



## Program Information and Grant Application



This application is available for download at [www.rjweanfdn.org](http://www.rjweanfdn.org). We prefer you complete the PDF form in Adobe Acrobat Reader and then print it or you may print it first and then fill out the form by hand.

**Neighborhood SUCCESS**, a program of The Raymond John Wean Foundation, supports grassroots groups in community development projects that enhance the quality of life in Warren and Youngstown, Ohio. Groups may apply for grants of \$500 to \$5,000.

The Goals of Neighborhood SUCCESS are to:

- Expand meaningful resident participation and leadership
- Encourage communication and collaboration among residents, associations and institutions
- Build on/leverage financial, human and material resources that exist in the community
- Enhance neighborhoods – physically, socially or economically

**Mail or hand deliver this completed application and attachments to:**  
The Raymond John Wean Foundation  
Neighborhood SUCCESS  
Attn: Jennifer Roller, Program Officer  
Urban Affairs and Neighborhoods  
108 Main Avenue SW  
(Huntington Bank Building)  
Suite 1005  
Warren, Ohio 44481

# How to Apply for a Neighborhood SUCCESS Grant

Neighborhood SUCCESS requires all grantseekers to attend a Grantseeker Orientation **prior to submitting an application**. The orientation provides important information on program goals, objectives and the application process. Orientation sessions are held in February and August. Check the Foundation website at [www.rjweanfdn.org](http://www.rjweanfdn.org) for current dates and times. Applications must be sent by mail or hand delivered and must be received by 5:00 p.m. The deadlines are March 15 and September 15 or the next business day if the deadline falls on a weekend or holiday. NO EXCEPTIONS.

**Eligibility** — Groups of residents, neighborhood associations, school affiliated groups, faith-based, civic and social organizations in the cities of Warren and Youngstown, Ohio, are eligible to apply. For consideration, groups must either qualify as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code or partner with an organization that qualifies as a nonprofit organization and agrees to serve as its Fiscal Agent (see 18c on page 5).

**Required Match** — Grantseekers are required to match the amount they are seeking with contributions of:

- Volunteer labor, valued at \$18 per person per hour
- Cash
- In-kind donations of goods and services

**Neighborhood SUCCESS generally will not consider funds for:**

- Individuals
- Businesses
- Religious organizations for religious purposes
- Government agencies or departments
- Scholarships that fund individual students
- For-profit entities
- Organizations that discriminate on the basis of age, disability, religion, ethnic origin, gender or sexual orientation
- Advancement of endowment or capital campaigns
- Fundraising event sponsorship
- Political campaigns or promotion of issues or candidates for public office

## Grantmaking Process

- **Application** — There are two grant making cycles per year. Organizations may receive one grant per 12-month funding cycle.
- **Review by Grant Making Committee** — The Grant Making Committee, consisting of area residents, guide our grant process. Committee members represent the diverse cultures and ideas expressed in the community at large. Within three weeks of the application deadline, the Committee will review all grant applications. Grantseekers may be invited for an interview. Up to three representatives may attend on behalf of the group. Grantseekers may provide visuals, encourage partners or participants to attend and should be responsive to requests for additional information.
- **Award Decisions** — Grant decisions are based on program-established criteria, with grantseekers notified by mail, within two months of the application deadline. Award distribution is approximately three months after the application deadline. The Grant Making Committee makes the final funding decisions.
- **Orientation** — Grantees and Fiscal Agents are required to attend the Grantee Orientation before the release of funds. These sessions outline the Neighborhood SUCCESS/grantee relationship and provide support for the implementation of the project and facilitate communication efforts.
- **Implementation** — Projects must be completed within one year of the grant award. Program staff is available to provide assistance in successful grant management.
- **Utilization** — Funds that are not expended or committed, for the purpose approved, during the grant period must be returned to the Foundation.
- **Project Evaluation** — The evaluation serves as a valuable learning tool for both grantees and program staff. Within 30 days after grant activities are complete, but no later than 30 days after the grant term, grantees must provide a report outlining the outcomes (Project Evaluation). This report must be completed prior to a new request. Grantees may also be asked to participate in in-depth evaluation activities such as Site Visits, Focus Groups and Group Learning Discussions.

**If you have questions about Neighborhood SUCCESS, please contact:**

Jennifer Roller, Program Officer  
Neighborhood SUCCESS  
at 330.394.3203 or email [jroller@rjweanfdn.org](mailto:jroller@rjweanfdn.org)  
[www.rjweanfdn.org](http://www.rjweanfdn.org)

# Grant Application

Do not write in the shaded areas.

<b>Organization Information</b> —	<p>1. Name of Organization/Group _____</p> <p>Name of Project _____</p> <p>Address (no PO Boxes) _____</p> <p>_____</p> <p>City _____ Ward _____ State _____ Zip _____</p> <p>How long has your project been active? _____</p> <p>Has your group received previous Neighborhood SUCCESS funding? <input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No</p>	
<b>Neighborhood</b> — Location of project impact/ participation. (select one)	<p>2. Warren <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest <input type="checkbox"/> Downtown          Youngstown <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Downtown</p>	
<b>Organization Type</b> — General classification that best captures the organization's type. (select one)	<p>3. <input type="checkbox"/> Arts &amp; culture group <input type="checkbox"/> Neighborhood association <input type="checkbox"/> Safety group  <input type="checkbox"/> Block club or resident's council <input type="checkbox"/> Community-based organization <input type="checkbox"/> Faith-based group  <input type="checkbox"/> School-affiliated group <input type="checkbox"/> Merchants or business association <input type="checkbox"/> Youth organization</p>	
<b>Frequency of Project</b> — How often does the project occur?	<p>4. <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____</p>	
<b>Length of Project</b> — What is the length of the project? Include month and year.	<p>5. From (start date) _____ to (end date) _____</p>	
<b>Description</b> — Briefly describe the project for which grant funding is being requested.	<p>6.</p>	

**Project Details —**  
Who, **within your group**, will develop, implement and evaluate the project?

V = volunteer/member  
P = program participants  
B = board members  
S = paid staff

7. What will be done?	Who will do it (name)?	Role in project
_____	_____	<input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S
_____	_____	<input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S
_____	_____	<input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S
_____	_____	<input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S
_____	_____	<input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S
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_____	_____	<input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S
_____	_____	<input type="checkbox"/> V <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S

**Partnerships —**  
Neighborhood SUCCESS encourages communication and cooperation among residents, associations and institutions.

With whom, **outside of your group**, will you partner?

Attach letters of commitment and support from community partners whose cooperation or involvement is integral to the project's success.

8. ■ Contact Person and Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Role in Project \_\_\_\_\_

■ Contact Person and Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Role in Project \_\_\_\_\_

■ Contact Person and Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Role in Project \_\_\_\_\_

# Project Budget

Grantseekers are required to match the amount they are seeking by leveraging financial, human and material resources that exist in the community. For every grant dollar requested, the group must match at least a dollar of its resources including cash, volunteer time and donated goods and services. (Please use additional sheets if more space is needed.)

## Section A: In-Kind Sources

Provide a complete list of businesses, individuals, places of worship, schools, etc., donating goods, volunteer time or services toward this effort. (For the purpose of this program, volunteer time is valued at \$18 per person per hour.)

In-kind Source (specify)	Value
9. a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
j. _____	\$ _____
k. _____	\$ _____
10. Total In-Kind	\$ _____

Total the value of in-kind sources.

## Section B: Cash Sources

Provide a complete list of funds, excluding the Neighborhood SUCCESS request, that will go towards this effort (examples include proceeds from a bake sale, a grant received from another funder or group member donations).

Cash Source (specify)	Amount
11. a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
j. _____	\$ _____
k. _____	\$ _____
12. Total Cash	\$ _____

Total all cash sources.

## Section C: Total Match

Add lines 10 and 12 (Total Match). The Total Match must be equal to or greater than the Grant Request.

13. Total Match (add lines 10 and 12)	\$ _____
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**Neighborhood SUCCESS** assumes that financial, human and material resources needed to carry out a project will be secured from within the community through loans or donations. In certain circumstances applicants may need to include the cost of such in their project budget. Attach any quotes, internet pricing, catalog pages, etc.

**Section D: Project Costs**  
(Specify all costs)

**Materials/Supplies —**  
For example: office supplies, printing, postage, lawn care supplies, books, etc. Include the quantity and per unit/item cost.

	Total Cost	Other Sources In-kind or Cash	SUCCESS Grant
14. Materials/Supplies			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Equipment —**  
These requests will be considered if the expense is critical to achieving the goals of the project. Include the quantity and per unit/item cost.

15. Equipment			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Other —**  
All items which are not included in the above categories.

16. Other			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**For consideration of funds for human resources, attach a detailed explanation of the service, provider’s qualifications, hourly rate and number of hours required.**  
**The Grant Making Committee is disinclined to consider human resource costs in excess of \$500 per individual.**

**Total Project Cost**

17. Total Project Cost	\$ _____	\$ _____	\$ _____
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# Tax Exempt Status

Complete one: 18a, 18b or 18c

## Qualify as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code.

Complete this section if your group was organized and operates exclusively for exempt purposes set forth in section 501(c)(3) of the IRS code.

18a.  Yes  No

The following information must be included with your application:

- Federal Employer Identification Number \_\_\_\_\_
- Copy of the IRS Letter of Determination

## Qualify as a place of worship.

Complete this section if your group qualifies as a place of worship—includes synagogues, temples, mosques and similar types of organizations.

18b.  Yes  No

The following information must be included with your application:

- Copy of the Group Ruling/Group Exemption Letter issued by the IRS or
- Documentation as a subordinate unit under the central organization

## Neither qualify as a nonprofit 501(c)(3) or a place of worship.

Complete this section if your group will partner with a fiscal agent.

A fiscal agent is an organization that qualifies as a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code and will act as a sponsor for a project or group that does not have its own tax-exempt status. Grants or contributions are made to the fiscal agent who manages the funds.

When considering a fiscal agent, identify an organization that:

- has a mission similar to yours
- can be accountable for the funds: make sure the funds are spent in accordance with your budget as approved in your application

18c.  Yes  No

The following information must be included with your application:

- A letter on the fiscal agent's letterhead documenting their agreement to assume that role
- A copy of the fiscal agent's IRS Letter of Determination

Organization to serve as the Fiscal Agent \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Fiscal Agent's organizational purpose

# Signatures

## Required Signatures

List the name and signature of the primary contact person and another unrelated member, not living within the same household.

These members are mainly responsible for planning and carrying out this project. Please provide correct names, addresses and home phone numbers as they may be contacted for verification purposes.

The signatures affirm that the application has been discussed and approved by the decision-making body of the group and that all of the information is complete and accurate.

20. ■ Primary Contact Person (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Address (no P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender  M  F

Age Category  Under 21  21–35  36–55  56–70  Over 70

Racial Identity  African-American/Black  White/Caucasian  Hispanic/Latino

Other \_\_\_\_\_

Prefer not to answer

■ Second Contact Person (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Address (no P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender  M  F

Age Category  Under 21  21–35  36–55  56–70  Over 70

Racial Identity  African-American/Black  White/Caucasian  Hispanic/Latino

Other \_\_\_\_\_

Prefer not to answer