

NEIGHBORHOOD ACTION GRANT

"Action Grants for Neighborhoods"
formerly the Community Enhancement Fund

Application Guidelines

Purpose: Grants made through the Action Grant are to empower Community-Based Organizations to address cultural, security, beautification, recreation, family and youth issues through charitable activities within their neighborhoods. (The Board reserves the right to refer your application to a more appropriate source of funding. Challenge and Matching Grants may be awarded.)

Limits: Grants will range from \$500 - \$5,000.

Eligibility: Marion County Community-Based Organizations, defined as:
A non-profit organization based within Marion County, the governance of which is located within the area to be served by the prospective grant, which provides services intended to enhance the quality of life and/or further the development of the targeted area.

Timing & Deadlines:	<u>Applications Accepted</u>	<u>Grants Reviewed</u>	<u>Grants Awarded</u>
	January 15	Mid - February	Mid - March
	March 15	Mid - April	Mid - May
	June 15	Mid - July	Mid - August
	September 15	Mid - October	Mid - November

Applications must be postmarked on or before the last day of the "Applications Accepted" period. No exceptions!

Incomplete applications will not be processed. They may be completed and resubmitted the following quarter. *The Action Grant accepts one proposal per organization per quarter.*

Assistance: Please consult your Township Administrator (327-5014) to assist with the development of your program/project and contact the grant administrator (302-9343) to assist with the preparation of your proposal request.

NOTIFICATION: You will be notified by mail regarding the outcome of your request.

Evaluation Procedures: You may be asked to respond to telephone inquires for additional information and you may receive a site visit from the Grant Administrator. Prompt response to these inquires and requests will help facilitate the handling of your grant request.

The Action Grant is administered by the Greater Indianapolis Progress Committee (GIPC).

Neighborhood Action Grant

Formerly the Community Enhancement Fund

Application Checklist

Please complete the following information and enclose with application.

Organization Name: _____

Address: _____

City/Zip: _____

Contact Person/Title: _____

Phone/Fax: _____

Email: _____

Township: _____

Date Submitted to the Neighborhood Action Grant: _____

Is this a previously submitted project/program to the Neighborhood Action Grant or CEF? Yes or No

Is this a previous project/program funded by the Neighborhood Action Grant or CEF? Yes or No

If a previously funded project/program, please indicate when. _____

If funded, write check payable to: _____

If funded, mail check to: _____

CHECKLIST

Your application must be completed correctly and all requested materials must be submitted on or before the deadline to be considered for funding. Incomplete applications, missing information or an absence of required attachments will disqualify your funding request immediately. Faxed or emailed applications will not be accepted.

10 Stapled copies of all materials listed for the Board of Directors _____

A complete application includes:

- Grant request summary & Financial information*
- Organizational Data*
- Itemized/detailed program budget*
Any bids/quotes/estimates* (in writing) that substantiate your request
- Letters of support* (no more than 3) from your community and collaborating organizations (i.e. letter from neighborhood associations, local congregations and businesses, etc.)

One Copy Only of the following:

- Articles of Incorporation and/or By-Laws; IRS ruling if tax exempt. _____
- Current Board list with names/addresses/officers. _____
- Meeting minutes authorizing this grant request. _____

Remember: Please sign and date the application (page 4) to verify that the information contained on application, including all attachments, is true and correct to the best of your knowledge.

SUBMIT PROPOSAL TO:

Alicia J. Barnett, Grant Administrator
GIPC/Neighborhood Action Grant
200 East Washington Street, Suite 2560
Indianapolis, IN 46204
GIPC: (317) 327-3860 or Alicia: (317) 302-9343

**NEIGHBORHOOD ACTION GRANT
REQUEST FOR FUNDS**

PLEASE TYPE APPLICATION

Organization Name: _____
Address: _____
Contact Person/Title: _____
Township: _____
Date Submitted to the Neighborhood Action Grant: _____

GRANT REQUEST SUMMARY (Describe your request for funds below.)

Include information on the **purpose of the program/project, program/project activities, how many are being served, measurable objectives or outcomes to be achieved and evaluation tools.** How will the neighborhood be involved in the program/project implementation? Indicate if program is new or existing. Identify the **geographic area** that will benefit from this grant. Identify **partners** that are collaborating on this program and how will they assist with your program? **How will the program/project be sustained after the grant funds are depleted? Include a timeline, program budget and indicate the specific use of the Action Grant dollars requested:**

(Please attached additional pages if necessary)

FINANCIAL INFORMATION (Required)

Total Cost of Project: _____ Amount Requested: _____
Indicate other funding sources: _____ Amount: _____
Indicate if sources are _____ Amount: _____
(O)btained or (A)nticipated _____ Amount: _____

**NEIGHBORHOOD ACTION GRANT
ORGANIZATIONAL DATA**

Please provide the following if applicable.

Name of President/CEO: _____
Date Organization was Incorporated _____ Founded _____
Federal I.D. # _____ Tax Exempt? _____

In order to qualify for a grant from the Neighborhood Action Grant, the applicant must be a Community Based Organization (CBO). Please describe your organization and its membership below including a brief history, mission statement and major programs. Please include outreach programs. Identify past or current collaborative programs/projects with other organizations within your immediate area.

(Please attached additional pages if necessary)

◆ I am submitting this application for funding on behalf of the _____ and certify that the information contained in this application, including all attachments, is true and correct to the best of my knowledge.

NAME/TITLE: _____ DATE: _____
SIGNATURE: _____

The Action Grant WILL NOT award grants for the following:

- ◆ Individuals applying or having a direct benefit
- ◆ Funds used as debt relief
- ◆ Strictly social events
- ◆ Incomplete/inaccurate applications
- ◆ Funds that have no direct impact (i. e. funding part of \$3 million project)
- ◆ Capital improvement projects
- ◆ Salaries
- ◆ Funds for part of an operating budget
- ◆ Any organization unrelated to a specific neighborhood
- ◆ Funds used as a source of continuous funding (on-going)
- ◆ Organizations that have taxation powers (i.e. schools, fire departments)
- ◆ Out-of-state travel

Note: The Action Grant accepts one proposal per organization per quarter!