

Sunnyvale

Neighborhood Grant Program Application Fiscal Year 2019/20

Application Deadline: April 19, 2019, by 5 p.m.

Thank you for your interest in the Neighborhood Grant Program. Please make sure you thoroughly reviewed the grant guidelines and eligibility criteria to determine if your group qualifies for funding. Funding requests will be considered as part of an annual competitive application process. Neighborhood Grant Program funding will be determined by City Council during the adoption of the FY 2019/20 Budget. If Council approves the funding, each neighborhood group is eligible to apply for and receive a grant of up to \$1,000. Applicants will be notified of award decisions in July 2019.

Complete applications may be submitted in the following ways:

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Mail or Drop Off in Person: Sunnyvale Public Library (Library Administrati Attn: Jennifer Acuña 665 W. Olive Avenue, Sunnyvale, CA 94086	ion, Second Floor)
Email: ncs@sunnyvale.ca.gov or Fax: 408-7	735-8767
For questions, contact Jennifer Acuña at ncs@sunnyval	<u>le.ca.gov</u> or 408-730-7599.
Name of Neighborhood Group or Association: Name of Individual Submitting Application:	
Individual's Email:	Phone:
Name of Proposed Project:	
Grant Amount Requesting from the City of Sunnyvale:	\$
(Maximum grant amount is \$1,000)	

Neighborhood Group/Association Background

1. When was your neighborhood group or association formed and why? What are the geographic boundaries of your group? How many households are included?

2.	Describe your neighborhood group's activities and the resources that support those activities. If yours is a formal association, what is the annual budget? How do you raise funds?
Pı	oject Description
3.	
1.	How did you choose this project and/or event? Describe the outreach you have done to generate awareness and support in your neighborhood around the project and/or event. How many neighbors are in support and how did you determine that number?

Project Plan

5. Using the chart below, list the specific activities needed to carry out your project and/or event including an estimated date of completion for each activity.

Activity	Person(s) Responsible	Completion Date (MO/YR)
Example: Create flier/email for barbecue	Jane Smith	08/19
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

6.	 Describe how your project and/or event focuses on one or more of the following areas: Increasing communication among neighbors Building bridges between cultures Improving the physical condition of the neighborhood Enhancing neighborhood pride and identity
7.	How will you determine the completed project and/or event has been successful?
8.	What resources will your neighborhood group contribute to support the project and/or event (i.e., number of volunteer hours, donated materials if any, etc.)?
9.	Please explain how your organization intends to operate this project and/or event in future years without grant assistance from the City. Your explanation should include a goal of sustainability and independence from grant funds within four years or less. Attach additional sheets if needed.

Project Team

While you may have many community members working on this project and/or event, project team leads will be critical to the project's success. Please note that each member of the project team will need to sign the application acknowledging their commitment to this project.

1. Project Leader - The Project Leader serves as the primary point of contact for the grant application process. The Project Leader also has fiduciary responsibilities and is responsible for submitting a final project report to the City. The final report, including eligible receipts and invoices showing payment is due within 30 days of project/event conclusion and no later than June 14, 2020.

Project Leader Name:	
Email:	Phone Number: _ ()
Mailing Address:	
Signature:	Date:
financial report to the City. The	cks expenses, files receipts, oversees the budget and submits a final Project Leader may also serve as the Project Treasurer. erves the right to audit grant award funds.
Treasurer Name:	
Email:	Phone Number: ()
Mailing Address:	
Signature:	Date:
•	nber - List additional neighborhood residents who will work on this sibilities will be? (i.e., coordinating volunteers, outreach to ng materials, etc.)
Name:	
Email:	Phone Number: _ ()
Mailing Address:	
Signature:	Date

Neighborhood Grant Program

Project Budget Form Fiscal Year 2019/20

Please list the project's expenses using the form below. All expense-related activities listed on your application must be included in your budget form. Note: This is a reimbursement grant. All eligible receipts and invoices showing payment must be submitted for reimbursement within 30 days of project/event conclusion and no later than June 14, 2020.

Project Expenses

Activity	Estimated Costs	Actual Costs
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$
Total Expenses	\$	\$
Amount Requested from the City of Sunnyvale	\$	

Other Sources of Support

Volunteer Hours (valued at \$28.46/hour, per IndependentSector.org)	\$
Donated Materials/Services (food, supplies, equipment)	\$
Other Funding Received (other grants, collected dues, donations)	\$
Other:	\$

Other:	\$
Total Neighborhood Association Contribution	\$

