
Copies of this form are available through the Division of Citizen Services located at 65 Niagara Square, 218 City Hall.

Name of organization: _____

Address: _____

Telephone: _____ Fax: _____

Organization E-mail: _____

Contact person(s), title(s), e-mail address, telephone and fax numbers of each:

Contact Name: _____

E-mail: _____

Phone #: _____

Secondary Contact Name: _____

E-mail: _____

Phone #: _____

Proposed Project title: _____

Project Category (check one):

- Vacant Lot Activation
- Community Space Revitalization
- Accessibility Improvement

Project location: _____

Project start and finish dates: _____

Grant Amount Requested	Cash Match	In-Kind Match	Total Project Cost

Has a representative from your group participated in a City of Buffalo CPTED training? YES / NO

Signature of Lead Organizer : _____

(Please type name) : _____

I. NARRATIVE

A. Organizational Background and Capacity (10 points)

- Briefly describe your organization's history, mission, and goals. **(10 points)**

- What are your organization's current activities and past accomplishments?

C. Project Activities (25 points)

- Give a detailed description of the proposed project action plan with rough timeline estimates. (15 points)

Estimated Date	Action	Details

- Roughly how many volunteers does this project require? From where in the community does your organization plan to recruit volunteers for your project (schools, churches, community centers, block clubs, etc.)? **(10 points)**

- Include information about any other partners involved in the proposed project. How will they be involved and what specific contributions will they make?

D. Impact (10 points)

- How will you measure the success of the proposed project on your neighborhood? (Examples: the number of residents using the space, the amount of trash cleared or graffiti removed, the number of residents participating in the project) **(10 points)**

E. MAINTENANCE & SUSTAINABILITY (45 points)

Applicants are required to submit a maintenance plan to ensure long-term sustainability of the project.

Sustainability Objective	Sustainability Actions
Maintenance Requirements What equipment and materials will be necessary to ensure the project’s survival? How often will it need to be serviced? (10 points)	
Financing What steps will your group take to fund your project after the Cities RISE grant is finished? (10 points)	
Activity Support How will your group promote the project in years to follow and recruit people to champion the work involved? (10 points)	
Project Evaluation How will your group continue to evaluate the project and share its success with the community? (5 points)	
Other Ex. Do you expect project needs to change after the initial grant period, and if so, how will you account for that? (10 points)	

II. PROJECT BUDGET

A. Itemized budget

Provide an itemized cost of the project. Include the source of funds: grant, cash, or in-kind contribution, for each item. Please note: The purchase of small tools and equipment is not allowed **unless your organization has written agreement from a local CBO that such items will be kept in their possession and made available to the community at large.**

Item	Mini-Grant	Cash Match	In-Kind Match	Total
<i>(ex. 50 bags of wood chips at \$2.00/bag)</i>	\$50	\$50		\$100

B. Source of funds

List the source and amount of all matching funds and in-kind contributions being provided or potentially provided to support this project. Indicate what funds are currently in-hand, pledged, or pending. Fields may be left blank if unsure.

Funding Source	Amount	Cash or In-Kind	Status (<i>Already have, Pledged, or Pending</i>)
(ex. block club treasury)	10 Shovels	In-Kind	Pledged

If additional funds have not been secured, what are your plans to secure these resources?

For Office Use Only:

Neighborhood: _____ *Score #1* _____ *Score #2* _____ *Score #3* _____

Category: _____ *Total Avg. Score* _____

Reviewed By _____

Committee Recommendation: *Approve* _____ *Not Approved* _____ *Amount Awarded: \$* _____
