

SOUTH BEND ALIVE – GRANT APPLICATION



Office of Community Initiatives Office of the Mayor – City of South Bend

MISSION STATEMENT – Our mission is to develop and implement programs, projects, and events that empower and improve the quality of life for individuals and families in our city.

OUR VALUES – We intend to uphold the following key values that undergird our work in the City of South Bend: EXCELLENCE + ACCOUNTABILITY + INNOVATION + INCLUSION + EMPOWERMENT

The Office of Community Initiatives thanks you for applying for the South Bend Alive grant program. Applications, accompanying narrative, and budget form must be submitted by November 16th by email to alive@southbendin.gov, by mail or in person at the Mayor’s Office, 14th floor of the County-City Building, 227 W. Jefferson Blvd.

Program Information:

Program Title:

Program Location/Address:

Organization Information

Organization/Group Name:

Organization President/Director:

Address: _____

Phone Number: _____ Alternate Number: _____

E-mail Address: _____

Initiative Information:

Select the category or categories that best describe your initiative:

- Community Outreach
- Creative Arts/Entertainment Education
- Education Based
- Employment Based
- Restorative Justice
- Family Resources
- Fitness/Health and Wellness
- Mentorship
- Virtual/Media-Based
- Youth Engagement Activity

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- Other (Provide a description in one to two sentences)

How long has your initiative existed? (Select one only)

- 0 – 5 Years
 5 – 10 Years
 10+ Years

Anticipated Program Participants:

Age Group Served:

- Infants, Pre-K
0 – 5 Years old
 School-aged children
5 – 18 Years old
 Young adults
18 – 25 Years old
 Other (Describe below)

Gender Served:

- Boys
 Girls
 Program is not gender specific

Funding Request:

What is the amount of funding that you're currently seeking? (Select one only)

- \$5,000 – \$10,000
 \$10,001 – \$15,000
 \$15,001 – \$20,000
 \$20,001 – \$25,000

Program Narrative:

Answer the following questions in a typed (Times New Roman, 12 pt font) or handwritten format. Please label each section with the corresponding headings listed below.

1. Organization Description (200-300 Words)

Provide an overview of your organization (Membership, Governance, Mission, Date Established, etc.)

2. Program Description (200-400 Words)

Provide an overview of the program, including relevant information (time, location, scope, target audience, planned activities, resources, partnerships, etc.) and connections to previous or existing programs.

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3. Program Goals (200-400 Words)

Describe the primary goals of the program and how your organization will measure the program's success.

4. Budget Information

Complete the budget form found at southbendin.gov/alive and include projected costs for the program.

5. COVID-19 precautions (200-400 words)

Please detail your plans for ensuring CDC guidelines and local public health orders on mask use are followed by participants during programming as long as the COVID-19 pandemic continues.

Application Submission:

Completed applications, narrative, and budget form must be submitted by November 16, 2020.

Applications can be submitted by email to alive@southbendin.gov, delivered in person to the Mayor's Office, 14th floor of the County-City Building, 227 W. Jefferson Blvd., or submitted by mail to:

Mayor's Office
227 W. Jefferson Blvd.
Suite 1400 North
South Bend, IN 46601