community advisory board
City of Santa Rosa

Community Improvement Grant
Application Form

Please read the Community Improvement Grant application information and frequency asked questions *before* filling out this form.

Project Name:	Requested Grant Amount:	$
	Matching Funds:	$
Project Physical Address:	TOTAL Project Cost:	$
	Group or organization:	
Contact Person responsible for Grant Application:	How did you hear about the Grant Program?	

In which district will the grant take place? (Find your district: srcity.org/FindMyDistrict)

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ City Wide

Person or organization to whom the check should be made out to:

_____ _____ _____
Name Email Phone

_____ _____ _____
Address City Zip

GRANT SCOPE: This Application Packet describes the intended use of the requested Grant funds to complete the Project identified above and the elements listed in the Project Budget. I declare under penalty of perjury, under the laws of the State of California, that the information contained in this Application Packet, including required attachments, is accurate.

Print Name _____ Signature _____

Title _____ Date _____

Project questions: Please answer all of the following questions as they apply to your project.

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PROJECT NAME: _____

Overview: Describe your project, its objectives and goals, and explain how your project will meet these goals.

Impact: Who will benefit from this project, and how many people are you expecting your project to impact?

Approvals: Describe any approvals and permits needed *and obtained* for your project (e.g., land use, City, etc.). Projects will not be considered unless they have the required permits and approvals. (Please attach!)

Timeline: What is your project timeline? Include project start, implementation, and completion phases.

Collaboration: What organizations, neighborhood associations, non-profits, residents, etc. are involved in the project? What roles are they playing and how collaborative is the project?

Community Improvement Grant Application

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PROJECT NAME: _____

Community support: What other community support exists for your project?

Outreach: What is your outreach plan? How will your project be open and accessible to the community? Please describe your target audience, message, and outreach methods (e.g., email, social media, posting flyers).

Maintenance: Is there ongoing maintenance required for your project? If so, what is the plan for maintenance and who is going to be responsible?

Safety: Provide a brief statement on how you will keep project participants safe during implementation (e.g. social distancing protocols, gloves, masks, etc.).

Environment: Projects should reflect environmental consciousness regarding materials, energy, and conservation. Please describe how your project will meet this goal.

Disclosure of Other City Funding: please disclose any other City of Santa Rosa funding received or requested for the project. Projects receiving other City funding may not receive priority consideration.

Community Improvement Grant Application

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Other: Is there any additional information you'd like to provide?

Cost Estimate: List all volunteer time, services, materials, rentals, and other budgeted items.
Please see Frequently Asked Questions #3 and #4 for more information.

Requested funds are funds your project is requesting through the Community Improvement Grant. Contracted work must be through a third party.
Matching funds are funds from other sources, including donated goods or services.
Total cost is the sum of requested and matching funds.

Value volunteer time at $22.14 per person per hour. Volunteer time is *only* an in-kind matching fund (not a requested fund).

Item	Requested Funds	Matching Funds	Total Cost
Total Requested Grant Amount	$		
Total Matching Funds		$	
Total Project Cost (Requested + Matching)			$

When finished, check both of the following:

- The Total Requested Grant Amount is no more than $2,500
- The Total Matching Funds equal or exceed the Total Requested Grant Amount

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PROJECT NAME: _____

Matching Funds: List all sources of matching funds and identify the organization(s) providing them. Include both monetary contributions and in-kind support (e.g., volunteer time, donated materials, services, or facility use). Waived City fees, permits, facility rentals, or other City subsidies cannot be counted as matching funds.

Matching Fund	Date Committed	Amount
Total Matching Funds		**$**

When finished, check: are the Total Matching Funds here the same as the Total Matching Funds on the previous page?

Explanation: Grant requests cannot exceed $2,500. Explain how the requested funds will be used, how the cost estimate was determined, and the status of matching funds. Elaborate on any budget details that the budget sheet does not capture.

You have reached the end of the form! Save or print the form and then email or mail in to apply.
See the application information document for address.

Please also ensure that you attach relevant documentation demonstrating, as applicable:

- Permission from Private Property Owner or Authorized Manager
- Permission and Approvals for City-Owned Property
- Relevant photographs or drawings