

What is the Community Action Grant Program?

The Community Action Grants (CAG) program made available through the partnership with Self Regional Healthcare/The Partnership for a Greater Greenwood/The Self Family Foundation and Healthy Greenwood Neighborhoods, Inc. to Neighborhood Associations in Greenwood County to fund improvement projects in their neighborhoods.

How much money is available?

Grants range in amounts from \$100 - \$500 depending on the project. The CAG grant provides funds to neighborhoods so they may be able to meet some of the goals they have determined for themselves through the process of discussion and decision making as a neighborhood association.

Neighborhood Match

Grant projects require a dollar-for-dollar neighborhood match for CAG awarded. For every dollar requested through the grant fund, one dollar of match must be provided by the applicant organization. Match may be composed of many different things, including cash resources from the neighborhood group generated through fundraising and pledges, volunteer labor, in-kind donations in the form of materials and/or services. The best way to consider ideas for match is to generate a list of all resources needed to complete the project and to identify those items that can be found in the neighborhood.

Don't forget human resource expertise that may be needed to develop a design or supervise construction. Determining value of match (please use the following criteria when figuring the match):

- Volunteer Labor – equates to \$10.00 per hour (list volunteer names and hours).
- Donated professional services or skilled labor valued at the “reasonable and customary rate”.
- Donated material or supplies valued at market cost
- Cash amount from neighborhood fundraising and pledges.

Are there any restrictions?

Very few...your neighborhood association must be organized and the decision of what should be applied for through the CAG program must come from the entirety of the neighborhood. This can be accomplished through neighborhood meetings, neighborhood newsletter surveys, or door-to-door surveying. The CAG application will ask that the neighborhood document the support of the neighborhood for the particular grant request. Your association must be involved in the Neighborhood Association Council.

What kind of projects can be funded?

The CAG grant funds can be used on many types of neighborhood projects. This can include a neighborhood-wide project or a specific improvement to a common area within the neighborhood. Here are some ideas along with the Grant amount limitation.

- Park improvements or acquisitions - \$500
- Creek cleanup/stabilization - \$250
- Trail development - \$250
- Asset Inventories - \$500
- Neighborhood service projects; supplies to paint, repair or maintain the owned home of elderly or low income neighbors - \$300
- Community Centers - \$500
- CrimeWatch-CrimeStoppers programs - \$300
- Health Programs - \$250
- Landscaping - \$300
- Playground equipment - \$500
- Hiring neighborhood teens for neighborhood projects such as painting, yard work... etc. - \$300
- Special events (i.e. National Night Out) - \$150
- Improvement to neighborhood entrances - \$300
- The list can go on

It is important for the neighborhood association to determine if funds are available from other sources prior to requesting CAG funds. The Healthy Greenwood Neighborhoods, Inc. Executive Director can help you research what other sources might be available.

Community Action Grants

Neighborhoods/Community/Homeowner/Property-owner Associations wishing to apply for a Community Action Grant must attend a one (1)hour information session. All meetings are at the Bornemann Center for Community Education beginning at 5:00 pm

The following are the dates for the Grants information sessions

Monday, October 19, 2009 - Monday, January, 25, 2010 - Monday, April 26, 2010 - Monday, July 19, 2010 - Monday, October 18, 2010

Community Action Grant Program -- Application

Assoc. Attended training session _____ Date

Date turned in: _____ Date reviewed: _____ Date recommended _____

Name of Neighborhood Group or Association	County or City Council member _____ Neighborhood involved in NAC? YES NO
How long organized? _____	Location of Neighborhood - City or County
Name/Address/Phone Numbers of Contact Persons:	Location of Proposed Project:
Has your association received funds in the past? And if so from whom and how much?	What are the specific goals of the proposed project?
Estimated Amount of Funds Requested: \$ _____	Time Period of Proposed Project: From: _____ To: _____
Please provide a brief statement as to how this project would meet the following criteria for your neighborhood	
How do you expect this project to enhance the quality of life in your neighborhood?	
Describe how members of the community have been involved in the development of the project.	
How will this project serve a community need in your neighborhood?	
How will your neighborhood match be equal to or greater than the requested grant amount (what services, labor, materials, or money your neighborhood group will be contributing)?	
Please describe specifically how the CAG funds will be used.	
This project is a one-time expenditure, and if there are any future maintenance or operating costs, they are anticipated to be: We plan to finance these costs by:	
Describe any coordination or collaboration that the organization is involved in related to this project. Include the following: a. Describe any other organization or program that offers similar or complimentary services to your organization/program. b. Describe any coordination or collaboration that is currently in place with these or other organizations/programs. c. Describe any future plans to collaborate with these or other groups in the future.	
National Night Out Request only - Please list <u>donations</u> that have been secured, or planning to be secured for your event Businesses and amount - _____ Personal donations and amount - _____	

Schedule of Action
FOR
Community Action Grants Program

1. Neighborhood Association determines final details of program description, requirements and application.
2. Applications turned into Executive Director of Healthy Greenwood Neighborhoods, Inc.
3. Healthy Greenwood Neighborhoods, Inc. calls a meeting of the Neighborhood Association Council Executive Committee to review the CAG applications. Executive Committee requests any additional information if necessary.
4. Neighborhoods present responses to Neighborhood Association Council Executive Committee. Questions or concerns. Neighborhood Association Council Executive Committee ranks applications and develops final recommendation.
5. Neighborhood Association Council Executive Committee makes recommendations to Executive Director of Healthy Greenwood Neighborhoods, Inc
6. Funds available for projects.

* Please note, the above is a schedule guideline. All efforts will be made to complete the process within one month of application being turned in.

PAYMENT PROCESS

Funds will be available from **Healthy Greenwood Neighborhoods, Inc.** Funds will be disbursed in the form of "Chamber Checks" when ever appropriate. These "Chamber Checks" are redeemable for goods and services provided by The Greenwood Chamber of Commerce membership.

GRANT MONITORING AND CLOSEOUT

The Neighborhood Association Council Executive Committee will act as a monitoring body for the CAG projects throughout the year by asking for periodic updates on the progress by the responsible neighborhood association. The Neighborhood Association Council Executive Committee may wish to visit the project site (if applicable).

At the end of the project all receipts (copies) and an itemized statement of how the funds were allocated must be turned into the Executive Director of Healthy Greenwood Neighborhoods, Inc.

Substantial changes or amendments that are seen as necessary during the grant implementation period must receive the approval of the Neighborhood Association Council Executive Committee.

Neighborhood Associations receiving CAG funding will be asked to provide a Grant Implementation Summary at the completion of the project. The Grant Implementation Summary includes a final budget of expenditures, a summary of the work completed, involvement by volunteers, various types of equipment that may be needed, fund raising activities that occurred, various vendors and contractors that were involved, and general observations regarding the effectiveness of the project and any suggestions for improvement in such a project. These summaries can then be referred to by other neighborhood associations considering similar grant applications.

X _____ I understand the payment procedures for this grant. I will provide a detailed summary of expenses.

Please submit photographs or drawings of the proposed project area wherever possible.

Signature of applicant _____ date _____

Attachment A

Healthy Greenwood Neighborhoods
Community Action Grant
Donation Letter

This letter shall confirm that, _____ will
(Private/Public Organization or Individual Name)

participate as a partner with the _____
(Name of the Neighborhood Association)

in the implementation of their Neighborhood Partnership Grant project.

Please Print:

Name: _____

Company: _____

Address: _____

Email: _____ Phone: _____

The contribution will consist of the following: (Please check all that apply.)

- Cash: \$ _____
- Materials/Equipment: (Indicate the amount and value of the items being donated.
Please use additional sheets if necessary.)

- Professional Services: (Please indicate the type of services being provided.)

The market value for professional services rendered is \$ _____ at a rate of
\$ _____ per hour. Total number of hours donated _____.

Signature: _____ Date: _____

PROJECT IMPLEMENTATION

Please outline the primary tasks or steps required, including estimated time, to successfully complete your grant project and achieve your goals.

Neighborhood/Business Association/Neighborhood Group/Organization:

Project Name: _____ **Date:** _____

Task	Start Date	Completion Date	Person/Committee Responsible

PROJECT IMPLEMENTATION (CONT'D)

Task	Start Date	Completion Date	Person/Committee Responsible

Number of Days Needed to Complete the Project: _____

Number of Volunteers Needed: _____

Start Date: _____

Project Completed By: _____