

**USC Prevention Research Center and
Sumter County Active Lifestyles- Accessibility & Outreach Committee
COMMUNITY MINI-GRANT**

GENERAL INFORMATION

- One or two projects will be funded. **Applicants should submit a budget of no more than \$_____.** An additional 25% must be obtained from matching funds or in-kind donations.
- **Proposals should show a collaborative effort with other organizations in the applicant's community.** These organizations should have a membership that represents the population of the community served.
- Proposals must demonstrate the commitment of the applicant organization to improve or increase opportunities for physical activity among community residents.
- **Proposals should include 1 to 3 letters of support for the project.** The letters should be from partners, whose participation is vital to the project, including those who will provide in-kind donations or services. The letters should indicate that the partner is aware of your proposal, describe how they and the community will benefit from your proposed project, and what their particular role in the project will be. Letters should be limited to supporting organizations and not from friends or unrelated organizations.
- Projects funded by Sumter County Active Lifestyles must be consistent with our coalition's goals. The goals are included in this packet of information.
- **The deadline for submitting a proposal is _____ at 5:00 p.m. by email attachment OR postmarked by _____ if sent via U.S. mail.**

Note: We strongly encourage you to e-mail your application. Submit your electronic application, preferably as a pdf file, to: _____

- Grant recipients will be notified of their award by letter on _____.
- **Grant recipients will be required to submit three reports:** a 90-day progress report, 6-month progress report, and final report at the end of the project year. Evaluation results may be included in the final report or submitted separately within two months of the end of the project year.

Applications submitted by mail should be sent to:
[Address]

Questions? [Contact Information]

HOW TO COMPLETE THE APPLICATION

The application format must be followed as described for your project to be eligible for review. All questions must be answered. **Any application that does not follow the format described below will be returned as noncompliant.**

- All pages should be typed on one side, numbered, and double-spaced in 12-point type. Applications should not exceed 5 pages, NOT including the cover page, list of members, budget page, and letter(s) of support. Do not submit extraneous materials, samples, appendices, etc. (except for letters of support). Any application that exceeds the page limit will be returned as noncompliant.
- Submit the original and letters of support (plus four copies if sending via U.S. mail).
- If sent as an email attachment, application and letters of support should be sent as pdf files.
- Use only white paper, 8-1/2" x 11".
- Make sure your application is submitted by the deadline. **We will NOT accept hand-delivered applications.** (If you can, please e-mail your submission.)

Your proposal must address the following points in this order. Please use these headings.

1. **Need for the proposed project:** Describe the need that your project addresses and why the community needs what you are proposing. Also tell us if what you are doing is different, creative, or innovative and why you are best suited to do it. Discuss other community-related physical activity programs, projects, or interventions your group may have been involved in, and tell us how this fits with your organizational goals.

Give evidence of how the project will benefit an underserved community. Describe the community and in what way it is underserved.

2. **Goal/purpose of the project:** What exactly are you trying to accomplish?
Based on your description of the need for the project, why do you think it will work?
 3. **Description of proposed activities (who, what, when, where and how):** Who is the target audience? What will you do, and how will you do it?
 4. **How is your project consistent with SCAL's goals?**
(Goals are included in this packet)
 5. **Clearly describe your group/organization and collaborating partners.**
Attach a list of your organization's members, including officers, board members and/or steering committee members.
 6. **Clearly describe the location of your project, including land or building ownership, if applicable.** (NOTE: This mini-grant *cannot* fund improvements on *privately owned* land or construction or renovation of a building. If installation of a trail or park is part of your planned project, please note that it will be the responsibility of the property owner for ongoing maintenance and upkeep of the trail or park, and equipment,)
 7. **Project evaluation:** How will you know if your project is successful? What measures will you use to determine if you have met your goal?
 8. **How much money will you need for materials, supplies, and other expenses?** (NOTE: This mini-grant will not fund personnel salaries, consultant fees, or planning.) State which organization (if not the applicant) will be your fiscal agent to handle the mini-grant funds, if awarded.
- Please number the sections of your proposal to match the questions listed above.
 - Answer each question concisely but completely. Limit your comments to these topics, and make sure you don't leave anything out.
 - If you are not complete in your responses, your application will not be reviewed.

PROPOSED BUDGET FOR

Group/Organization's Name: _____

List each specific item and its cost, in the following categories:

PROJECT EXPENSE CATEGORY	AMOUNT
Materials:	
Supplies:	
Sub-Contractors or Vendors: (Must obtain a bid for labor and materials, if applicable, for expenses of \$1,000 or more from 3 different sub-contractors or vendors. Attach copies of bids or estimates.)	
Meeting Expenses (you may include a small amount for refreshments, for example):	
Other (such as postage, xeroxing, etc. if relevant to your project):	
TOTAL PROJECT COST	

** This mini-grant will not fund personnel salaries, consultant fees or planning.
Use another page if necessary to complete your budget.*

PROPOSED BUDGET FOR

Group/Organization's Name: _____

INCOME SOURCE(S)	AMOUNT	ANTICIPATED RECEIPT DATE FOR MATCHING FUNDS
USC/SCAL Mini-Grant (Maximum of \$5,000)		
Matching Funds #1:		
Matching Funds #2:		
Matching Funds #3:		
TOTAL (Must be equal to the total project cost)		

** This mini-grant will not fund personnel salaries, consultant fees or planning.*

Use another page if necessary to complete your budget.

Important Note: If your application is approved, the mini-grant will be awarded upon submission of proof that matching funds are in hand.

BUDGET JUSTIFICATION FOR

Group/Organization's Name: _____

Explain why the items listed in your budget are necessary for your project.

ITEM OR SERVICE	JUSTIFICATION FOR NEED
Materials	
Supplies	
Subcontractors or vendors	
Meeting expenses	
Other	

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Application Cover Page

Name of Organization _____

Street Address _____

City, State, Zip Code _____

Mailing address (if different from above) _____

Phone _____ Fax _____

Contact Person _____ Title _____

E-mail address of contact person _____

Authorized Officer (President, Chairperson): _____

Title _____

Signature _____ Date _____

Address, phone number and e-mail of authorized officer (if different from above)

Authorized Financial Officer (Treasurer) _____

Title _____

Signature _____ Date _____

Address, phone number and e-mail of authorized financial officer (if different from above)

Total amount requested \$ _____