



Building Stronger Neighborhoods 2017 Grant Application



DIRECTIONS

1. Complete the following four-section (A-D) application. You may also request this document in electronic format by e-mailing klundy@cfgg.org, accessing it on the Greensboro Neighborhood Congress website at www.gnc-nc.org, or on the Community Foundation of Greater Greensboro website at www.cfgg.org.
2. Remember to attach a neighborhood map, as requested in #2 of Neighborhood Information section.
3. Mail the completed application to the Building Stronger Neighborhoods administrative office:
Building Stronger Neighborhoods
c/o Community Foundation of Greater Greensboro
330 S. Greene St., Suite 100
Greensboro, NC 27401;
or you may hand-deliver to the Community Foundation office at 330 South Greene Street in downtown Greensboro.
4. Applications must be **received** by 5:00 p.m. on the deadline date listed in the *BSN Grant Guidelines*. Do not fax or e-mail this document or any supplementary information.
5. If you have any questions about your application, please contact Kevin Lundy at 379-9100 or klundy@cfgg.org
6. Please note that if your neighborhood group should receive a BSN grant, your group's neighborhood contact information will be added to the Greensboro Neighborhood Congress mailing list.

A. NEIGHBORHOOD INFORMATION

1. Contact Information:

Neighborhood Group _____

Group Leader/Contact Person

Mailing Address

Phone _____ Fax number (if available) _____

E-mail address (if available) _____

2. **Attach** a neighborhood map: on a separate page, please draw a very simple map of your neighborhood, or you may use a city map, enlarging and photocopying the relevant streets. Identify the major cross streets that outline the neighborhood, known landmarks such as parks, restaurants, businesses, or any other sites that surround your neighborhood. N/A
3. Approximately how many households are in your neighborhood? How many households are active in your neighborhood group?
4. Briefly describe the age, ethnicity, and other demographic information for your neighborhood. The membership includes a broad range of socio-economic and age groups throughout the City of Greensboro.
5. How long has your neighborhood group been active? _____ years _____ months
6. Describe the leadership in your neighborhood. Does the group have officers? Yes No
If yes, please list each person, the office they hold, and for how long:

4. Describe how the group will engage other residents in the project activities.

C. FINANCIAL INFORMATION

1. Total Amount Requested: \$ _____

2. Does the group currently have a bank account? Yes No

If so, who manages the account? Who can authorize spending?

If not, will you need help establishing a bank account?

3. What is the total annual budget for your group? \$ _____

4. Has the group received funding from other sources in the past? Yes No

If yes, please list the source, the date received, and the amount received:

5. If this grant is awarded, explain how the group plans to communicate with the neighborhood group about expenditures for the project.

6. Please provide a budget for your project:

D. REQUIRED SIGNATURES

We certify that the attached proposal has been discussed and approved by the decision-making body of the applying group and that all information contained in this application is accurate. Should we receive funding, we agree to comply with all reporting and monitoring requirements of Community Foundation of Greater Greensboro on behalf of Building Stronger Neighborhoods.

Neighborhood Group Representatives:

Signature	Date
Printed Name	Title
Address	Phone
	Email
Signature	Date
Printed Name	Title
Address	Phone
	Email

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**Building Stronger Neighborhoods is a neighborhood development and
grantmaking program supported by
the Building Stronger Neighborhoods Coalition**
