



APPLICATION

APPLICATION INFORMATION

Contact Person: _____

Mailing Address: _____

City, ST, Zip: _____

Email Address and Phone Number: _____

PROJECT INFORMATION

Are you applying for Neighbor to Neighbor grant (up to \$750) or Innovation grant (up to \$2,000): _____

Name of Project: _____

Grant Amount Requested (maximum of \$2,000): _____

Total Project Cost: _____

A. NARRATIVE QUESTIONS

1. Where do you live (please indicate neighborhood and zip code)?

2. Please tell us about your group.

Name	Address	Neighborhood Connection

a. Please indicate the group leader.

3. Describe your project.

a. What will you do?

b. How and why did you decide on this project?

c. When will the project start and finish? (Please give specific dates).

d. Where will your project take place?

e. How will you tell other people in your neighborhood about your project and get them involved?

4. Why is the project needed in your neighborhood? How do you know?

5. What impact will this project make in your neighborhood?

6. If applicable, other than the group members listed on the application, who else will participate in the project? How many other residents? What will they do?

7. Who will participate? Will residents or other volunteers be involved? How many?

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

Please list partner here	Please list partner role	Is this partner confirmed?

B. PROJECT BUDGET AND MATCHING SUPPORT

1. 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. 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.

Project Expenses		
	Type of Expense, Item	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Project Expense		

2. Use the table on the next page 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. Examples are shown below and could be:
 - Grants or individual donations
 - Materials, supplies, food, space, equipment or volunteer support

List Any Other Project Support

	Organization/Company Name	Type of Support (money, materials, etc.)	Amount or Value of Donation (\$)
1	ABC Senior Center	Space Usage	\$250.00
2	Neighborhood Pharmacy	7 cases of bottled water	\$25.00
3	Volunteer Hours	10 volunteers (3 hours x \$15/hour)	\$450.00
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total			

9. At least one resident from your group must attend an application information session. Please indicate the date that you participated in an information session:

List first/last name of the two group members who attended:

COMMUNITY CONNECTIONS SMALL GRANTS (CCSG) CHECKLIST

- I've reviewed the grant guidelines and affirm that our application qualifies.
- The application was **completed by a resident** and **NOT** an organization or business.
- My budget reflects a dollar for dollar match with the funds I've requested.
- All three individuals on my application live within one of the eligible neighborhoods.
- The individual identified as a group leader is at least 18 years old.
- Each group member's contact information is included on the application.
- My application is complete and I understand incomplete applications will not be considered.
- I saved a copy or printed my application. I understand that CCSG cannot duplicate my application.
- 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 checklist are complete and accurate to the best of my knowledge.

SIGNATURES

Resident 1 signature

Resident 2 signature

Resident 3 signature

By signing this document, you are agreeing that you have read, understand, agree and will participate in the project that is being executed by this resident group. Your signature also signifies that items in the check off list are complete and accurate to the best of your knowledge.

If your project is funded, please **PRINT** who the check should be written to (We cannot make check payable to individuals; a checking account must be created in your group's name):

Thank you! Please mail the completed application to:

**Community Connections Small Grants Program
c/o Building Your Dreams, LLC
3900 W. Brown Deer Rd., Ste. A201
Brown Deer, WI 53209**

The application can also be completed online at www.ccsmallgrants.org.

For more information or questions, call 262.404.7048 or email info@ccsmallgrants.org.