**APPLICATION QUESTIONS**

Applications are completed through the online grants portal. For your convenience, here are the questions that will be asked in the application for your review prior to starting the form and for the application assistance session you will be attending.

*Note*: The Sherman Park East and North Division Small Grants Program is looking for new solutions that will be carried out over three months. Additionally, nano-grants (up to $250.00) are not for existing projects that have already launched or are up and running.

1. Please tell us about your organization:

a. Contact information for Chief Executive Officer (name, title, email address) b. Contact information for project leader (name, address, phone number, email address)

i. For Project Leaders under 18 years old, please provide the contact information for the adult working with your project (include

relationship to the youth project leader)

c. What is the percentage of full-time equivalent people of color on your organization’s staff and board?

d. What is the total operating budget for the past fiscal year? current fiscal year?

If your group is collaborating with a fiscal sponsor, please provide their information (documentation of 501(c)3 status, how will they be partnering with the project or organization).

2. Please tell us about your project:

a. Project Title

b. How developed is your project?

i. Spark Level: We are still planning. There is at least an idea and/or have completed research to identify assets.

ii. Ignite Level: Our project is set up to be funded: We have a concept and plan developed and a team in place.

iii. Glow Level: We are up and running and request additional funds to support continuing our project.

c. In 1-3 sentences, tell us what your project idea is.

d. How and why did you decide on this project?

e. Provide a brief description of the population served or anticipated to be served by this project. How will your project bring people together? How will it engage the community?

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f. What experience does your organization have in working with the community or system that is the focus of your project?

g. Provide a brief description of the anticipated outcomes of this project. h. When will you implement your project? Please give specific dates. Remember: projects should be completed within three months of receiving funding.

i. What is the timeline of this project? Make us a list of the concrete steps you will take or activities you will perform to complete your project. 3. If applicable, describe the collaboration with other organizations and the role of those partners in fulfilling this project.

4. If applicable, we are looking to fund new and innovative ideas. Have you implemented this project before? If so, how is this project different? 5. If applicable, how is this a creative placemaking project? *Creative placemaking is defined as an artistic or creative effort to make your neighborhood or community stronger.*

6. Please tell us about any additional information you want us to know or questions about your project:

a. For example, will you need to get approval from the city or somebody else? If so, do you need help with that process?

b. If you want, please feel free to share any photos, videos, charts, sketches, or anything else you think might help us understand your project in more depth.

7. Grantee growth goals: Pick three outcomes below that will serve as project development goals to measure success. Your project will report on these outcomes during their final presentations.

a. Setting a timeline and accomplishing goals - group will further develop capacity for project management by setting and adhering to a timeline with specific milestones.

b. Teamwork - group will learn to trust others to execute tasks by delegating and learning each other’s strengths.

c. Community building - group will demonstrate community building by engaging with other community groups/members, recruiting volunteers and resources, as well as raising funds to complete the project.

d. Facilitation - group members will push themselves out of their comfort zone to put themselves in front of other community members and groups to raise awareness of project and call to action.

e. Impact - group will gather data and quotes to demonstrate the impact their project had on their neighborhood

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f. Education - group successfully educates neighborhood on their project and why it is necessary.

8. How much will the entire project cost? Please enter your project budget in the table below. Please use the actual expected cost of the items and be thorough. This may require some research to gather best estimates. We encourage you to use resources in your neighborhood when possible and try to get items donated (such as food or space for an event). Try to think creatively about how you can use neighborhood assets to accomplish your project. **Donated and in-kind expenses should not be listed here.**

a. Spark Grant: up to $250.00

b. Ignite Grant: up to $2500.00

c. Glow Grant: up to $7500.00

|  |  |
| --- | --- |
| **Expenses (short description) Amount**  | **Other Funds Small Grants** |
| *Example - Art Supplies*  | *$500*  | *$250*  | *$250* |
| *Example - Rental of venue*  | *$300*  | *$200*  | *$100* |
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| Total  | $800  | $450  | $350 |

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9. Use the table below to show other sources of support. List donations received from any other groups, companies, individuals, etc. for this project. Keep in mind that for every dollar requested, you are required to demonstrate a match. **Dollars used from the small grants program should not be listed here.** Examples are shown below and could be:

● Grants or individual donations

● Donated materials, supplies, food, space, equipment, or volunteer support

|  |  |  |
| --- | --- | --- |
|  | **Type of Support**  | **Amount** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| **Total Project Support** |  |

10.Have you or your organization participated in any other GMF programs? How did you hear about the grant program?

11.Required documentation (see online grants portal):

a. Most recent audited financial statements and notes

b. Most recent form 990

c. Year-to-date income and expense statement and balance sheet

**APPLICANT CHECKLIST**

\_\_I have reviewed the grantee requirements and affirm that our application qualifies. \_\_My budget reflects a dollar for dollar match with the funds requested.

\_\_All contacts on my application live or work within the neighborhood (Sherman Park East or North Division).

\_\_Our project will benefit the residents and community members in the neighborhood (Sherman Park East or North Division).

\_\_I have provided at least one main contact on the application.

\_\_There are at least 10% people of color on the board of my organization or my fiscal sponsor.

\_\_My application is complete, and I understand that if my application is incomplete it will not be considered.

\_\_I saved a copy of my application for personal reference.

\_\_I agree that I have read and understand and will participate in the project that is being executed by this group as the organization applying or the fiscal sponsor.

\_\_I understand that the Greater Milwaukee Foundation will not accept duplicate applications.

\_\_*If applicable*: As a fiscal sponsor, I understand and affirm that my role in the project is collaborative. I have identified and noted how I will collaborate with resident groups in the neighborhood (Sherman Park East or North Division).