

**U of M Good Neighbor Fund**

**Application Form, Year 2024**

Directions for applicants:

* Read the Request for Applications dated January 2024, and make sure you are aware of and meet grant requirements. The Request for Applications, this Application Form, and other information are available on the web at [z.umn.edu/good-neighbor-fund](http://z.umn.edu/good-neighbor-fund) .
* Complete the Application Form. Please do not use a colored font for emphasis.
* Make sure the application is signed by someone authorized to enter into agreements on behalf of the eligible applicant organization. (See the Request for Applications for list of eligible applicant organizations.)
* Attach any letters of commitment from parties other than the applicant organization who will be responsible for implementation or funding of activities included in the proposal. If selected for funding, the applicant organization will be the grantee, and will have ultimate responsibility for carrying out the grant, including securing necessary materials or funding to complete these activities.
* Limit your proposal to **no more than six pages**, plus any necessary attachments. (You may create and add documents in your own format for any parts of your application, as long as your application is responsive to the questions on this form.) Submit your proposal by the end of the day on **Monday, April 22, 2024** via email to: gnfund@umn.edu. Electronic documents should be submitted as PDFs.
* Applications and any attachments may be made available to the public by the University of Minnesota.

| **1. Name of your project:** |  |
| --- | --- |
| **2. Amount of funds you are requesting:** |  |

**3. Name(s) of applicant organization(s):**

(Please note that eligible applicants are organizations that are members of the Stadium Area Advisory Group that are duly organized and incorporated, and have systems in place to ensure financial accountability. If this application is on behalf of more than one eligible applicant, one eligible applicant organization must be designated as the lead organization for accountability for grant funds.)

**4a. Name(s) of any partner or cooperating organization(s):**

**4b. Role(s) of any partner or cooperating organization in completing this project:**

| Partner/Organization | Role |
| --- | --- |
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**4c. For each partner or cooperating organization: has the partner or cooperating organization committed to this role?** Yes\_\_\_\_\_No\_\_\_\_

If yes, please submit documentation from someone authorized to speak on behalf of the person or organization indicating their role and that they are committed to participating in this way.

**5. Are there approvals or permits that have to be obtained in order to move forward on the project?** Yes\_\_\_No\_\_\_

If yes, what are the approvals or permits needed and from whom?

**5a. Have you received the necessary approvals or permits?** Yes\_\_\_No\_\_\_

If yes, please submit documentation of the permit or approval. If no, how much time is required to secure the approval?

**5b. If you have applied for a permit or approval and a response is pending, please indicate from whom and when you expect final determination.**

**6. Describe the activities for which you are seeking funding, and indicate who will be responsible for their implementation.**

**7. Date by which you expect all activities to be completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** The Stadium Area Advisory Group may consider the progress on past due U of M Good Neighbor Fund and U of M Good Neighbor Fund/Vikings Partnership Fund grants when evaluating applications for new funding. The Stadium Area Advisory Group reserves the right to recapture funds for projects that are past due and have not shown reasonable progress towards completion.

**8. Does your organization have any pre-2020 outstanding Good Neighbor Fund or Good Neighbor Fund/Vikings Partnership Fund grants? \_\_\_\_\_\_**If yes, please provide the name of the grant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the year it was awarded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and a rationale for the delay in completing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the new completion date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(See Consideration on Progress of Past Grants in the Request for Proposals.)

9. **Projected Budget:** Please indicate the total cost of each activity, the sources and amounts of any funds for each activity that are necessary beyond what is being requested in this grant, and the status of the commitment of those funds. **Projected budget must be based on solid estimates from potential or actual vendors.**

A line item for administrative costs necessary to implement the project is acceptable. When requesting reimbursement of grant funds, grantees will be expected to provide source documentation to substantiate reasonable costs.  If the implementing organization’s staff are carrying out a portion of the project with pay to be reimbursed through the grant, the reimbursement request should include the number of hours. The rate of pay to be reimbursed through grant funds is expected to align with the employee’s regular rate of pay.  If consultant services are used, similar source documentation is required, with copies of invoices.

| **Name or Description of Activity #1**  | **Materials** | **Vendor** | **Cost** | **Other Approvals****And status** | **Sources of Funds** | **Status of Commitment for funds** |
| --- | --- | --- | --- | --- | --- | --- |
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| **Activity #2**  | **Materials** | **Vendor** | **Cost** | **Other Approvals** | **Sources of Funds** | **Status of Commitment for funds** |
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| **Activity #3**  | **Materials** | **Vendor** | **Cost** | **Other Approvals** | **Sources of Funds** | **Status of Commitment for funds** |
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| **Activity #4**  | **Materials** | **Vendor** | **Cost** | **Other Approvals** | **Sources of Funds** | **Status of Commitment for funds** |
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(If more activities, please continue as necessary on separate sheet.)

10. **How will the activities in your proposal carry out the purpose of the Good Neighbor Fund**, which is “*To**promote the beauty, stability, vitality, and security of the communities adjacent to the University of Minnesota’s Twin Cities campus.”*

11. **How will you demonstrate and document successful results?**

12. **Please indicate how or if the activities in your proposal will accomplish any of the following:**

Most effectively carry out the purposes of the Fund;

Enhance community economic and social vitality;

Leverage the contribution of other resources;

Impact and involve people from the neighborhood communities in the eligible areas;

Have a broad and long lasting impact;

Promote a consistent identity or approach across some or all of the neighborhood communities;

Are for “projects”, instead of ongoing operations;

Do not duplicate current efforts;

The Stadium Area Advisory Group will be looking for projects with few or minor contingencies, that can be completed by June 30, 2025. If you have a project with multiple funding sources that are not yet secured, or necessary partners that are not already committed to participate, your application may not be ranked as highly as others that are ready to go.

**13. Date of the last independent financial audit or independent financial review of the applicant organization, and location where audit or review reports may be reviewed:**

**14. List of attachments, if any:**

**15. Provide name, affiliation, and contact information for the project manager**

**responsible for implementing the grant-funded activities.**

**Name and affiliation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. Provide name and contact information for the person in the applicant organization responsible for the grant.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**17.** (To be completed by someone authorized to sign on behalf of eligible applicant organization.) **I certify that the applicant organization is duly organized and incorporated, is in good standing, and has systems in place to ensure financial accountability. I understand that, if our application is funded, our organization will be responsible for timely implementation of this proposal, the completion of all required reports, compliance with all applicable laws and regulations, and that the uses of these funds will be subject to audit or monitoring. I also certify that I am authorized to sign on behalf of the eligible applicant organization.**

Signature

Title

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 Organization Mailing Address

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