

# Lighthouse Communities, Inc. Southtown Matching Fund (SMF) Program

## 2010/2011 Application

Before completing and submitting an application it is highly advised that you **discuss your project idea** with a SMF Project Coordinator to ensure the project is a good fit for the Fund.

You can receive a copy of the SMF guidelines and talk to a project coordinator by calling (616) 451-9140. Also, remember the following:

- **Deadline for application is July 22, 2010.**
- **Deadline is firm.** Other funding rounds will be announced upon awarding first round applications.

Application and attachments must be received by 5:00 p.m. at Lighthouse Communities. Late applications will not be accepted.

Submit original copy of the application and attachments. The organizations Chairperson or President must sign the original application.

- The application must be thoroughly completed, with all questions answered.
- Check the budget calculations to ensure the figures are in the correct columns and the math is correct.
- Document the project's match with written pledges that are included as attachments to the application.

Make sure you've correctly identified the project's contact person on the first page of the application including their current address and phone numbers. **This is the person who will be contacted if there are any questions about the application.**

**Notification.** Within 30 days of the application deadline, applicants are notified of award decisions and specific conditions, if any, that need to be met before a contract is executed.

**Contracting.** Within 45 days of the application deadline, an Agreement for Services, a contract between the neighborhood organization and Lighthouse Communities, Inc. is finalized and signed, authorizing the project to begin. *Lighthouse Communities, Inc. has no responsibility to reimburse the organization for any expenses incurred before the Agreement is in place.*

### Notes:

Applicants may be awarded a grant amount lower than the total grant amount requested. Awards will be rescinded for projects not ready for contracting within 30 working days of award notification.

### SMF General Information

The Southtown Matching Fund supports projects and activities that unite and build stronger communities through neighborhood based projects aimed to improve public safety and housing issues and to increase neighborhood based leadership and involvement.

Non-profit organizations and grass roots neighborhood and community members can apply for SMF dollars to initiate, plan, organize and implement a proposal in partnership with Lighthouse Communities. The neighborhood or community matches the SMF award with contributions of volunteer labor, donated materials and professional services, or cash.

For projects above \$3,000, the applicant must be an incorporated entity.

For more information, call Lighthouse Communities or visit the web site at [www.lcgr.net](http://www.lcgr.net).

For internal use only

**Southtown Matching Fund**  
**2009/2010 Application**

**Project #:**  
**Date Received:**  
**Score:**

Submit the completed application form and attachments to: Lighthouse Communities, Inc., ATTN: Southtown Matching Fund Project Coordinator, 1422 Madison Ave. SE, Grand Rapids, MI 49507

The application and attachments must be received by 5:00 p.m. on July 22, 2010.

Project Identification Information					
<b>Project Name:</b>					
<b>Project Address or Location or Neighborhood:</b>					
<b>Briefly describe the project in 50 words or less</b> (use a separate sheet of paper is necessary):					
<b>What Outcomes will your project achieve?</b>	<i>Mark all that apply</i>		<b>Public Safety/ Crime Prevention</b>	<b>Housing Conditions</b>	<b>Resident Involvement Leadership Development</b>
	<i>Mark all that apply</i>		<b>Health &amp; Wellness Education/Activities</b>	<b>Youth Development</b>	<b>Neighborhood Group Activities</b>

Applicant Contact Information			
<b>Applicant:</b>			
<b>Project Contact Person:</b>		<b>Email Address:</b>	
<b>Mailing Address:</b>			
<b>Day/Work Phone:</b>		<b>Evening/Home Phone:</b>	

Project Funding Request Amounts	
<b>Total SMF request</b>	\$
<b>Total value of neighborhood match:</b>	\$
<b>Total project cost:</b>	\$

The signatory declares that s/he is the elected Chair or President of the applicant organization, assures that a majority of members of the organization's governing board have voted to undertake this project, and assures that any funds received as a result of the application will be used only for purposes set forth herein. Applicant contacted or met with SMF project coordinator \_\_\_\_\_.

**Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address/Zip:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

Supplemental Information	
Has your organization applied to the SMF before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your organization have a current SMF award?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what is the project?	

**Outcomes**  
**(Please review documentation guidelines for project expectations)**

1. How many public safety issues are anticipated to be resolved as a result of the project? \_\_\_\_\_
2. How many residents will have increased level awareness regarding public safety? \_\_\_\_\_
3. How many properties are anticipated to be improved as a result of the project? \_\_\_\_\_
4. How many residents will be involved in leadership roles? \_\_\_\_\_
5. How many residents are anticipated to be involved in the project? \_\_\_\_\_
6. How many residents will have increased awareness around health & wellness? \_\_\_\_\_
7. How many community volunteers will be involved with the project? \_\_\_\_\_

**WORKPLAN**

- List in chronological order specific steps you will take to carry out this project.
- Identify who will be responsible for carrying out each step or activity.
- Estimate the month and year the step will be completed.
- Projects must start after August 5, 2010 and be complete by December 30, 2010.

A. Step/Activity	B. Responsible Person/Group	C. Date Done





