



THE DENVER FOUNDATION



Strengthening Neighborhoods
A program of The Denver Foundation

Strengthening Neighborhoods Program Planning Grant Application

The Strengthening Neighborhoods Program (SNP) of The Denver Foundation has five primary goals: (1) To support positive relationships in the community based on equality and the valuing of everyone's contributions; (2) To support resident leaders; (3) To help residents organize to create positive change in the community; (4) To connect residents and resident-led groups so that they can learn from one another and take action on common concerns; and (5) To bring new partners to the work of resident-centered community building. SNP's primary resource is its Grants Program, which makes grants of up to \$5,000 directly to residents to use in resident-led projects meeting one or more of these goals.

In order to encourage neighborhood residents to plan their projects carefully before submitting a grant application, SNP also makes available *Planning Grants*. These grants are for a maximum of \$500. They can be used to help plan your event by, for example, paying for the cost of printing and distributing flyers in the neighborhood, renting meeting space, buying refreshments for planning meetings, hiring baby sitters or translators to make sure parents and non-English speaking residents can attend, evaluating your project once it is finished, etc.

There is no application deadline, and applications need not be typed. Decisions on Planning Grant applications are usually made within one week from the time they are received by SNP staff. Planning grants must be submitted by residents of one or more of our partner neighborhoods and must be for projects that will benefit one or more of our partner neighborhoods. (See list of partner neighborhoods in question B. of the application.)

To apply for a Planning Grant, just complete the attached application and submit one copy to

**LaDawn Sullivan
Strengthening Neighborhoods Program
The Denver Foundation
55 Madison St., 8th Floor
Denver, CO 80206**

You can also apply on-line at www.denverfoundation.org. Follow the link for Strengthening Neighborhoods.

If you have any questions, please do not hesitate to contact us. Just call 303-300-1790 and ask for a staff member with the Strengthening Neighborhoods Program.

**STRENGTHENING NEIGHBORHOODS PROGRAM
PLANNING GRANT APPLICATION**

TODAY'S DATE: _____

TELL US ABOUT PROJECT FOR WHICH YOU ARE PLANNING

Please Give Your Project a Name _____

A. Describe the larger project for which you are planning.

B. In which neighborhood will your project take place? (check all that apply) Clayton

Commerce City Elyria-Swansea Globeville Highland Northeast Park Hill

Original Aurora Skyland (North City Park) Sunnyside Whittier

C. When will this project begin? _____

D. By what date do you need to know if this grant will be funded? _____

E. Please list the steps you will take to plan this project.

F. Will your planning work accomplish any of the following goals? (*check all that apply*):

It will support positive relationships in the community based on equality and valuing everyone's contributions

It will support resident leaders

It will help resident organize to create positive change in their community

It will connect residents and resident-led groups so that they can learn from one another and take action on common concerns

It will bring new partners to the work of resident-centered community building

TELL US ABOUT YOU AND YOUR GROUP

Your Name _____

Your Address _____

Street

City

State

Zip Code

Home Phone (_____) _____ Work Phone (_____) _____

E-mail _____

In which neighborhood do you live? Clayton Commerce City Elyria-Swansea
 Globeville Highland Northeast Park Hill Original Aurora
 Skyland (North City Park) Sunnyside Whittier

C. Are you the person we should contact to discuss this application? Yes No

If "No," Name of Contact Person: _____

Contact Person's phone numbers: H (_____) _____ W (_____) Cell() _____

Primary Language: English Spanish Other

In which neighborhood do you live? Clayton Commerce City Elyria-Swansea
 Globeville Highland Northeast Park Hill Original Aurora
 Skyland (North City Park) Sunnyside Whittier

D. Are you applying on behalf of a group or organization? Yes No

If "Yes," Name of Group or organization: _____

Mailing address: _____
Street City State Zip Code

Is this a 501(c)3 (tax exempt) organization? Yes No

B. Who will help you with this? Please provide information for at least **two other unrelated people** who are mainly responsible for helping to plan this project or activity. If you have more than two, add a separate sheet.

Name: _____ Phone: H (_____) _____ W
(_____) Cell() _____

Address: _____
Street City State Zip Code

Primary Language: English Spanish Other

In which neighborhood do they live? Clayton Commerce City Elyria-Swansea
 Globeville Highland Northeast Park Hill Original Aurora
 Skyland (North City Park) Sunnyside Whittier

Name: _____ Phone: H (_____) _____ W
(_____) Cell() _____

Address: _____

Street

City

State

Zip Code

Primary Language: English Spanish Other

In which neighborhood do they live? Clayton Commerce City Elyria-Swansea
 Globeville Highland Northeast Park Hill Original Aurora
 Skyland (North City Park) Sunnyside Whittier

We would like to know about the diversity of your group's leaders. Please check ALL the boxes that apply to the leaders listed above (including yourself).

AGE

- Senior (over 65)
- Adult (19 - 65)
- Youth (18 & under)

GENDER

- Female
- Male
- Other

RACE

- African American
- Anglo Mixed Race
- Asian Native American
- Latino Other

OTHER

- Homeowner
- Renter

4. PROPOSED BUDGET FOR PLANNING GRANT

Please enter your estimated planning budget in the table below, and please describe how you arrived at the amounts for each expense item. **Total may not exceed \$500.**
Planning grants typically average about \$300.

EXPENSE ITEM	Amount	Description (tell us how you came up with this figure)
1. Food		
2. Materials (handouts for mtgs., etc.)		
3. Printing (notices, brochures, etc.)		
5. Fees/Permits (rental of space, etc.)		
7. Contracted Labor (childcare, etc.)		
8. Office Supplies (stapler, pens, etc.)		
9. Other		
TOTAL AMOUNT REQUESTED		

If this application is successful, who will be responsible for handling the money?

If this application is successful, to whom should the grant award check be made payable? (Please indicate exactly how the check should be made out.)
