



# Building Stronger Neighborhoods



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## DIRECTIONS

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1. Complete the following four-section (A-D) application. You may also request this document in electronic format by e-mailing [bdnewt@yahoo.com](mailto:bdnewt@yahoo.com) or you may access it on the Greensboro Neighborhood Congress website at [www.gnc-nc.org](http://www.gnc-nc.org), on the Greensboro Neighborhood Information website at [www.greensboro-nc.gov/neighborhoods](http://www.greensboro-nc.gov/neighborhoods), or on the Community Foundation of Greater Greensboro website at [www.cfgg.org](http://www.cfgg.org).
2. Remember to attach a neighborhood map, as requested in #2 of Neighborhood Information section.
3. Mail the completed application to the Building Stronger Neighborhoods administrative office:  
Building Stronger Neighborhoods  
Attention: Donna Newton, BSN Liaison  
330 S. Greene St., Suite 100  
Greensboro, NC 27401;  
or you may hand-deliver to the Community Foundation office at 330 South Greene Street in downtown Greensboro.
4. Applications must be **received** by 5:00 p.m. on the deadline date listed in the BSN *Grant Guidelines*. Do not fax or e-mail this document or any supplementary information.
5. If you have any questions about your application, please contact Donna Newton at [bdnewt@yahoo.com](mailto:bdnewt@yahoo.com) or at 202-4309.
6. Please note that if your neighborhood group should receive a BSN grant, your group's neighborhood contact information will be added to the Greensboro Neighborhood Information Center mailing list.

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## A. NEIGHBORHOOD INFORMATION

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1. Contact Information:

Neighborhood Group \_\_\_\_\_

Group Leader/Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax number (if available) \_\_\_\_\_

E-mail address (if available) \_\_\_\_\_

2. **Attach** a neighborhood map: on a separate page, please draw a very simple map of your neighborhood, or you may use a city map, enlarging and photocopying the relevant streets. Identify the major cross streets that outline the neighborhood, known landmarks such as parks, restaurants, businesses, or any other sites that surround your neighborhood.
3. Approximately how many households are in your neighborhood? How many households are active in your neighborhood group?
4. Briefly describe the age, ethnicity, and other demographic information for your neighborhood.
5. How long has your neighborhood group been active? \_\_\_\_\_ years \_\_\_\_\_ months
6. Describe the leadership in your neighborhood. Does the group have officers?  Yes  No  
If yes, please list each person, the office they hold, and for how long:
7. When and how often do you have meetings (include days and times)? What is the average attendance at these meetings? What issues are generally discussed at your meetings?

8. Please describe what makes your neighborhood special or tell something about the neighborhood for which the residents are particularly proud.
9. What are some of the opportunities and challenges within your neighborhood?
10. Although IRS 501(c)(3) status is *not* required for a BSN grant, please tell us for our records whether your group is registered with the IRS as a 501(c)(3) organization?  Yes  No
11. Is your neighborhood a member of the Greensboro Neighborhood Congress?  Yes  No  
If not, would you like to receive information on this group?  Yes  No

## **B. PROJECT INFORMATION**

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1. Please briefly summarize the project for which you are requesting funding.
2. Describe what your neighborhood hopes to achieve with this project.

3. What steps will you take to complete this project? List project tasks and persons responsible for each:

4. Describe how the group will engage other residents in the project activities.

## C. FINANCIAL INFORMATION

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1. Total Amount Requested: \$\_\_\_\_\_

2. Does the group currently have a bank account?  Yes  No

If so, who manages the account? Who can authorize spending?

If not, will you need help establishing a bank account?

3. What is the total annual budget for your group? \$ \_\_\_\_\_

4. Has the group received funding from other sources in the past?  Yes  No

If yes, please list the source, the date received, and the amount received:

5. If this grant is awarded, explain how the group plans to communicate with the neighborhood group about expenditures for the project.

6. Please provide a budget for your project:



## D. REQUIRED SIGNATURES

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We certify that the attached proposal has been discussed and approved by the decision-making body of the applying group and that all information contained in this application is accurate. Should we receive funding, we agree to comply with all reporting and monitoring requirements of Community Foundation of Greater Greensboro on behalf of Building Stronger Neighborhoods.

### Neighborhood Group Representatives:

Signature	Date
Printed Name	Title
Address	Phone
	Email
Signature	Date
Printed Name	Title
Address	Phone
	Email

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**Building Stronger Neighborhoods is a neighborhood development and grantmaking program supported by the Building Stronger Neighborhoods Coalition:  
Cemala Foundation, Community Foundation of Greater Greensboro, Greensboro Public Library, Moses Cone~Wesley Long Community Health Foundation, and Weaver Foundation**

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