**HOMESTART/ COMMUNITY FOUNDATION OF NORTHERN ILLINOIS**

NEIGHBORHOOD GRANTS - APPLICATION QUESTIONS

NOTE: Items in parentheses will be “pop up help messages”

**TAB 1: QUICK TIPS**

* Please look at the "help" available for each field by clicking on the blue question mark.  This will give you clarification and examples related to the question, file format requirements, and file size limits.
* Save often! Especially before clicking a link. To access a saved application, go to the “Grant Applicant” menu and select “My Saved Applications.”
* For application guidelines, instructions, deadlines, and grant program information visit [www.cfnil.org/grants/neighborhood](http://www.cfnil.org/grants/neighborhood)
* HomeStart/Community Foundation of Northern Illinois (CFNIL) will not accept proposals submitted after the deadline.

**TAB 2: SUMMARY**

* Organization Name:
* Organization County:
* What is your organization’s mission or purpose?
* What is the title of your project?
* In two sentences, explain the project. (Explain how the funds will be used and what will improve in your neighborhood as a result of the charitable activity. Be concise in your answer. It will be used for reports and other communication pieces.)
* Total Project Cost: (List the total cost for this project only. The number should match your Total Project Expenses on your Project Budget Form.)
* Total Amount Requested in this application:
* Date Funds Are Needed:

**Project Compared To Neighborhood Grants Program Guidelines**

* How does your project meet the guidelines of the Neighborhood Grants Program?

The Neighborhood Grants Program prioritizes activities that are driven by neighborhood residents. Other grant guidelines can be found in the "What We Look For" section of the Neighborhood Grants Program webpage at [http://cfnil.org/grants/neighborhood/.](http://cfnil.org/grants/neighborhood/)

**TAB 3: ORGANIZATIONAL CAPACITY**

**Organizational Overview**

* Organization Name:
* Tax Status of Organization:
* EIN (Tax ID) of Organization (if you have one):
* What is the name on your organization's checking account?
* Which bank does your organization use for its checking account?
* Name of the person responsible for handling the funds for your organization (The check will be sent to this person):
* Title of the person responsible for handling the funds for your organization:
* Address of the person responsible for handling the funds for your organization:
* Phone number of the person responsible for handling the funds for your organization:
* List the names and roles of three active leaders (e.g., President, Treasurer, etc.) in your organization.

**Primary Contact for Questions Regarding this Application**

* Prefix:
* First Name:
* Last Name:
* Address:
* City:
* State:
* Zip Code:
* Preferred Phone:
* Phone Extension:
* Preferred Phone Type:
* Email:
* Best time to contact?
* Alternate Contact Full Name: (Please list another member who could be contacted if the primary contact is unavailable.)
* Alternate Phone:
* Alternate Contact Email:

**Organizational Background**

* In which year was your neighborhood organization founded?
* What is your neighborhood organization's mission or purpose?
* What are the boundaries of your neighborhood organization? (e.g., Main Street to the North, Wall Street to the South, Broadway Blvd. to the East, and 42nd Avenue to the West)
* Describe recent activities in which your organization has engaged.
* How many meetings and/or functions does your neighborhood organization hold per year?
* Is there anything else you would like to tell us about your neighborhood organization?

**TAB 4: PROJECT PLAN**

* What is your anticipated start date for the project? (If the exact date is unknown, enter an approximate date.)
* What is the projected end date for the project? (If the exact date is unknown, enter an approximate date.)
* What specific steps will be taken to make this project happen? (List each step, start date and anticipated date of accomplishment.)
* List the names and roles of the members of your organization who will be active in implementing this project.
* How will residents of the neighborhood, outside of the core leadership group, be involved in this project? The Neighborhood Grants Program prioritizes activities that are driven by residents of the neighborhood.
* Is this project a beautification project? [YES/NO]
	+ [IF YES] How will you provide for ongoing watering and maintenance?
	+ [IF YES] Upload at least one and up to three photos of the project location as it currently exists.
		- [IF YES] First Photo:
		- [IF YES] Second Photo: [FILE ATTTACHMENT]
		- [IF YES] Third Photo: [FILE ATTTACHMENT]
		- (JPG, PNG or PDF format required. 5 MB maximum file size.)
* For this project, are you working with other neighborhood organizations, businesses, non-profits, and/or institutions? [YES/NO]
	+ [YES, collaborating] List the organization, contact name, phone number and email address for each partner.
* How will your project make use of the existing assets or resources in your neighborhood?
* If awarded, will this grant help you in seeking/securing other resources? If so, how?
* How many volunteers have already committed to assisting with your project?
* Is there anything else you want to tell us about this project?

 **TAB 5: RESULTS**

**List up to two ways you anticipate this project will cause positive change within your neighborhood and community.**

* Result #1: What will change/improve as a result of this project? (Ex 1: The neighborhood will be more beautiful; Ex 2: Residents will become more involved in our neighborhood)
* How will you be able to tell if you achieved the change/improvement above? (What data will indicate success? Include a numeric target if possible. Ex 1: At least 20 people will respond to a survey that it looks more beautiful; Ex 2: Attendance at neighborhood meetings will increase by 20%.)
* How will you collect the data/information listed above? Surveys, tracking participation, and observation are typical ways to collect data. (Ex 1: We will survey our neighbors and tally the results; Ex 2: We will track the number of people who attend meetings before and after our project.)
* Would you like to add another Result? [Yes/No]
* [YES, another outcome] Result #2: What will change/improve as a result of this project?
* [YES, another outcome] How will you be able to tell if you achieved the change/improvement above?
* [Yes, another outcome] How will you collect the data/information listed above? Surveys, tracking participation, and observation are typical ways to collect data.

**TAB 6: PROJECT BUDGET**

* Upload your project budget. (Provide a quote for any item costing more than $500. Include the quotes in the budget sheet upload. PDF, XLS or XLSX format required. 5 MB maximum file size.)
	+ [File Attachment]
	+ [HTML Note: You must use CFNIL's Budget Template for Neighborhood Grants found at the bottom of the Neighborhood Grants webpage:  [http://cfnil.org/grants/neighborhood/.](http://cfnil.org/grants/neighborhood/)]
* Budget Narrative: Explain how each expense relates to the proposal's goals.
	+ [HTML Note: See <http://cfnil.org/grants/neighborhood> for more information, including a sample narrative.]
* If you do not receive funding from the Neighborhood Grants Program, will you still be able to accomplish your project? [Y/N]
	+ If yes, how will you come up with the additional funding?

**Additional Attachments: Use these fields to upload any additional attachments you’d like to share (e.g. photos, design plans, etc.)**

* Supplemental Attachment 1:
	+ [File Attachment]
* Supplemental Attachment 2:
	+ [File Attachment]

**TAB 7: DEMOGRAPHIC INFORMATION**

* Approximate the number of residents in your neighborhood served by this project:

For each category below, enter the approximate number of individual clients served during the first year. Enter the number, not the percent.  Each section total must equal "Approximate number of residents in your neighborhood served by this project" stated above.  If project demographic data does not exactly match the categories listed, please use your best estimate to divide the data into matching categories. Enter 0 if none.

* Residents of these counties:
	+ Boone
	+ Ogle
	+ Stephenson
	+ Winnebago
	+ Other
* Race/Ethnicity:
	+ American Indian or Alaska Native
	+ Asian
	+ Black or African American
	+ Hispanic or Latino
	+ Native Hawaiian or Other Pacific Islander
	+ Other
	+ Unspecified
	+ White
	+ Two or More Races
* Ages:
	+ Children (0 to 11)
	+ Youth (12 to 18)
	+ Adults (19 to 64)
	+ Seniors (65 and up)
* Genders:
	+ Female
	+ Male
	+ Other

**TAB 8: GRANT AGREEMENT**

By clicking below, I agree to the following terms and conditions of the NW HomeStart (hereafter “HOMESTART”) on behalf of my organization (hereafter “GRANTEE”). Additionally, I certify that I am authorized to agree to these terms and conditions.

1.                  To use the funds only for the tax-exempt purpose as described in the grant application and subsequent grant notification letter and not for any other purpose without the HOMESTART’s prior written approval.

 2.                  To not expend any grant funds for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.

3.                  To notify the HOMESTART immediately of any change in (a) GRANTEE’S legal or tax status, (b) GRANTEE’S executive or key staff responsible for achieving the grant purposes, (c) GRANTEE’S ability to expend the grant for the intended purpose, and (d) any expenditure from this grant for any purpose other than those for which the grant was intended.

 4.                  To maintain books and records adequate to demonstrate that it maintained the  grant funds in a separate fund dedicated to the purpose for which the grant is made, and to maintain records of expenditures adequate to identify the purposes for which, and manner in which, grant funds have been expended.

 5.                  To give the HOMESTART reasonable access to the grantee’s files and records for the purpose of making such financial audits, verifications, and investigations as it deems necessary concerning the grant, and to maintain such files and records for a period of at least four years after completion or termination of the project.

6.                  To return to the HOMESTART any unexpended funds or any portion of the grant that is not used for the purposes specified herein.

 7.                  To allow the HOMESTART to review and approve the content of any proposed publicity concerning this grant prior to its release and to recognize the HOMESTART in all publicity materials related to the funded project or program.

 8.                  To allow the HOMESTART and the COMMUNITY FOUNDATION OF NORTHERN ILLINOIS (CFNIL) to include information about this grant in the HOMESTART’S AND CFNIL’s periodic public reports, newsletter, news releases, social media postings, and websites.  This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

 9.                  To submit a written report summarizing the project promptly following the end of the period during which you are to use all grant funds. Your reports should describe your progress in achieving the purposes of the grant and include a detailed accounting of the use and expenditure of grant funds.

 HOMESTART reserves the right to discontinue, modify or withhold any payments under this grant award or to require a total or partial refund of any grant funds if, in HOMESTART’s sole discretion, such action is necessary: (a) because you have not fully complied with the terms and conditions of this grant; (b) to protect the purpose and objectives of the grant or any other charitable activities of the HOMESTART; or (c) to comply with the requirements of any law or regulation applicable to you, the HOMESTART, or this grant.

[CHECKBOX] I agree to the above-stated terms and conditions, and I certify that I have authority to do so on behalf of the applying organization.