

Community Services Division

The City of Auburn's Neighborhood Program offers Community Matching Grants to create and support partnerships between the City of Auburn and community groups and organizations to produce resident-initiated projects. For further details about the program visit us online at auburnwa.gov/matchinggrants.

If you or someone from your community needs help filling out the application in a language other than English, please contact us to receive translation services.

For questions or to submit a Matching Grant application contact:

Chris Lovings Neighborhood Programs Coordinator 25 W Main St Auburn, WA 98001 <u>NeighborhoodPrograms@auburnwa.gov</u> 253-876-1988

Community Matching Grant Application Form

| Community Name: Example Community Name | | | | |
|--|--------------------------------|-----------------------|--|--|
| | | A or partner agency): | | |
| Project Coordinator: | John Smith | Phone #: | | |
| Email: | | | | |
| Address for Project Coord | rdinator: | | | |
| Partnering Organization | (if applicable): | | | |
| Partnering Organization | Project Coordinator (if applic | able): | | |
| Phone #: | Email: | | | |
| Address for Partnering agency (if applicable): | | | | |

Why was the Project Coordinator(s) chosen or why did they volunteer for the position? (Please use additional paper if you need more space.)

John is a community leader, has privately gardened for multiple years, and is ready to lead this garden.

Common Boundaries of the Target Community. You may attach a map with the area outlined or describe the boundaries relative to existing streets or other landmarks. (Please use additional paper if you need more space.)

Describe the boundaries of the area you expect will benefit from/use the community garden

Approximately how many homes/businesses are in your designated community group?

Summary of project and projected project timeline: (Please use additional paper if you need more space.)

Describe the exact location of the garden and how you'll set it up. You'll need to make sure it is on communal property owned by your apartment complex or HOA. How do you plan to manage participation? Will it be a few residents that grow food that anyone can enjoy? Will there be an application process for plots that residents can take care of for a year? What will that process look like? How long do you expect building the garden at the beginning to take?

Projected Outcomes and Benefits: How will your proposed project benefit your community Area? (Please use additional paper if you need more space.)

Describe why your community wants a garden and how it will benefit from it.

In your opinion, which of the following goals fits your project:

- \checkmark Creates an attachment between residents and their community
- _____ Supports physical, social and mental well-being of residents
- \checkmark Maintains safe and beautiful communities in Auburn
- _____ Increase opportunities for residents to be civically engaged
- ____ Other (please describe): _____

What steps are you taking, or plan to take, to include everybody who lives or does business in your area?

| | _ Door-to-door flyers |
|---------------|-------------------------|
| $\overline{}$ | _ Facebook group |
| | _ Email list serve |
| $\overline{}$ | Nextdoor |
| | _Public Notices |
| | School Flyers/Bulletins |
| | Advertisements |
| | Other, please describe: |

How does your project involve and/or accommodate youth, seniors and special needs populations? (Please use additional paper if you need more space.)

How will you make sure they can apply for plots (if you choose to use an application process)? How will you make sure seniors/those with disabilities can access the plots if they want to?

Does the project require on-going maintenance? Yes <u>V</u> No <u>No</u> If yes, who will take responsibility for long-term maintenance?

What is the plan for maintaining the garden long-term?

Project Budget

What is the total cost for the project? \$ 2500

How much are you asking for from the City? \$____1250___

How much do you propose to offer as a match (*this must be equal to, or more than, the amount you ask from the City*)? \$____1250_____

How do you propose to satisfy your required match?

 \checkmark Volunteer hours.* Estimated hours <u>30</u>

*If volunteer hours will be used to meet the match, please fill out the volunteer part of the Support Form.

____Cash match. Estimated cash \$___100____

 $\underline{\checkmark}$ Donation of materials

____Donation of services

Detailed Proposed/Estimated Project Budget Worksheet

*If your project will be done by a contractor, please provide the detailed estimate(s) from the contractor when you submit your application. If this is the case, and you are paying for half (or more) of the project cost as your match, the below worksheet is not required, the estimate(s) will be enough.

| Community Match: What your group will do to meet the match. Detail the volunteer hours, cash match and/or services/items to be donated | | City Funds (Matching Grant): Receipts you will submit to the City to be reimbursed by the Grant | | |
|---|---------------------------------------|--|--|--|
| Dollar Amount | Description | Dollar | Description | |
| Example: \$70 (2 volunteer hours valued at \$35/hr) | Volunteer hours to install beehive | Amount \$70 | Funds to purchase a beehive for installation | |
| \$1050 (30 vol hrs) | Volunteer hours to work the garden | \$1250 | Soil and gravel, supplies, etc | |
| \$100 | Purchasing seeds and pots | | | |
| \$100 | Donated wood/planters | | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal: \$1250 | | Subtotal: | \$1250 | |

Final Project Total: \$2

\$2500

Volunteer and Support Form

Community Name: _____ Name of Project: ____

This form is part of an application for a Community Matching Grant from the City of Auburn. Its primary purpose is to make sure that residents are aware of the project. It also provides documentation that the applicants have adequate support to complete their proposed project. The person signing this form hereby supports the project and/or pledges to physically fulfill the volunteer hours shown below. These hours may be used to satisfy the match requirements for the grant. Intentionally providing false information may cause the Community Matching Grant to be revoked.

| Name (print) | Address | Phone Number | Supports Project (Y/N) | Volunteer: # of hours pledged? | Signature |
|-----------------|--------------|-----------------|------------------------------|--------------------------------------|----------------|
| Alec Guiness | 123 Main St | | Y | 5 | Signature here |
| Maggie Goodwin | 456 Main St | | Y | 10 | Signature here |
| Justice Smith | 789 Main St | | Y | | Signature here |
| Saud Farheen | 1212 Main St | | Y | 5 | Signature here |
| Mindy Willliams | 12 B St | | Y | 10 | Signature Here |
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| Name (print) | Address | Phone Number | Supports Project (Y/N) | Volunteer: # of hours pledged? | Signature |
|--------------|---------|-----------------|------------------------------|--------------------------------------|-----------|
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Total Number of Volunteer Hours Pledged: 30