



FRIENDS OF SLAVIC VILLAGE GRANT REQUEST

Friends of Slavic Village Mission: Bringing together Broadway Slavic Village’s best asset--the many strong corporate, civic, and resident leaders who are committed to the wellbeing of our community--to enhance our quality of life and promote a healthy image of our community.

Please note: Grant requests are reviewed by the committee, quarterly, in April, July, October and January. In order to be reviewed the grant must be submitted the month prior to the committee meeting.

This form may be submitted via mail or fax to: ATTN: Friends of Slavic Village, Slavic Village Development
5620 Broadway, Cleveland, Ohio 44127 • Phone: 216-429-1182 • Fax: 216-429-2632

Date of Application: _____

Name of agency, church, or organization _____

Name of project _____

Address: _____

Contact Person with daytime phone: _____

Phone/fax/e-mail: _____

Check should be made payable to : _____

Address (if different from above) : _____

AMOUNT OF REQUEST (Maximum \$500): \$ _____

If funded our group agrees to submit a final report after the completion of our project and copies of any fliers or media attention associated with the project.

Project Leader Name (Print)

Project Leader Signature

Project Categories select one

- Art Initiatives** - Music, dance, singing, visual expressions and/or storytelling that promotes community
- Athletics** – after school community sports programming, events and leagues
- Community Event** - Neighborhood gatherings, events that promote community and build relationships, neighborhood celebrations ...
- Education** – Leadership training, tutoring programs ...
- Neighborhood Beautification and/or Gardens** – projects that will help the community maintain green spaces and minimize debris
- Safety** – Night out against crime events, safety education, lighting ...

How was this project developed? And why is this project important to your group? (who had the idea, who is involved in organizing it)

Describe the goals and objectives of this project:

Who will implement this project, from start-up through evaluation?

Please provide a list of community partners or organizations that will participate in this project and what their role is:

Community Partner/Organization	Role/Responsibilities
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Project Timeline – When will this project begin and conclude? What steps need to be taken to complete this project?

Activity

Date

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How would this project contribute toward achieving the Mission of the Friends of Slavic Village (see Mission at the top of Page 1)?

How will you know this project has been successful? (Is it the number of people who participate, the hours of volunteer time given, a change in attitude? Explain to the committee what success will look like to your group.)

Budget for Your Proposed Project or Activity:

If you need assistance filling out this form please contact Michael Geregach at Slavic Village Development 429-1182 x125

Item*	Reason Needed – <i>Please include an estimate of the cost and quantity of any items to be purchased, labor, etc.</i>	Request from this Grant A	Other Funding B	Is Other Funding Committed Y/N Please indicated where funding is coming from		Value Donated In-Kind Goods C	Total Project Expense (A+B+C=D)
<i>Example: Volunteers</i>	<i>to spread the mulch in the garden 10 volunteers x 3 hours x \$12 = \$360</i>					\$360	\$360
<i>Example: Trash bags</i>	<i>To collect trash from the clean up 2 boxes x \$16.00 = \$32</i>	\$16	\$16	yes	<i>Money was donated by ABC Business</i>		\$32
Total:							

**If you plan to pay personnel or consultants please explain how much labor is going to be completed and who is being paid. The Committee prefers that items purchased and personnel hired come from Broadway Slavic Village.*

Please list name(s)/organization(s) of those donating in-kind goods and/or services and what they will be providing: _____

Please list name(s) of business you plan to purchase supplies from _____