

## FY 2018-19 GRANT GUIDELINES

### NEIGHBORHOOD BEAUTIFICATION GRANTS PROGRAM



#### WELCOME

On behalf of the City of Salinas, thank you for considering the Neighborhood Beautification Grants Program to support your group's project.

The Neighborhood Beautification Initiative is a component of the City's Neighborhood Services Program. It is designed to help build and foster strong neighborhoods by connecting residents to services and resources that help to improve the quality of life in the Salinas Community.

The goals of the Neighborhoods Beautification Grant are to engage residents in a neighborhood services project. These projects would promote healthier, safer and cleaner neighborhoods, improve neighborhood appearances and neighborhood connectedness.

#### ABOUT NEIGHBORHOOD BEAUTIFICATION GRANTS PROGRAM

The Salinas City Council approved an allocation for the Neighborhood Beautification Projects in the amount of \$14,000, to be equally allocated to each Council District and the Mayor's office (or \$2,000 each), with the approval of the annual budget. Each Council District has the opportunity to allocate grant funding to individuals or groups for eligible projects. The Neighborhood Beautiful Grant Application form is for residents to propose neighborhood improvement projects.

Map of the City of Salinas boundaries: <https://www.cityofsalinas.org/our-government/city-council/find-my-district>

#### WHO SHOULD APPLY

Any resident, group, or organization with a community project in Salinas is eligible to apply. To apply, **the group must include at least five volunteers.**

The following groups are encouraged to apply:

- Any resident- or community-led group working on a project or activity that will directly benefit their community.
- Advocacy groups focusing on neighborhood improvements such as: neighborhood identification signage, murals, community gardens, etc.
- Art groups organizing free art (painting, poetry, music, theater, dance, etc.) lessons, experiences, exhibits, etc.
- Neighborhood or apartment associations, neighborhood watches that develop resident leadership to identify and resolve neighborhood issues.

#### PROJECT CRITERIA

Projects submitted should be:

- Those that can be completed within the grant established timeline
- Promotes neighborhood self-help efforts
- Promotes neighborhood improvement and beautification
- Provides health and safety benefits and improvements for residents
- Has confirmed neighborhood support
- Should be visible and accessible to the residents
- Supports a neighborhood need
- Projects that will require ongoing maintenance should include a detailed plan for this as part of the proposal

#### SUGGESTED ACTIVITIES

- Community Garden
- Tree Planting
- Neighborhood Clean-up

- Neighborhood (Gateway) Sign
- Making improvement to public facilities- (landscaping-plant flowers. paint, signage, equipment)
- Murals and public art
- Weed abatement
- Neighborhood information signage
- Street signage

### NEIGHBORHOOD SUPPORT

The proposed projects submitted should have support of the residents within their neighborhood. Projects on any facility must submit pre-approved documents (petitions, letters of support, minutes of community meetings, etc.) showing support for the proposed project.

### REPORTING REQUIREMENTS

Individual/s or Organizations must submit a monthly progress report to Ana Ambriz (contact information below) by the 10th day following the end of the month until the project is completed.

### FINAL REPORT

After the completion of the project, each recipient must turn in a final report to [anaa@ci.salinass.ca.us](mailto:anaa@ci.salinass.ca.us). We encourage you to turn in your final report within 3 days of the completion of your project. **Reports must be turned in by Friday, June 14, 2019.**

Final report requirements and forms are on pages 6-8.

### GRANT INFORMATION SESSIONS

**Groups interested in applying for a Neighborhood Beautification Grant must attend one of the Information Session or schedule an appointment with Ana Ambriz.** The session will help answer questions about the application, the review process, and how the funds can be used.

- **Thursday, August 23, 2018**

6:00PM – 7:00PM

- **Thursday, September 20, 2018**

6:00PM – 7:00PM

Salinas Recreation Center  
320 Lincoln Ave.  
Salinas, CA 93901

Please contact the Neighborhood Services Coordinator at (831) 758-7166 or [anaa@ci.salinass.ca.us](mailto:anaa@ci.salinass.ca.us) to confirm your attendance.

### APPLICATION REVIEW PROCESS

All proposals will be carefully reviewed to determine if the project meets City policies and activity characteristics such as feasibility, readiness, leveraging, and individual/organizational capacity. The City will also need to determine the ability of staff to support the project in its current stage as well as long term. Projects may need to obtain approval from several City Departments, City Commissions and the City Council and Public Notification, so please allow enough time for this process within your project. Projects that have the ability to leverage City Funding will be given high priority.

### DEADLINE AND WHERE TO APPLY

- **Applications can be found on our website or can be picked up at the Salinas Recreation Center**  
<https://www.cityofsalinas.org/our-city-services/recreation-community-services/neighborhood-services>
- Applications must be received or postmarked by **Thursday, October 4, 2018.**
- Applications may be submitted by mail, email, fax, or in person. Mailed or hard copy applications may be sent or delivered to:  
Ana Ambriz  
Salinas Recreation Center  
320 Lincoln Ave. Salinas, CA 93901
- Emailed applications may be sent to: [anaa@ci.salinass.ca.us](mailto:anaa@ci.salinass.ca.us)

- Faxed applications can be faxed to: (831) 758-7939
- Applications that are incomplete or late will not be processed for consideration.
- Only one application per group will be considered.

**IMPORTANT DATES**

|                                     |   |
|-------------------------------------|---|
| <b>Wednesday, August 1, 2018</b>    | Application is available                                |
| <b>Thursday, August 23, 2018</b>    | Information Session                                     |
| <b>Thursday, September 20, 2018</b> | Information Session                                     |
| <b>Thursday, October 4, 2018</b>    | Deadline to apply                                       |
| <b>Thursday, October 11, 2018</b>   | Applicants notified that their application was received |
| <b>Thursday, November 15, 2018</b>  | Applicants notified if they are awarded or declined     |
| <b>Thursday, November 29, 2018</b>  | Mandatory Recipient Orientation                         |
| <b>TBD</b>                          | Required Check In                                       |

**PROJECTS MUST BE COMPLETED BY THURSDAY, MAY 30, 2019**

Final invoice, report, and supporting documentation turned in no later than June 6, 2019.

**ADDITIONAL SUPPORT FOR GRANT WRITERS**

- Computers and copiers are available for your use at any of our public libraries.
- Grants may be submitted in any language.
- All applications must be legible.

**CONTACT**

For more information, please contact:

Ana Ambriz  
 Neighborhood Services Coordinator  
 City of Salinas  
 (831) 758-7166 Office  
 (831) 758-7939 Fax  
[anaa@ci.salinass.ca.us](mailto:anaa@ci.salinass.ca.us)

# Neighborhood Service Grant Application



## A. GENERAL INFORMATION

1. Name of Individual or Organization Submitting Application
2. Address, City, Zip
3. Email Address
4. Phone
5. Cell Phone
6. Fax
7. Activity or Project Name:

Attn: Ana Ambriz  
City of Salinas  
Neighborhood Services  
Program  
200 Lincoln Avenue  
Salinas, CA 93901  
Email:  
[anaa@ci.salinas.ca.us](mailto:anaa@ci.salinas.ca.us)  
Phone: (831) 758-7166  
Fax: (831) 7587939

8. Activity or Project Description:

9. Amount of Funds Requested \_\_\_\_\_. Applicant must be able to supply the requested amount. The City will reimburse the awarded amount after the project has been completed.

## B. PROJECT INFORMATION

1. Describe the location / City district of your project and how the area will benefit from this project (include the boundaries and service area). **Please visit our website to identify your district:** <https://www.cityofsalinas.org/our-government/city-council/find-my-district>.

2. Describe the population/target group your project will serve.

3. Describe how the need for existing City services would be increased, decreased, or otherwise affected by this proposal.

4. How was the community engaged in determining the need for this project?

5. How will you involve the community in completing this project?

**C. ACTIVITY OR PROJECT PLAN**

1. Proposed dates of activity or project. (Additional lines are provided for multiple activity events).

*Ex: Neighborhood Clean Up (April 21, 2017): Feb.22, 2017 neighborhood meeting; March 15, 2017 second neighborhood meeting; April 16, 2017 purchase materials and supplies, April 21 hold the clean-up event.*

|                |  |             |  |                  |  |
|----------------|--|-------------|--|------------------|--|
| Activity Name: |  | Start Date: |  | Completion Date: |  |
| Activity Name: |  | Start Date: |  | Completion Date: |  |
| Activity Name: |  | Start Date: |  | Completion Date: |  |

2. Budget and funding sources

| <b>Funding Source (Description)</b> | <b>Amount:</b> | <b>Status: (Pending, Awarded &amp; Award Date)</b> |
|-------------------------------------|----------------|--|
| Neighborhood Grant Request          |                |  |
| Private Funds (Donations)           |                |  |
| Other: In-Kind Services             |                |  |
| <b>Total Funding Sources:</b>       |                |  |

3. List specific planned expenditures and amount for the use of proposed.

| <b>Budget Line Item (Description)</b> | <b>Amount:</b> |
|---------------------------------------|----------------|
|                                       |                |
|                                       |                |
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|                                       |                |
|                                       |                |
|                                       |                |
| <b>Total Activity/Project Cost:</b>   |                |

**GROUP LEADERS:** Please provide information for at least five members of the group. People listed in this application assume responsibility in completing the proposed project.

1. \_\_\_\_\_  
First and Last Name                                  Mailing Address (City, State & Zip)                                  Phone

\_\_\_\_\_  
Email Address

2. \_\_\_\_\_  
First and Last Name                                  Mailing Address (City, State & Zip)                                  Phone

\_\_\_\_\_  
Email Address

3. \_\_\_\_\_  
First and Last Name                                  Mailing Address (City, State & Zip)                                  Phone

\_\_\_\_\_  
Email Address

4. \_\_\_\_\_  
First and Last Name                                  Mailing Address (City, State & Zip)                                  Phone

\_\_\_\_\_  
Email Address

5. \_\_\_\_\_  
First and Last Name                                  Mailing Address (City, State & Zip)                                  Phone

I have read, understand and agree to abide by the rules and regulations as outlined by the City of Salinas Neighborhood Services Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FY 2018-19 GRANT REPORT**  
**NEIGHBORHOOD BEAUTIFICATION GRANTS PROGRAM**



The City of Salinas requires all grant recipients to prepare a final report on project activity and expenditures. This report serves as a valuable learning tool for both program staff and grantees.

**Remember your group must submit a final report in order to be reimbursed.**

Please use this form for your report.

**Please write a brief summary of your project - one or two paragraphs that provides an overview including the projects goals and outcomes.**

| <b>Please answer the following questions:</b>                                | <b>Did not meet</b> | <b>Partially met</b> | <b>Met some-what</b> | <b>Met very well</b> | <b>Does not apply</b> |
|--|---------------------|----------------------|----------------------|----------------------|-----------------------|
| Our project promotes neighborhood improvement and beautification             |                     |                      |                      |                      |                       |
| Our project is visible to residents  |                     |                      |                      |                      |                       |
| Our project supports a neighborhood need                                     |                     |                      |                      |                      |                       |
| Our project built positive relationships among residents in our neighborhood |                     |                      |                      |                      |                       |
| Our project supported leadership development within our neighborhood         |                     |                      |                      |                      |                       |

**COMMUNITY INVOLVEMENT**

|   | <b>Less than 25</b> | <b>26-50</b> | <b>76-100</b> | <b>More tan 100</b> |
|---|---------------------|--------------|---------------|---------------------|
| How many residents were involved in your project?                   |                     |              |               |                     |
| How many people did you anticipate would benefit from your project? |                     |              |               |                     |
| How many will actually benefit?                                     |                     |              |               |                     |

We recognize that circumstances can change, possibly impacting on project implementation. What, if any, difficulties did you encounter; why did they occur; and what refinements or plans did you make to overcome them?

Please provide feedback about your experience with this grant: How was the experience for your organization and what could be improved?

**ATTACHMENTS**

Please attach pictures, copies of any public recognition, awards, press releases or news articles pertinent to this project.



**FINAL FINANCIAL REPORT**



Use the following form to submit your final expense report.  
**Copies of all receipts must be submitted in attached envelope.**

**Amount Awarded:** \_\_\_\_\_

| Receipt Date          | Name of store, merchant, business, individual, etc. | Describe what the item(s) was used for | Amount |
|-----------------------|---|--|--------|
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| <b>TOTAL EXPENSES</b> |   |  |        |

