



NEIGHBORHOOD GREENING GRANTS PROGRAM APPLICATION FORM

Applicant Information

Application Date:

Name of Organization/Group:

Primary Contact Name:

Primary Contact Title/Position:

Primary Contact Address:

Telephone:

E-mail(s):

Neighborhood/Community Location:

Nature of Group:

If "other," please specify:

How long has the organization/group been organized?

Total # of members:

of members who are neighborhood residents:

Does your organization/group have 501(c)(3) status?

If No, name and contact information of fiscal sponsor:

Fiscal Contact Title/Position:

Fiscal Contact Name:

Fiscal Contact Address:

Fiscal Contact Telephone:

Fiscal Contact E-mail(s):

Signature of Primary Contact:

Project Start Date:

Project End Date:

Total Project Amount:

Amount Requested:

Mail to:

Neighborhood Greening Grants Program, Syracuse Parks Conservancy

P.O. Box 11384, Syracuse, NY 13218

Or submit as attachment in e-mail to greeninggrants@syracuseparksconservancy.org

Project Information

Please answer the following questions briefly. (You may use a separate sheet, if needed.)

1. Describe your project (including the exact location) and how it will improve your neighborhood/community environment.

In order to receive a Greening Grant, you must have obtained permission from the Department of Parks or the Property Owner. Please provide the name, telephone number and e-mail(s) of the person that granted permission as well as proof of the permission (an e-mail, etc.).

Name:

Telephone:

E-mail(s):

2. Who will plan and implement your project? (Include staffing.)
3. What will the neighborhood/community contribute toward this project (e.g. skills, resources, volunteer time)? What skills, talents, and capabilities do residents in your neighborhood/community have? How are you using these resources to plan and/or implement your project?
4. Are you collaborating with other neighborhood/community groups and/or external organizations on this project? If Yes, who are they and how are they involved?
5. How will you know if your project is successful? How will you measure success?
6. What future activities does your group/organization plan to undertake?

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2. OTHER FUNDERS

Please list other funders and the support they are providing, including in-kind contributions or discounts.

Review criteria include:

- Proposed project's neighborhood financial need [Page 1 - Information, Page 3 - Budget]
- Proposed project's impact on the environment and the community [Question 1]
- Proposed project's level of volunteer participation in planning and implementation [Question 2]
- Proposed project's development of leadership skills among community participants [Question 3]
- Proposed project's feasibility, including accomplishments, timeline, and budget [Questions 4, 5, 6]

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