Auburn's Community Matching Grant Program
Community Services Division

The City of Auburn's Neighborhood Program offers Community Matching Grants to create and support partnerships between the City of Auburn and community groups and organizations to produce resident-initiated projects. For further details about the program visit us online at auburnwa.gov/matchinggrants.

If you or someone from your community needs help filling out the application in a language other than English, please contact us to receive translation services.

For questions or to submit a Matching Grant application contact:

Chris Lovings
Neighborhood Programs Coordinator
25 W Main St
Auburn, WA 98001
NeighborhoodPrograms@auburnwa.gov
253-876-1988

Community Matching Grant Application Form

Community Name: __Example Community/Apartment Name_____

Tax ID Number of incorporated entity (either the HOA or partner agency):_____

Project Coordinator: ___Kai Moore_____ Phone #: _____

Email:_____

Address for Project Coordinator:_____

Partnering Organization (if applicable): _____

Partnering Organization Project Coordinator (if applicable):_____

Phone #: _____ Email:_____

Address for Partnering agency (if applicable):
_____

Why was the Project Coordinator(s) chosen or why did they volunteer for the position? (Please use additional paper if you need more space.)

Kai is the apartment manager or a representative of the management company. This project must be supported by the apartment's management.

Project Title:_____Emergency Backpacks for Apartment Units_____

Amount Requested: $____2500_____

Common Boundaries of the Target Community. You may attach a map with the area outlined or describe the boundaries relative to existing streets or other landmarks. (Please use additional paper if you need more space.)

This project is designed for apartment complexes. Just make sure the apartment name and address is included either here or on the 1st page.

Approximately how many homes/businesses are in your designated community group?
___Number of apt. units_____

Summary of project and projected project timeline: (Please use additional paper if you need more space.)

Create emergency backpacks containing supplies necessary in the event of long-term evacuation or natural disaster. These should be treated like smoke detectors - a safety feautire of each unit that stays with the unit between renters.
Describe what will be in your backpacks, how you are assembling them, how you plan to make sure they stay in each unit between occupants, and when you expect for each step to be completed.

Projected Outcomes and Benefits: How will your proposed project benefit your community Area? (Please use additional paper if you need more space.)

These backpacks will increase resident safety and disaster preparedness.

In your opinion, which of the following goals fits your project:

_____ Creates an attachment between residents and their community
_____ Supports physical, social and mental well-being of residents
__✓__ Maintains safe and beautiful communities in Auburn
_____ Increase opportunities for residents to be civically engaged
__✓__ Other (please describe): _____Increase disaster preparedness_____

What steps are you taking, or plan to take, to include everybody who lives or does business in your area?

_____✓ Door-to-door flyers
_____ Facebook group
_____✓ Email list serve
_____ Nextdoor
_____ Public Notices
_____ School Flyers/Bulletins
_____ Advertisements
_____✓ Other, please describe: Check-in/out forms for tenants should have this item listed

How does your project involve and/or accommodate youth, seniors and special needs populations? (Please use additional paper if you need more space.)

All units will receive a backpack regardless of their ability to afford or maintain them. They will be the responsibility of the management company.

Does the project require on-going maintenance?
        Yes __✓__   No _____
If yes, who will take responsibility for long-term maintenance?

The management company will make sure each backpack stays in the unit and stays up-to-date and stocked.

Project Budget

What is the total cost for the project? $__5000_____

How much are you asking for from the City? $_____2500_____

How much do you propose to offer as a match (***this must be equal to, or more than, the amount you ask from the City***)? $_____2500_____

How do you propose to satisfy your required match?

____Volunteer hours.* Estimated hours_____

  *If volunteer hours will be used to meet the match, please fill out the volunteer part of the   Support Form.

✓ Cash match. Estimated cash $__2500_____

____Donation of materials

____Donation of services

Detailed Proposed/Estimated Project Budget Worksheet

*If your project will be done by a contractor, please provide the detailed estimate(s) from the contractor when you submit your application. If this is the case, and you are paying for half (or more) of the project cost as your match, the below worksheet is not required, the estimate(s) will be enough.

Community Match: What your group will do to meet the match. Detail the volunteer hours, cash match and/or services/items to be donated		City Funds (Matching Grant): Receipts you will submit to the City to be reimbursed by the Grant	
Dollar Amount	Description	Dollar Amount	Description
Example: $70 (2 volunteer hours valued at $35/hr)	*Volunteer hours to install beehive*	*$70*	*Funds to purchase a beehive for installation*
$2500	Purchase backpacks	$2500	Reimbursement for backpacks
Subtotal:	$2500	Subtotal:	$2500

Final Project Total: $5000

Volunteer and Support Form

Community Name: _____   **Name of Project:** _____

This form is part of an application for a Community Matching Grant from the City of Auburn. Its primary purpose is to make sure that residents are aware of the project. It also provides documentation that the applicants have adequate support to complete their proposed project. The person signing this form hereby supports the project **and/or** pledges to physically fulfill the volunteer hours shown below. These hours may be used to satisfy the match requirements for the grant. Intentionally providing false information may cause the Community Matching Grant to be revoked.

Name (print)	Address	Phone Number	Supports Project (Y/N)	Volunteer: # of hours pledged?	Signature
This project only requires the consent of the management company					

Name (print)	Address	Phone Number	Supports Project (Y/N)	Volunteer: # of hours pledged?	Signature

Total Number of Volunteer Hours Pledged: 0