GRANT OVERVIEW AND APPLICATION

DESCRIPTION: Please read the entire document carefully

The City of Longmont makes the "Discover Neighbors, Discover Home" small grant available to residents throughout the city to enhance quality of life and build a better "sense of community" in the city's neighborhoods. The grant is awarded throughout the year to residents of city blocks that meet minimum criteria outlined below to support block based community building activities, including mapping the block. Available funding is determined by the number of homes on the block and all residents on the block must be encouraged to participate.

GRANT AMOUNTS

- \$50 for blocks of 6 to 11 homes
- \$100 for blocks of 12 or more homes
 ***You may combine up to two <u>adjacent</u> blocks to double
 grant eligibility for the same activity but each block must
 have a separate co-applicant (\$200 is the maximum
 combined total grant).

ELIGIBLE ACTIVITIES:

All activities must benefit everyone on the block! Eligibility is determined at the discretion of Community and Neighborhood Resources staff.

Examples of previously funded activities

Creativity encouraged

- Block party or Ice cream social
- Potluck or picnic
- Neighborhood garden planting
- Outdoor movie night
- Block cleanup

The Discover Neighbors, Discover Home grant can be used in various ways to support these types of activities including purchasing food, supplies, and materials. Community and Neighborhood Resources (CNR) can also provide free printing of flyers to promote your activity.

Funds cannot support political activities, maintenance expenses, purchase of alcohol, already completed events, or activities that only benefit a few people on the block.

HOW TO APPLY (www.longmontcolorado.gov):

- ☐ Contact us with questions (see below)
- ☐ **Visit each of your neighbors**Discuss your project, elicit help, and fill out a block map, including *at least* name, address, and phone number.
- ☐ Submit a completed application and receive city approval

Include a map, budget, and street closure permit (if applicable)

- ☐ Share a copy of the map with your neighbors
- ☐ Submit a reimbursement/evaluation form

 Include original receipts or invoices within two weeks after your event
- ☐ Ask how to form a neighborhood group and plan the next activity with your neighbors





ELIGIBILITY, TERMS, AND CONDITIONS:

- Any Longmont resident willing to map their block may apply. One grant per block per calendar year.
- A maximum of two grants can be combined by **co-applicants** on adjacent city blocks for a single event.
- A unique map must be created, previously created neighborhood maps or directories are not valid.
- Applications are accepted on a rolling basis, any time during the year, as long as funds are available.
- Applications must be submitted at least two weeks prior to your event (10 work days). *Call to be considered for shorter turn around; dependent on resources.*
- Community and Neighborhood Resources determines the eligibility of all Discover Neighbors grants.
- Projects that are not be eligible for funding include: political activities, maintenance expenses, purchase of alcohol, already completed events, and activities that don't benefit everyone on the block.
- All grants must be utilized for projects benefiting the entire block.
- Block party or street closure permits are required for all events requiring street closure (Allow 15 days for review). Download at www.longmontcolorado.gov or stop by the city clerk's office at 350 Kimbark St.
- Grants are reimbursable, submit qualifying receipts/invoices after your activity using the appropriate form

Mapping Your Block

1. Write your family's names, phone number, and email address in the box representing the position of your house on the block, then add your street or apartment number in the box along the street. Add a second map for larger blocks. Examples:

Family member names
Phone numbers
@ Email address
Other (profession, skills, help needed, etc.)

Street/apt
number

Street/apt
number

1455

- 2. Visit your neighbors and record the same information in the box that represents the location of their home on the block.
- 3. We encourage you to add additional information if your neighbors are comfortable doing so, such as children and pet names/ages, hobbies, or tools and skills they are willing to share with other neighbors.
- 4. Distribute a copy of the completed map to each of your neighbors.
- 5. Submit the map with a completed grant application and budget to Community and Neighborhood Resources. Contact information below.

Map options:

- Use the map included on page five of the application (use additional maps for large blocks)
- Request a customized map of your block from Community & Neighborhood Resources (allow additional time)
- Sketch a map of your block with squares representing each home or apartment
- If you are applying for a street closure permit, the City of Longmont will provide a map for you to distribute based on the contact information provided on the "Acknowledgement of Street Closure" form. Contact the city clerk's office or download at http://bit.ly/1FwahpQ.

CONTACT COMMUNITY AND NEIGHBORHOOD RESOURCES (CNR) WITH QUESTIONS

Ask about the benefits of joining or starting a neighborhood group today.

wahpQ



DISCOVER NEIGHBORS APPLICATION

Block Name/Location:		Application Date:				
CONTACT PERSON	*Are you applying as a <u>co-applicant</u> with an adjacent block? YES NO			NO		
Name: Daytime		Daytime 1	Phone:			
Email: Cell Pho		Cell Phor	ne:			
Address:	Address: City, Sta		State Zip co	tate Zip code:		
ACTIVITY DESCRIPTION						
Activity Date: How many 1		people will be involved in planning the activity?				
How many residents are expected to participate: Ho		How many	How many households will benefit from this activity:			
Activity Name:		Have you a	pplied for a	Street Closure Permit?	YES	NO
Activity Location:						
Activity Description:						
TT 111.11.11.11.11						
How will this activity be publicized? _						
Will any ongoing maintenance be requ	uired? No, Yo	es If y	es, please de	escribe what, who will do	it, and	how it will
be paid for:						
PEGOVID CEG						
RESOURCES	_					
Describe other money or donations se				Г		
Total cost of activity: \$	Total other resources: \$		Total grant funds requested: \$			
BENEFITS						
How does the activity strengthen your	block's sense of co	mmunity or	quality of l	ife?		
How will you avaluate the success of t	he activity?					
How will you evaluate the success of the activity?						
WAR (13 1 2 3 3 4 4)				For internal u	==== ise onlv	, <u>.</u>
*Adjacent blocks may hold a joint event to double grant av for any single activity, but the <u>combined</u> request cannot ex					·	
and co-applicants must submit applications at the same time. Contact Comments:						
us with questions.				Date:		
				1		1



DETAILED ESTIMATED BUDGET

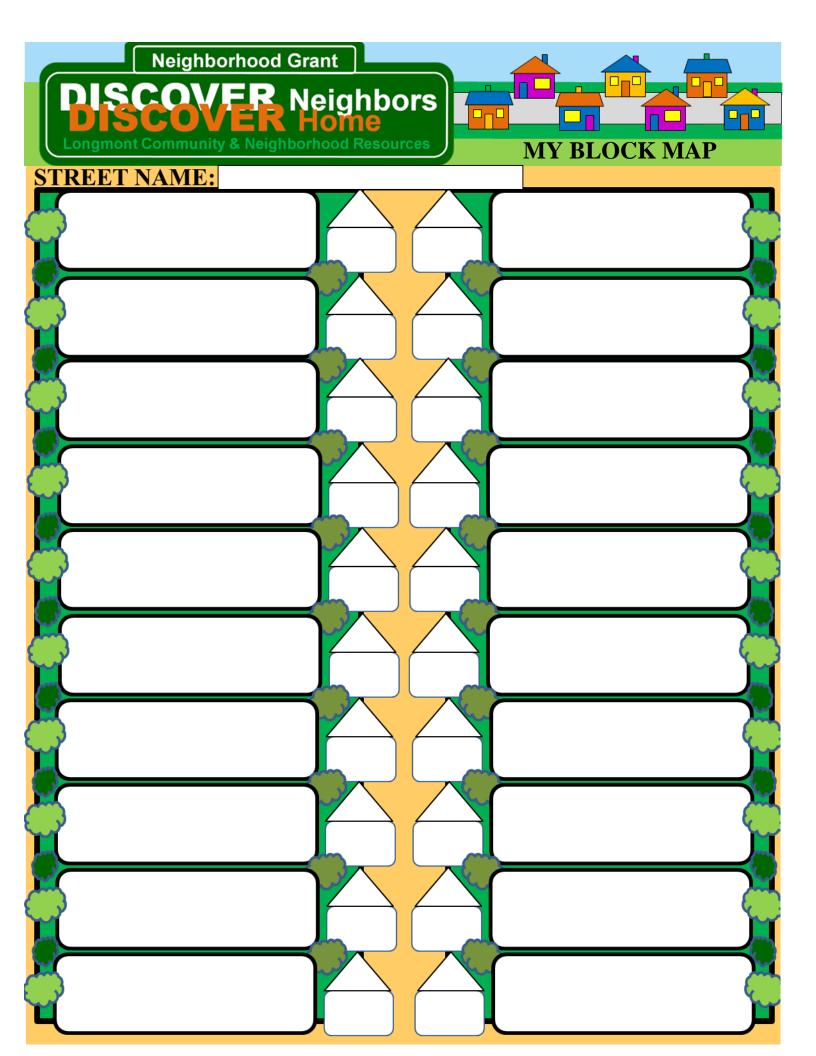
Please complete this budget sheet, including a detailed description of each item, the quantity of each item, its total cost, and the amount (cost and value) secured through donations (in-kind or monetary).

Block Name:		
Detailed Item Description and Quantity of Each Item Needed	Total Item Cost	Total Item Donation
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expenses and Donations	\$	\$
TOTAL GRANT AMOUNT REQUESTED cannot exceed \$100	\$	

GRANT ELIGIBILITY AMOUNTS

- Up to \$50 for blocks of 6 to 11 homes
- Up to \$100 for blocks of 12 or more homes
- Up to two adjacent blocks may double grant eligibility for a joint event but each block must have a separate co-applicant and submit together. (combined total cannot exceed \$200)







EVALUATION and REIMBURSEMENT REQUEST (1)

*Please submit a reimbursement request for <u>each</u> check recipient and attach all original invoices and/or receipts with each request.

Submit this form with the evaluation on the next page within two weeks after your activity

Activity Details				
Submission date:				
Date of activity:				
Block name and description:				
Total reimbursement amount requested:	\$			
Make Check Payable To:				
First & Last Name:				
Address:				
City, State & Zip Code				
Phone Number:				
Email:				

The City of Longmont cannot reimburse for purchase of alcoholic beverages.

For internal use only:	
Approved by:	
Comments:	
Date:	

Mail or submit payment requests in person at: City of Longmont, Community and Neighborhood Resources 350 Kimbark Street, Longmont, CO 80501



EVALUATION and REIMBURSEMENT REQUEST (2)

Thank you for your participation. Help us improve this grant and your next activity by submitting this evaluation as part of your reimbursement form.

Block Name/Location:					
CONTACT PERSON					
Name:		Phone:			
Email:					
ACTIVITY EVALUATION					
Activity Date: Activity Name:					
How many people participated? How many		ouseholds participated?			
Will you apply again next year (circle)? YES	NO				
Will you organize any other activities with your n	eighbors this y	ear? YES NO			
What were the positive or successful outcomes of	your activity?				
					
What could have been better about your activity?					
What did you learn about your neighbors?					
			<u></u>		
How did this activity improve the quality of life in	your neighbor	hood?			
What resources would have been helpful to make your activity better?					
Would you like to learn about the benefits of participat	ting in your regi	stered neighborhood group?	YES NO		
Any additional feedback or thoughts:					

