOTAL PROJECT COST (A+B): $_____

Terms and Conditions

Project Contracts

All grant recipients must secure a completed signed contract with the City before beginning their project. If not, the organization risks forfeiture of grant funds.

Reimbursement Terms

- All applicants must have a checking account in the name of the organization.
- Generally, grant payments will be in the form of reimbursements. Reimbursements will not be processed for work started before contracts are executed. Reimbursement payments are made after the grantee has submitted invoices and verification of payment for work completed.
- Prior to receiving final payment, all grant recipients must complete and submit a final report and digital photos.
- Direct payment may also be remitted for completion, submittal and City-approval of an agreed upon eligible work product. Generally, these should align with and support other activities in target areas.

Eligible Activities (The following are examples of projects/activities that could be supported)

- Activity/project must have a community or public benefit, i.e. it enhances local neighborhood organization's capacity to improve its outreach and communication among residents.
- Activity/project aligns with public safety, education, economic development, and/or community development goals and objectives.
- Activity/project promotes healthy communities initiatives, such as activities that foster healthy choices and lifestyles of residents and youth.
- Activity supports actions that lead to elimination of blighting conditions, such as reduction of abandoned and vacant properties.

Ineligible Expenses

This ineligible expense list is not exhaustive. City staff must approve all expenses on a grant-by-grant basis.

- Entertainment and supplies for project events and activities including but not limited to music, comedy and other types of performances; games, prizes, food, refreshments, etc.
- Direct social services such as health clinics, food baskets and emergency preparedness supplies.
- Direct grants, scholarships, loans or stipends.
- Cost associated with preparing grant applications.
- Projects receiving Neighborhood Tourist Development Funds or other direct City support (cannot "double-dip" City funds).

Note to Applicant:

Any applicable permit fees and approvals that may be required for the project are the responsibility of the applicant and should be included in the total project cost.

The City retains sole discretion on determining the eligibility of applications and in how the proposed projects, programs and activities meet the program's guidelines and criteria.

Applicant and Neighborhood Association Signatures

I confirm that I have read and understand the **Rebuild KC Neighborhoods Mini-Grant Program** guidelines and application. I assure that any funds received as a result of this application will be used only for purposes set forth herein.

Applicant/Organization President/Date:

_____

_____

_____

Submit the original and two (2) copies of the grant application and required documents to:

Neighborhoods and Housing Services Department

ATTN: Sarah Cecil

Neighborhoods & Housing Services Department 414 E. 12th St., 4th Floor Kansas City MO 64106/ Sarah.Cecil@kcmo.org/ (P): 816-513-3036/ (F): 816-513-2808