



Auburn's Community Matching Grant Program

Community Services Division

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COMMUNITY MATCHING GRANT APPLICATION FORM

COMMUNITY NAME: _____

TAX ID NUMBER (IF APPLICABLE): _____

PROJECT COORDINATOR: _____

PHONE #: _____ **EMAIL:** _____

ADDRESS FOR PROJECT COORDINATOR: _____

PARTNERING ORGANIZATION (IF APPLICABLE): _____

PARTNERING ORGANIZATION PROJECT COORDINATOR (IF APPLICABLE): _____

PHONE #: _____ **EMAIL:** _____

ADDRESS FOR PROJECT COORDINATOR: _____

WHY WAS THE PROJECT COORDINATOR(S) CHOSEN OR WHY DID THEY VOLUNTEER FOR THE POSITION? (PLEASE USE ADDITIONAL PAPER IF YOU NEED MORE SPACE).

PROJECT TITLE: _____

AMOUNT REQUESTED: _____

COMMON BOUNDARIES OF THE TARGET COMMUNITY: (You may use a map or describe the boundaries relative to existing streets or other landmarks. Please use additional paper if you need more space.)

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

SUMMARY OF PROJECT: (Please use additional paper if you need more space.)

PROJECTED OUTCOMES AND BENEFITS: HOW WILL YOUR PROPOSED PROJECT BENEFIT YOUR COMMUNITY AREA?
(Please use additional paper if you need more space.)

IN YOUR OPINION, WHICH OF THE FOLLOWING GOALS FITS YOUR PROJECT:

- Keeps the residents of Auburn vigilant against crime.
- Creates an attachment between residents and their community.
- Helps children stay in school and excel to the best of their abilities.
- Maintains safe and beautiful communities in Auburn.
- 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 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.)

DOES THE PROJECT REQUIRE ON-GOING MAINTENANCE?

Yes _____ No _____

IF YES, WHO WILL TAKE RESPONSIBILITY FOR LONG-TERM MAINTENANCE?

HOW MUCH DO YOU PROPOSE TO OFFER AS A MATCH? \$ _____

HOW DO YOU PROPOSE TO SATISFY YOUR REQUIRED MATCH?

DESCRIPTION	AMOUNT
VOLUNTEER TIME AND LABOR	
DONATED MATERIALS	VALUE: \$
IN-KIND SERVICES:	HOURS: VALUE: \$
OTHER: (please describe)	