COMMUNITY CONNECTIONS
Small Grants Program

APPLICATION QUESTIONS

Applications are completed via survey monkey using the link found on the CCSG website. For your convenience, here are the questions that will be asked in the application for your review prior to starting the form and for the application assistance session you will be attending.

1. Applicant Information
    a. Contact Person Name:
    b. Mailing Address:
    c. Address 2:
    d. City/Town:
    e. State:
    f. ZIP:
    g. Email Address:
    h. Phone Number:

2. Project Information
    a. Name of Project:
    b. Grant Amount Requested (Between $50 and $600):
    c. Total Project Cost:

3. What neighborhood do you live in? Please indicate neighborhood name and zip code. *(neighborhood should be in one of the following zip codes: 53204, 53205, 53206, 53208, 53209, 53210, 53212, 53215, 53216, 53218, 53224 and the Dunbar Oaks and Tower Hill neighborhoods in Waukesha)?*

4. Have you ever applied for a Community Connections Small Grant?
    a. Yes
    b. No

5. Are you conducting this project as an individual or a group?
    a. Individual
    b. Group

6. If conducting this project as an individual, please tell us about your partner.

     a. Major Partner Name
     b. Major Partner Address
     c. Major Partner Phone Number
     d. Major Partner Email Address
     e. Major Partner Neighborhood Connection

7. If conducting this project as a group, please tell us about your group. List their information below. ALL RESIDENTS MUST LIVE IN THE NEIGHBORHOOD.
     a. Group Member #1:
     b. Group Member #1 Address:
     c. Group Member #1 Phone Number:
     d. Do you live in the neighborhood?
     e. Group Member #2:
     f. Group Member #2 Address:
     g. Group Member #2 Phone Number:
     h. Do you live in the neighborhood?
     i. Group Member #3:
     j. Group Member #3 Address:
     k. Group Member #3 Phone Number:
     l. Do you live in the neighborhood?
     m. Group Member #4:
     n. Group Member #4 Address:
     o. Group Member #4 Phone Number:
     p. Do you live in the neighborhood?

8. Who is the leader of your group?

9. Describe your project:
   What will you do?

10. Describe your project:
    How and why did you decide on this project?

11. Describe your project:
    When will the project start and finish? Please give specific dates. Note: This information is required to be considered for funding.

12. Describe your project:
    Where will your project take place? Note: This information is required to be considered for funding.

13. Describe your project:
How will you tell other people in your neighborhood about this project and get them involved?

14. Why is it important that this project takes place in your neighborhood?

15. Other than the group members listed on your application, Who else will be involved and what will they do?

16. Do you have other community partners? Please list them here (businesses, nonprofits, government, residents, etc.). Are these partnerships confirmed?

17. Grantee growth goals:
Pick three outcomes below that will serve as personal development goals for the project individual/group. Each project will report on the development of these outcomes during their final presentations.

    a. Setting a timeline and accomplishing goals - group/individual will further develop capacity for project management by setting and adhering to a timeline with specific milestones.
    b. Teamwork - group/individual will learn to trust others to execute tasks by delegating and learning each other's strengths.
    c. Community building - group/individual will demonstrate community building by engaging with other community groups/members, recruiting volunteers and resources, as well as raising funds to complete the project.
    d. Facilitation - group members/individual will push themselves out of their comfort zone to put themselves in front of other community members and groups to raise awareness of project and call to action.
    e. Impact - group/individual will gather data and quotes to demonstrate the impact their project had on their neighborhood.
    f. Education - group/individual successfully educates neighborhood on their project and why it is necessary.

18. Project Budget
How much will the entire project cost? Please enter your project budget in the table below. Please use the actual expected cost of the items and be thorough. This may require some research. We encourage you to use resources in your neighborhood when possible, and try to get items donated (such as food or space for an event). Try to think creatively about how you can use neighborhood assets to accomplish your project. It is

okay if your project cost is more than the amount you are requesting. **Donated and in-kind expenses should not be listed here.**

a. Item, Amount ($)
b. Item, Amount ($)
c. Item, Amount ($)
d. Item, Amount ($)
e. Item, Amount ($)
f. Item, Amount ($)
g. Item, Amount ($)
h. Item, Amount ($)
i. Item, Amount ($)
j. Item, Amount ($)
k. TOTAL AMOUNT ($) (This number should match the amount in question 2: Project information)

19. **Matching Support**

Use the table below to show other sources of support. List donations received from any other groups, companies, individuals, etc. for this project. Keep in mind that for every dollar requested, you are required to demonstrate a match. Dollars used from the CCSG should not be listed here. Examples are shown below and could be:

a. Grants or individual donations
b. Donated materials, supplies, food, space, equipment or volunteer support

Example: ABC Senior Center, donated cafeteria space for our event, valued at $250.00
Example: Volunteer Hours, 10 volunteers x 3 hours x $15/hour = $450.00

a. Organization/company name, type of support, and amount or value of donation
b. Organization/company name, type of support, and amount or value of donation
c. Organization/company name, type of support, and amount or value of donation
d. Organization/company name, type of support, and amount or value of donation
e. Organization/company name, type of support, and amount or value of donation
f. Organization/company name, type of support, and amount or value of donation
g. Organization/company name, type of support, and amount or value of donation
h. Organization/company name, type of support, and amount or value of donation
i. Organization/company name, type of support, and amount or value of donation
j. Organization/company name, type of support, and amount or value of donation
k. TOTAL VALUE:

20. Complete this Community Connections Small Grants (CCSG) Checklist. Please review this information carefully. All of the information below is required to be considered for funding.
    a. I've reviewed the grant guidelines and affirm that our application qualifies.
    b. The application was **completed by a resident** and **NOT** an organization or business.
    c. My budget reflects a dollar-for-dollar match of the funds I've requested.
    d. All three individuals on my application live in one of the eligible neighborhoods and the neighborhood where the project will take place or the individual applying for the grant lives in one of the eligible neighborhoods.
    e. The individual identified as a group leader is at least 18 years old.
    f. Each group member's contact information is included on the application.
    g. My application is complete and I understand that incomplete applications will not be considered.
    h. I saved a copy or printed my application. I understand CCSG cannot duplicate my application.
    i. By submitting this application, I agree that I have read, understand, agree and will participate in the project that is being executed by this resident group. Submission also signifies that items in this check list are complete and accurate to the best of my knowledge.
    j. I understand that Community Connections Small Grants is a program for residents and that dollars will only be granted to residents and not a nonprofit organization or business.