



HEALTH & SAFETY MINI-GRANT PROGRAM APPLICATION FOR FUNDING

PROPOSAL DEADLINE: JULY 27, 2012





HEALTH & SAFETY MINI-GRANT PROGRAM APPLICATION FOR FUNDING



OVERVIEW

The City of Flint and the Greater Flint Health Coalition are pleased to present a Health & Safety Mini-Grant Program to increase community empowerment and community-based safety initiatives that have a positive impact on community health. Neighborhood groups, block clubs, local associations, civic groups, non-profit organizations, or other interested parties are invited to propose projects that will improve safety among residents through community activity and beautification projects.

Goals to be accomplished through these grants are as follows:

- Activate residents' ability to act together on activities that improve neighborhood safety;
- Involve residents in neighborhood institutions such as community schools, crime watches, block clubs, or other groups;
- Improve the appearance of neighborhood environments;
- Create safer places for residents to be physically active.

Strategies to achieve these goals could include:

- Changing the built environment with equipment or infrastructure improvement to create safer environments;
- Beautification activities within neighborhoods, churches, schools, parks, or other social locations;
- Organizing activities that provide opportunities for community residents to be more active and to better understand safety;
- Organizing forums for community members to raise awareness and work together on activities that improve health and safety within their neighborhood.

Specific Examples of Activities could include:

- Start a safety or patrol club focused on a local neighborhood or a park;
- Create a walking club or walking buddies program once weekly;
- Install lighting on a local sidewalk or path to improve safety at night;
- Add signage in community locations that promote health and safety;
- Improve beautification related to planting flowers, gardens, or making areas more appealing for walking;
- Supporting a local park to make it easier to use by local residents;
- Complete cleanup activities at a local park or neighborhood lot that promote better safety and opportunities for physical activity.

KEY FUNDING DETAILS AND DATES

For this mini-grant program, there will be a total of 10-20 grant awards of \$100 – \$1,000 each. A total of \$10,000 will be awarded cumulatively to all grant awardees. Applications will be due no later than Friday, July 27, 2012, and grantees will receive funding in August, 2012. Projects must be completed between August 1, 2012 and December 31, 2012.

The majority of grants will be reserved for City of Flint-based groups and organizations, however, three grants will be reserved for other groups who are within Genesee County. In order to be eligible to receive a grant your organization or group must have a bank account (grants will not be awarded to individuals) and must register with the Blue Badge Program or Block Club Registration Program (registration is free and included in this application packet). Upon completion of projects, all grantees will attend and present their project at a community follow-up meeting to share these activities.

The Selection Committee who will review all grant proposals will include representatives from the Flint Police Department, Flint City Council, and Greater Flint Health Coalition. This mini-grant program is funded by the Greater Flint Health Coalition.

APPLICATION INSTRUCTIONS

Applications should be submitted based on the application requirements outlined on the following pages. **All applications MUST INCLUDE the following:**

- **Proposal Cover Sheet**
- **Proposal Narrative**
- **Proposal Budget**
- **Blue Badge Participation Form**
- **Mini-Grant Commitment Form**

All proposals must be submitted by 5:00 p.m. on Friday, July 27, 2012. Applications can be submitted electronically as a PDF document by email to gfhc@flint.org with the subject line "Health & Safety Mini-Grant Application." Typewritten applications can also be submitted by mail to:

ATTN: Health & Safety Mini-Grant Applications
Greater Flint Health Coalition
519 S. Saginaw St., Suite 306
Flint, MI 48502

This Health & Safety Mini-Grant Program is presented by the City of Flint and Greater Flint Health Coalition in partnership with the Blue Badge Program and Commit to Fit!



COVER SHEET (Completion Required)

Please complete all sections of the cover sheet below and include it in your application.

Organization/Group Name: _____	
Address: _____ _____ _____ City: _____ Zip Code: _____	Contact Person Name/Title: _____ Phone Number: _____ E-mail: _____ Alternate Contact Name/Title: _____ Phone Number: _____ E-mail: _____
Is your Organization a 501(c)3 Non-Profit Organization? ___ Y ___ N	If your organization is not a 501(c)3 Non-Profit Organization, please provide the following information: (as noted, all applicants must have a bank account) Bank _____ Name on Bank Account _____
Geographic Location of Project: Select one of the Locations Below ___ City of Flint ___ Genesee County (outside the City of Flint) Provide specific location such as city, township, school district, ward, county commissioner district, etc: _____ _____	
Project Title: _____	
Time Period of Project Start Date: _____ End Date: _____	
Project Purpose: (one sentence) _____ _____ _____	

PROJECT NARRATIVE (Completion Required)

Please complete all sections of the Project Narrative and include them in your application. The Project Narrative section should be no longer than 2 pages.

1. *Provide brief background regarding your group/organization, to include your mission or purpose, activities you have completed in the past 12 months, and what geographic area you serve/operate in.*

2. *Provide a description of your project including the following items:*

- *Describe, in detail, the activities of your project, how mini-grant funds will be spent, and who these activities will reach.*
- *State how the proposed project will meet goals and strategies of the Health & Safety Mini-Grant Program.*
- *Relate proposed project to the area or neighborhood where activities will take place, highlighting key assets and challenges and how they relate to the project.*
- *The dates of the project period (when it will begin and end).*

3. *List any partner groups or organizations and describe how they will provide assistance for your proposed project.*

4. *Describe any plans to sustain the activities of this project to support health and safety once this grant-funded project has ended. Note that long-term sustainability is not a requirement of this mini-grant program, however, proposals that identify potential opportunities to continue support for project activities will be given preference.*

BUDGET FORM (Completion Required)

Complete the Project Budget worksheet. Include all costs associated with this project. If there are additional sources of funding or matching funds (such as other grants or cash from businesses) or in-kind support (such as donations of services or materials from area businesses, volunteers, government or organizations) please list those as well.

Items to be purchased for this project	Funds from Health and Safety Mini-Grant	In-kind Donations or matching support (list amount and source of funds)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL:		

NOTE THE FOLLOWING:

- **In-kind or matching support is not required**
- **Funds from Mini-grant should not be dedicated to staff time**

BLUE BADGE / BLOCK CLUB REGISTRATION (Completion Required)

All organizations or neighborhood groups applying for the mini-grant program must also register with either the Blue Badge Program or the Block Club Registration Program.

- The **Blue Badge Program** assists government and residents to work together to have a positive impact on reducing neighborhood crime, reducing the fear of crime and enhancing the quality of life in the community. The program is built upon the principles of community policing, meaning community members are the 'eyes and ears' for police, addressing both crime and quality of life issues. It is the umbrella for all City of Flint crime fighting initiatives that involve active participation from residents, including block clubs, crime watches, mini stations and police volunteers.
- The **Block Club Registration Program** is a collection of block clubs, crime watches, and community organizations, registered with the City of Flint Police Department to communicate regarding information and notices about community safety meetings and activities.

Is your organization or group registered with the Blue Badge Program or the Block Club Registration Program?

___ Y ___ N

If your organization or group is not registered with either, please complete the form below – registration is REQUIRED to apply for this mini-grant. Registration is free-of-charge.

BLOCK CLUB REGISTRATION FORM (Completion required if not already registered) * REQUIRED ITEMS

Section I

*Organization or Group Name: _____

*Address: _____

*Telephone: _____ *Email Address: _____

(All registering organizations should have an email address; this will be made available to the public.)

*Boundaries: (Please list all streets and cross streets)

*North: _____ *South: _____

*East: _____ *West: _____

*Ward # or City Council Person's Name: _____

(Block Club Registration Form continued on next page)

BLOCK CLUB REGISTRATION FORM (Completion required if not already registered)
*** REQUIRED ITEMS**

Section II

(Personal information in this section will be used for administrative purposes only; it will not be shared or publicly available.)

1. *President/Captain: _____ *Home Phone: _____
*Address: _____ Cell Phone : _____
_____ *Email address: _____
2. *Vice President/Captain: _____ *Home Phone: _____
*Address: _____ Cell Phone : _____
_____ Email address: _____
3. *Treasurer: _____ *Home Phone: _____
*Address: _____ Cell Phone : _____
_____ Email address: _____
4. *Secretary: _____ *Home Phone: _____
*Address: _____ Cell Phone : _____
_____ Email address: _____
5. Sargent-at-Arms: _____ Home Phone: _____
Address: _____ Cell Phone : _____
_____ Email address: _____

Section III

*Meeting Location: _____

*Meeting Date and Time: _____

(Example: every 3rd Thursday at 10:00 am. Meeting information will be made available to public.)

Section IV

Number of active members: _____

Motto: _____

For office use only (applicants do not complete this section)

Date Processed: _____

By: _____

Information Complete: _____

Information Incomplete: _____

Training: _____

Registration #: _____

MINI-GRANT COMMITMENT FORM (Completion Required)

We understand that funding of this Health and Safety Mini-Grant Program Proposal will commit our group/organization to the following:

1. Complete the activities described in the proposal within the timeframe of August 1, 2012 to December 31, 2012.
2. Actively engage other appropriate parties/individuals in planned activities.
3. Share activities and lessons learned at a finale meeting later this year with other mini-grant program grantees.

Submitted by:

Printed Name – Title	Signature	Date
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Printed Name – Title	Signature	Date
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The above signatures must be from:

Neighborhood Groups: Two representatives from the group
Non-Profit Organizations [501(c)3]: Executive Director