

Applications due March 1, 2024 by 5PM Projects to be completed by December 31st, 2024

### **Section 1: General Information**

Name of group: \_\_\_\_\_\_

Number of members in your group: \_\_\_\_\_\_

Neighborhood where project will take place: \_\_\_\_\_

How many group members live in the proposed neighborhood?

### Contacts

(These individuals will serve as the primary points of contact for Habitat for Humanity Staff. As such, they should be authorized to act on behalf of your organization.)

### **Project Leader/Primary Contact**

| Name:  | <br> | <br> |
|--------|------|------|
| Title: | <br> | <br> |
| Phone: | <br> | <br> |
| Email: | <br> | <br> |

### Secondary Contact

| Name:  | <br> | <br> |
|--------|------|------|
| Title: | <br> | <br> |
| Phone: | <br> | <br> |
|        |      | <br> |



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#### **Section 2: Group Information**

Tell us about your group? (i.e. Who are you and why do you meet? Who's involved and how do neighborhood residents fit in to your work? Etc.)

Has your group been involved in neighborhood activities in the past 12 months? (Please circle) No

Yes

If yes, please tell us about some of the most recent work that your group has been engaged in and what successes you experienced.

What are the specific boundaries (streets, landmarks, etc.) of the neighborhood that your group serves?

| North: | South: |
|--------|--------|
|        |        |
| East:  | West:  |



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#### **Section 3: Project Information**

Please tell us about your group's proposed project. (Be as clear and descriptive as possible in your answer, including all relevant and/or anticipated action steps that will need to be taken in order for your group's project to be successful.)



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What neighborhood challenge or need does this project address and what asset or opportunity does it build off?

What change do you expect to see as the result of your project and how will you measure that change?



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#### **Section 4: Partners**

What other groups or organizations will be partnering with you to carry out this project, and what will they be contributing (*i.e. funding, food, volunteers, materials, etc.*)? **Please get the organizations' permission prior to listing them as a partner in your project.** 

| Name of Partner<br>Organization | Partner Contributions | Contact Name and<br>Phone Number |
|---------------------------------|-----------------------|----------------------------------|
|                                 |                       |                                  |
|                                 |                       |                                  |
|                                 |                       |                                  |
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### **Section 5: Commitment**

We understand that selection of this proposal will commit our group to:

- Partner with Genesee County Habitat for Humanity to complete the activities described in this proposal.
- Actively engage neighborhood residents in the design and implementation of the proposed project.
- Engage in project evaluation activities including data collection and evaluation with support from Genesee County Habitat for Humanity.
- Provide a minimum match of 10% of project costs towards implementation. Cost Match can include volunteer hours, donated materials, grant funds, or monetary donations.
- Maintain and care for the project following implementation, assuming all responsibility for its use.
- Share activities and lessons learned with other groups and Genesee County Habitat for Humanity.
- We also understand that project budget is subject to change based on availability of supplies, changes in material prices, and other considerations.
- Must be signed a minimum of 5 members of your group, at least 3 of which must live in the neighborhood for which the project is proposed.

| 1.             |       |       | 2.             |      |            |       | 3.             |       |      |
|----------------|-------|-------|----------------|------|------------|-------|----------------|-------|------|
| Signature      |       | Date  | Signature      |      |            | Date  | Signature      |       | Date |
| Printed Name   |       |       | Printed Name   |      |            |       | Printed Name   |       |      |
| Street Address |       |       | Street Address |      |            |       | Street Address |       |      |
| City           | State | ZIP   | City           | Stat | te         | ZIP   | City           | State | ZIP  |
| 4.             |       |       |                |      | 5.         |       |                |       |      |
| Signature      |       |       | Date           |      | Signature  |       |                | Date  |      |
| Printed Name   |       |       |                |      | Printed Na | ime   |                |       |      |
| Street Address |       |       |                |      | Street Add | dress |                |       |      |
| City           |       | State | ZIP            |      | City       |       | State          | ZIP   |      |

Submitted by:

Please complete and submit the following attachments with your application Applications submitted without all necessary attachments may not be reviewed for funding



### Flint BRAND Budget

Please complete the following budget form, as it relates to the Flint BRAND program. Each volunteer service hour is worth \$29.95 per hour for adults and \$18.45 per hour for children and youth.

|      | Value (in dollars)     |       |                      |                    |       |
|------|------------------------|-------|----------------------|--------------------|-------|
|      |                        | Match |                      |                    |       |
| Item | Flint BRAND<br>funding |       | In-kind<br>donations | Volunteer<br>hours | Total |
|      |                        |       |                      |                    |       |
|      |                        |       |                      |                    |       |
|      |                        |       |                      |                    |       |
|      |                        |       |                      |                    |       |
|      |                        |       |                      |                    |       |
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#### **Community Action Plan**

Please refer to your proposal to complete the table below. Identify objectives outlined in your proposal and list them in the Output boxes. Then list the action steps to complete those objectives, people responsible for conducting those action steps, and the proposed completion date of each action step.

| Output    | Action Step | Person<br>Responsible | Completion<br>Date |
|-----------|-------------|-----------------------|--------------------|
| Output #1 |             |                       |                    |
| ,<br>     |             |                       |                    |
| ,         | -           |                       |                    |
|           |             |                       | P                  |
|           |             |                       |                    |
| Output #2 |             |                       |                    |
|           |             |                       | 1                  |
| ,         |             |                       |                    |
|           |             |                       |                    |
| ,         |             |                       |                    |
| Output #3 |             |                       | -                  |
|           |             |                       |                    |
| ,         |             |                       |                    |
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#### **Evaluation Framework**

Please refer to your proposal to complete the table below. Determine your desired outcomes from your project implementation and list them in the Outcomes sections. For each of your outcomes, determine what kind of data needs to be collected to measure those outcomes and list those under "Data to be Collected." Then determine how that data will be collected and list that under "Data Source." Proceed to list people responsible for collecting the data, the timeframe and frequency of data collection appropriately.

| Outcome    | Data to be<br>Collected | Data<br>Source | Person<br>Responsible | Timeframe of<br>Data<br>Collection | Frequency of<br>Data<br>Collection |
|------------|-------------------------|----------------|-----------------------|------------------------------------|------------------------------------|
| Outcome #1 |                         |                | -                     |                                    | -                                  |
|            |                         |                |                       |                                    |                                    |
|            |                         |                |                       |                                    |                                    |
| Outcome #2 |                         |                |                       |                                    |                                    |
|            |                         |                |                       |                                    |                                    |
|            |                         |                |                       |                                    |                                    |
| Outcome #3 |                         |                | -                     | -                                  |                                    |
|            |                         |                |                       |                                    | <u></u>                            |
|            |                         |                |                       |                                    |                                    |
| 3          |                         |                |                       |                                    |                                    |
|            |                         |                |                       |                                    |                                    |

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### Genesee G Habi for Hum

#### **Communication Plan**

Please list how you will communicate your goals, actions, outputs and outcomes with various residents, partners, stakeholders and funders.

| Audience | Purpose for<br>Information | Communication<br>Method |
|----------|----------------------------|-------------------------|
|          |                            |                         |
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