



FY2021-2022

Neighborhood Development Grant Program Application

| | |
|--|---|
| Name of Project: | |
| Applicant Organization: | |
| Confirmed CDBG Eligibility: Official Use Only | City Department Contact: Keith Holland 540-853-6404 |
| Project Description: | Total Requested \$ _____ Max of \$15,000 per project (Must not include tax) |

General Application Instructions and Cover Page:

1. Each application must stand-alone and will serve as the primary vehicle for applicants to provide information on proposed projects. Each application will be reviewed by HUD Community Resources staff to see if it meets eligibility for CDBG funding. Projects that do not meet CDBG eligibility will be referred to the Roanoke Neighborhood Alliance for further review for City General Funds.
2. Your application must convince the Review Committee that your project is well thought out, will be ready to start when you say it will, and that your **results will be achieved by June 30, 2022**. During the review process, applicants may be asked to submit additional information and/or attend an interview with the RNA Grant Review Committee to provide clarification and/or additional information about their project.
3. A separate application with attachments must be submitted for each project in which funding is being requested.
4. Each application should be typed or written very clearly and legibly. Inaccurate, incomplete, or unclear applications may be disqualified.
5. All pages, including attachments, must be on 8.5" x 11" white paper.
6. Submission of application: Submit one (1) original application. All attachments to the application must be included with the original. You can submit your completed application **with attachments** individually or by scanning them into a single document and emailing to keith.holland@roanokeva.gov. Applications submitted without required attachments will be rendered incomplete and ineligible to receive funding.
7. **Each application must include copies** of the **organization's bylaws** along with copies of the **Treasurer's Report** and **Meeting Minutes** from your organization's two (2) most recent meetings. Organizations without bylaws are only eligible to receive a maximum of \$500.00. If the completion of your project requires the participation/approval of city department(s) and/or

other organizations outside your own, a signed letter or email from the city department and/or organization acknowledging their willingness to participate, leverage and/or approve of your project must be attached, if applicable. In addition, three (3) detailed quotes or other financial backup to support the funding amount being requested must also be attached.

8. Applications are due at the HUD Community Resources Office, Noel C. Taylor Municipal Building, Suite 305 North, 215 Church Avenue SW, Roanoke, VA 24011 or submitted electronically by **5:00 p.m. on Monday, January 15, 2021.**

Roanoke Neighborhood Services
Application for FY2021 / 2022 Neighborhood Development Grant Program

A. General Information

1. Official Name of Organization: _____
2. Neighborhood President Name: _____
Email Address: _____ Telephone Number: _____
Neighborhood Secretary Name: _____
Email Address: _____ Telephone Number: _____
3. Mailing Address: _____

4. Is your organization registered with the State Corporation Commission? _____
5. Is your organization incorporated as a 501(c)3? _____
6. Give a brief history of your organization. When was it founded? How often does it meet? What is your meeting's average attendance? Please list the current officers, their addresses, and phone contact information. When are elections held? Please attach a copy of your organization's bylaws along with copies of your Treasurer's Report and Meeting Minutes from your organization's **two (2) most recent meetings.**

B. Neighborhood Project Description

1. Provide a brief description of your project.

C. Project Criteria (Use Grant Scoring Matrix to Set your Priorities)

1. **PROJECT GOALS:** How does your project assist in the implementation of one or more of the action activities and/or policies as noted in your neighborhood plan, the City Plan 2040 Comprehensive Plan, Arts & Culture Plan, Parks & Recreation Master plan or other component plans of City Plan 2040. Identify the specific action activity being addressed and how your project will assist toward its implementation.

2. **NEIGHBORHOOD NEED:** Your application needs to convince reviewers that it addresses a vital need within your neighborhood and that financial assistance from the City is necessary to address this need. Describe the overall problem or issue your application addresses and why financial assistance is necessary. What value-added service would this project provide for the community?

3. **PROJECT REACH:** Describe the number of people who may be reached after your project completion. Does your project target the missing middle (use attached gap analysis chart).

4. **TIMELINE:** Complete the timeline of tasks to complete this project. Provide documentation that required collaborations have been performed and agreed upon. If the completion of your project requires the participation/approval of city department(s) and/or other organizations outside your own, a signed letter or email from the city department and/or organization acknowledging their willingness to participate and/or approve of your project MUST BE ATTACHED, if applicable. Three (3) detailed contractor/vendor quotes or other financial backup to support the funding amount being requested must also be attached.

5. **IMPACT ON CAPACITY BUILDING:** How will the project build capacity for your neighborhood? Will there be community collaboration? Are additional resources established? How do people access these resources? How will the project create a neighborhood exchange or learning opportunity?

6. **LEGACY & SUSTAINABILITY:** How does your project capture the legacies of long-standing members/history of neighborhood? Does this project assist in making a sustainability plan? Will this project last beyond this grant cycle? Will this project be relevant in 5 years?

7. **INNOVATION & ENGAGEMENT:** Is this a new type of project for the neighborhood organization or the City? Does it have a unique or creative aspect? Explain how it may provide a model for other neighborhoods to improve engagement.

8. **LEVERAGE/MATCHING:** Explain if the completion of your project will rely entirely upon receipt of grant funding or if it will be partially funded from in-kind sources or other sources outside of the organization. Who or what resources will contribute to the project. If other sources outside of the organization or sponsorship is attained, a signed letter or email from the source acknowledging their intent and the amount to be provided to partially fund your project **MUST BE ATTACHED**, if applicable.

9. **SOCIAL/ENVIRONMENTAL & ARTS AND CULTURAL IMPACT:** Explain how this project increases awareness, develop new policies or creates a systematic change to the social, environmental, arts, or cultural change.

D. Neighborhood Project Leveraged Resources

Projects supported with matching funds/resources from within the neighborhood organization and/or leveraged funds/resources from outside the organization are highly encouraged.

1. Please list all in-kind donations, donated resources/services, cash, and any other funding sources that **your organization will contribute** to this project.

| | |
|----------------------------------|------------------|
| Describe monetary contributions: | Estimated Value: |
| _____ | \$ _____ |
| _____ | \$ _____ |

| | |
|--|------------------|
| Describe any community or business sponsorships: | Estimated Value: |
| _____ | \$ _____ |
| _____ | \$ _____ |

| | |
|--|------------------|
| Describe any in-kind contributions of goods or services: | Estimated Value: |
| _____ | \$ _____ |
| _____ | \$ _____ |

Estimate Volunteer Hours (for this project only, not including regular meetings or activities):

Estimated Value:
(# of volunteers) x (# of hours) x (\$10.00 national volunteer rate) \$ _____

TOTAL (leveraged resources) \$ _____

E. Grant Budget

List the project items to be paid for with grant funds. If funds are being requested to support training opportunities, please denote the event, who will be attending, and the total amount requested. **Documentation (estimates, quotes, etc.) supporting the total amount of funds being requested must be attached.**

Materials and Supplies (Paper, Paint, Wood, Rakes, etc.)

Funds Requested

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Vendors/Specialists/Consultants

(Trainer, Printer, Painter, Sign Manufacturer, Landscaper, Social Media Specialist, etc.)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Community Engagement

(Digital Marketing, social media, app development)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Educational Sessions

(Facility Usage, Lunch and Learn, Networking, Informational Workshops)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |



Training Funds- (Limit of 2 people per Neighborhood Group)

| | Event | Attendee Name | Cost Per Participant |
|----|-------|---------------|----------------------|
| 1. | _____ | _____ | \$ _____ |
| 2. | _____ | _____ | \$ _____ |

Total Grant Amount Requested \$ _____

F. Missing Middle Gap Analysis Chart

What skills, traits, and/or perspectives are essential to address the capacity of your neighborhood?

| Skill/trait  Neighbors or board members  | A. | B | C. | D. | E. |
|---|----|---|----|----|----|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| Totals: | | | | | |

G. Timeline

Outline your organization’s action plan, or general steps you will take to complete this project within the grant’s timeline.

1. Date you expect to complete your project: _____
2. List each action step to accomplish the task (attach additional pages as necessary to describe the project schedule).
3. List approximate date each task will be complete.
4. List who will be responsible for getting the tasks done.

| Major Tasks | Action Steps | Date | Person Responsible |
|---|--------------|------|--------------------|
| Research on Project Ideas | | | |
| Conception of Project | | | |
| Define Tasks | | | |
| Project Begins Implementation | | | |
| Collaborate with Others | | | |
| Make Community Connections | | | |
| Create Awareness of Need | | | |
| Educate the Community Regarding Project | | | |
| Generate Community Engagement | | | |
| Project Completion | | | |

| | |
|---|----------------|
| Applicant Project Manager Signature: _____ | Date: _____ |
|---|----------------|