## 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 due at the end of the following months: March, June, September, December and will be reviewed by the review committee the following month.

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:	<del></del>
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 rep or media attention associated with the project.	ort after the completion of our project and copies of any fliers
Project Leader Name (Print)	Project Leader Signature
Project Categories select one	
Art Initiatives - Music, dance, singing community	g, visual expressions and/or storytelling that promotes
Athletics – after school community sp	ports programming, events and leagues
Community Event - Neighborhood g relationships, neighborhood celebration	gatherings, events that promote community and build ons
Education – Leadership training, tuto	oring programs

green spaces and minimize debris	ardens – projects that will help the community maintain
Safety – Night out against crime events, s	afety education, lighting
How was this project developed? And why is idea, who is involved in organizing it)	this project important to your group? (who had the
Describe the goals and objectives of this project:	
Who will implement this project, from start-up t	through evaluation?
Please provide a list of community partners or or what their role is:	rganizations that will participate in this project and
Community Partner/Organization	Role/Responsibilities

Project Timeline – When will this project be complete this project?	gin and conclude? What steps need to be taken to
Activity	Date
COVID we need to make sure safety precautions are take	n into consideration for the program/event? * In times of en into consideration – if you need more guidance on this, please look at ronavirus.ohio.gov/wps/portal/gov/covid-19/responsible-restart-ohio/ or
How would this project contribute toward at Mission at the top of Page 1)?	chieving the Mission of the Friends of Slavic Village (see
	cessful? (Is it the number of people who participate, the titude? Explain to the committee what success will look

## **Budget for Your Proposed Project or Activity:**

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

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

The Committee prefers that items pu	erchased and personnel hired c	ome from Broadway Slavic	Village.	
Please list name(s)/organization(s) of	of those donating in-kind goods	and/or services and what the	ney will be providing:	

\*If you plan to pay personnel or consultants please explain how much labor is going to be completed and who is being paid.

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