



Neighborhood Education Project Support Application

AVAILABLE FUNDING

The Better Together Commission (BTC) invites nonprofit community-based organizations, (community and neighborhood associations, neighborhood watch-groups and other neighborhood organizations) throughout the City of Jackson to apply for its 2018 Neighborhood Education Project Support Program. The Program is funded by the Kellogg Foundation and administered by the Community Foundation for Mississippi.

PROGRAM PURPOSE

The purpose of this program is to engage the Jackson community, neighborhood by neighborhood, and support meaningful activities and conversations that generate a better understanding of the needs and challenges facing Jackson: our youth, communities, and the Jackson Public School District.

Support range from \$500 - \$2,500. Applications must demonstrate community support and involvement in both the application and implementation of the proposed projects/programs.

ELIGIBLE APPLICANTS

The Neighborhood Education Project Support Program funding is for resident-led projects and community-based organizations that address a community need. Organizations do not need to be a certified Non-Profit with a 501(c)(3) status to receive funding.

Civic and Neighborhood Associations that are officially registered with the City of Jackson's Office of Community Relations are eligible to apply for funding.

Neighborhood Watch Groups that are recognized by local law enforcement are eligible to apply.

Community Clubs and Associations that have a bank account and can document that they have a functioning group that meets regularly and carries out neighborhood level projects are eligible.

Non-profits that are faith-based with appropriate tax-exempt status that can demonstrate a history of efforts to partner and engage with residents from the surrounding neighborhood may also apply.

Projects must be neighborhood specific. Groups must be comprised of neighborhood residents and stakeholders, and the project or event must be held in the same neighborhood.

The Neighborhoods Education Project Support Program funding is not intended to support individuals, private business, religious, partisan or for-profit activities.

ITEMS AND PROJECTS NOT ELIGIBLE FOR FUNDING

While not a definitive list, the following is a sample list of projects and items that would not be eligible for funding:

- Capital items (e.g., the purchase or renovation of buildings, vehicles or technology)
- Direct services (e.g., classroom supplies, library books, child care programs)
- Continuation of established programs (e.g., shelters, food pantries, afterschool programs)
- Endowments (e.g., establishing an investment fund or a self-sustaining source of funding)
- Fundraisers
- Individual assistance (e.g., tuition, financial support, emergency aid)
- Computer hardware/software and other electronic devices and related equipment.
- Alcohol, tobacco or controlled substances.
- Daily operating expenses and maintenance.
- Duplication of an existing public or private program.
- Expenditures or financial commitments made **before** the Letter of Understanding has been signed.
- Fines, penalties and associated costs.
- Funding for organizations located outside of the Jackson Public School District.
- Fundraising, investment management cost or employee salaries and other associated cost.
- Home improvements.
- Interior repairs or improvements.
- Lodging fees and associated costs.
- Ongoing multi-year projects.
- Ongoing or operational costs (including salaries/personnel).
- Operating expenses not directly related to the awarded project.
- Private transportation expenses including mileage, gas, insurance, car rentals, etc.
- Projects/programs already funded from another source (including current operating budgets).
- Projects/programs that have already been completed.
- Salaries for administration.
- To replace funding lost from other funding sources.

NOTE: If you are not sure whether or not your project will qualify, please call for guidance before submitting your application.

ORGANIZATION INFORMATION

1. **Organization Name** (required): _____

2. **Physical Address of Organization** (required): _____

City _____ State _____ ZIP _____

3. **Type of Organization** (required):

- Neighborhood, Community, Civic or Homeowners Association
- Neighborhood Watch Group
- Faith-Based Organization
- Non-Profit – 501(c)(3) status
- Other _____ (describe)

- a) Is the organization named above registered with the City of Jackson – Dept of Community Relations as a Neighborhood/Community Association? _____ Yes _____ No
- b) Has the organization named above been legally incorporated in the State of Mississippi ____ Yes ____ No
- c) If yes, what is the Federal Tax Identification Number? _____ - _____
- d) Do you have a bank account setup in your organization’s name? _____ Yes _____ No

4. **Mission Statement:** (2-3-sentences about why your group was formed):

5. **Neighborhood Location:** Describe the Geographic Area served by your group/organization (north, south, east and west street boundaries).

Also identify which ward your organization is located and based on the school listing which School Feeder Area you are located.

Ward: _____ **City Council Member:** _____

[Ward 1: Ashby Foote](#)

[Ward 4: De’Keither Stamps](#)

[Ward 7: Virgi Lindsay](#)

[Ward 2: Melvin Priester, Jr.](#)

[Ward 5: Charles H. Tillman](#)

[Ward 3: Kenneth Stokes](#)

[Ward 6: Aaron Banks](#)

Jackson Public School District: You are located in what Area School Feeder _____

[Area 1:](#) High Schools, located in Area 1 Feeder - *Forest Hill*

[Area 2:](#) High Schools, located in Area 2 Feeder - *Provine, Wingfield, and Career Development Center*

[Area 3:](#) High Schools, located in Area 3 Feeder - *Lanier, Murrah*

[Area 4:](#) High Schools, located in Area 4 Feeder - *Callaway, Jim Hill*

PROJECT INFORMATION

6. **Project Name:** _____

7. **Date of Event:** _____

8. **Anticipated Number of Participants from Community:** _____

9. **Event/Meeting Location:** _____

Address: (required) _____

City _____ State _____ ZIP _____

10. Primary Contact Information (Two Contacts Required)

Project Contact Name: (required) _____

Position/Title in Organization: (required) _____

Address: (required) _____

City _____ State _____ ZIP _____

Phone/Fax: (required) _____ (Personal) _____ (Work) _____ (Fax) _____

E-mail address: (required) _____

11. Alternate Contact Information

Project Contact Name: (required) _____

Position/Title in Organization: (required) _____

Address: (required) _____

City _____ State _____ ZIP _____

Phone/Fax: (required) _____ (Personal) _____ (Work) _____ (Fax) _____

E-mail address: (required) _____

PROPOSED PROJECT

12. What community engagement method (s) was used to identify the need? (Ex: Survey, Community Dialogues, Focus Group of Residents, Meeting-In-A-Box.)

13. Project Summary: Describe the project that is being proposed. **Include the format, goals, desired results, and the members of the community that are being engaged (kids, teens, adults, parents, etc.)**

14. Oversight: Who in your organization will be responsible for the oversight of this project?

Project Contact Name: (required) _____

Position/Title in Organization: (required) _____

Phone: (required) _____ E-mail address: (required) _____

PROJECT IMPLEMENTATION PLAN

15. Describe how you will measure your project’s success in reaching the project/program goals? (Ex: Survey)

16. How will you document and use the things you learn both positive and negative while carrying out the project to strengthen your project outcomes?

17. Complete and include the following attachments as part of your Implementation Plan:

- **Neighborhood and Community Partnership List - Attachment A**

A list of groups, organizations, businesses or individuals you will partner with to carry out this project

Name of Partner Organization/ Business/ Individuals	Partner Contributions	Partner Contact Info (Phone # and/or email address)
Example: Not Real Seafood House	Meeting Space in Restaurant	Phone John Doe 601-123-1234
		Email
		Phone
		Email

- **Proposed Budget Worksheet – Attachment B**

Example of Budget Worksheet and how to complete.

EXPENSE ITEMS	FUNDING SOURCES TO BE USED			Total
	Better Together Mini-Grant Funds	Other Funding In-Kind	Other Funding (Dues, etc.)	
Ex 1: Table Rental	\$500.00			\$500.00
Ex 2: Tent Rental (In-kind Rick’s Rentals)	\$500.00	\$150.00		\$650.00
Ex 3: Coffee (In-kind Joe’s Café & Dues for Condiments)		\$200.00	\$100.00	\$300.00
Total Budget:	\$1,000.00	\$350.00	\$100.00	\$1,450.00

EVALUATION PROCESS

Each Neighborhood Education Project Support Program recipient must agree to participate in the Project Close-out and Evaluation process. Upon being selected as a recipient of the BTC Neighborhood Project Support Program, you will receive an Awards Notice confirming the use of the funds. You will also receive an Evaluation Packet.

The Evaluation Packet will include the following:

1. **Itemized Project Expenditure Report.** You will need to list all expenditures that were covered by BTC Neighborhood Project Support Program funds and provide the corresponding receipts.
2. **Completion of the BTC Neighborhood Education Project Support Evaluation Report.** This consist of two (2) forms:
 - a. **Form 1: Project Summary** - Recipient is asked to provide a narrative description of the activities performed using the funds and the number of people who attended or participated in the event.
 - b. **Form 2: Evaluation Form** – Recipient is to summarize the results and outcome of the project in a way that produces usable data that the BTC can share and compare across neighborhoods.

Please note that the BTC and the Community Foundation reserves the right to conduct pre and post site visits to review and document the proposed project location as well as the final results of the Neighborhood Education Project Support funded activities.

APPLICATION SUBMISSION

The Application must be postmarked, received in person, faxed or emailed. Instructions are provided below.

MAIL:

Community Foundation for Mississippi
Better Together Commission – Neighborhood Engagement
119 S President Street, 1st floor
Jackson, MS 39201

EMAIL:

Application can be submitted via e-mail to Monique Mosley

Email: Monique@formississippi.org

Subject line: BTC Neighborhood Program– Type Your Organization Name

FAX:

Application can be faxed to the Community Foundation at **601-974-6045**.
Attention: Monique Mosley Subject line: BTC Neighborhood Program

If you need additional space, attach a maximum of three subsequent pages. Applications and supporting material must be submitted on 8½ x 11 white paper. **Submit one application and supporting material.** If you send the application by email or fax, submit one copy of the application and supporting materials.

Original signed application is required – Computer-generated signatures are not accepted.

CERTIFICATION

COMMITMENT:

We understand that funding of this proposal will commit our group/organization to:

1. Complete the activities described in this proposal
2. Actively engage other appropriate parties/individuals in planned activities
3. Engage in project evaluation activities sponsored by BTC - Neighborhood Education Support Program
4. Share activities and lessons learned with other neighborhoods, the BTC and Community Foundation
5. Remain engaged and continue the effort after funds are spent

SIGNATURES & AUTHORIZATIONS:

I hereby certify that the information included in this application is correct and represents the consensus of the residents in the target area described.

Name: _____

Title: _____

Signature: _____

Date: _____

Name: _____

Title: _____

Signature: _____

Date: _____

The above signatures must be from:

- Neighborhood Groups: Two (2) Responsible officers from the group
- Non-Profit Organizations 501(c)(3): Executive Director
- Churches/ Faith-based Organizations: Pastor, Bishop, Rabbi, Priest
- Other Eligible Organizations: Two (2) Responsible officers from the group

ATTACHMENT A: NEIGHBORHOOD PARTNERSHIP LIST

What other groups, organizations, businesses or organizations will you partner with to carry out this project and what will they contribute (i.e. cash, food, volunteers, meeting space, other donations)? **Please get permission and/or agreement to participate from the partners listed!**

Name of Partner Organization/ Business/ Individuals	Partner Contributions	Partner Contact Info (Phone # and/or email address)
<i>Example:</i> Not Real Seafood and Steak House	Meeting Space in Restaurant	<i>Phone</i> John Doe 601-123-1234
		<i>Email</i>
		<i>Phone</i>
		<i>Email</i>
		<i>Phone</i>
		<i>Email</i>
		<i>Phone</i>
		<i>Email</i>
		<i>Phone</i>
		<i>Email</i>
		<i>Phone</i>
		<i>Email</i>

ATTACHMENT B: PROPOSED BUDGET

1. **Neighborhood Education Support Program Funds Required** *(maximum \$2,500)* \$_____

Proposed Expenditures - Complete the following budget form. Specify expenditures for this project with enough detail to explain what is being proposed: include supplies, services, and any other related expenses. **Please be sure to provide quotes or other documentation to explain each line item.** If there are additional sources of funding or matching funds (such as other grants) or in-kind support (such as donations of services or materials from area businesses, persons, government or organizations) list them in the appropriate column. Volunteers do not receive money for their work.

Expense Items <i>(Clearly describe)</i>	BTC Project Support Request	Cash from Other Sources <i>(i.e. dues, other grants, donations)</i>	In-kind Donations <i>(Value of Donation)</i>	Total Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Page 1 Total				

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Expense Items	BTC Project Support Request	Cash from Other Sources <i>(i.e. dues, other grants, donations)</i>	In-kind Donations <i>(Type and Value of Donations)</i>	Total Cost
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
Page2 Total				