CREATE NED

LEARN MORE ABOUT OUR MINI-GRANT PROGRAM!

@CreateNED  Create NED  CreateNEDetroit.org
Create NED Mini-Grant Program

Restore NED, in partnership with Allied Media Projects and The Work Department, are excited to announce the 2016/2017 Create NED Mini-Grant Program to the District 3 community funded through ArtPlace America:

- 10 grants between $50-$100
- 18 grants between $500-$2,500

Grants will be awarded for projects that re-imagine and transform open spaces and underutilized properties including:
- vacant lots
- resident-owned lots
- underutilized parks
- alleys
- buildings

Examples of eligible projects include:
- public art
- landscape architecture
- vegetable and flower gardens
- rain catchment systems
- community clean-ups
- and more!

About Create NED

Create NED is an initiative of RESTORE NED (Residents Empowered, Strengthened and Transforming Our Residential Environment Northeast Detroit). In 2011, residents, block clubs, business owners, churches and other community groups in District 3 assembled to plan for our future. We identified community priorities including the need to improve neighborhood parks and to create a plan to address vacant lots and buildings. We hope that Create NED helps make our community more vibrant by improving parks and bringing residents together at community festivals.

Create NED is funded by a grant from ArtPlace America, a nationwide initiative that supports arts and place-making. It is led by the Restore NED Coalition, Allied Media Projects and The Work Department.
APPLICATION INSTRUCTIONS & CHECKLIST

APPLICATION DEADLINE: Saturday, February 29, 2016
APPLICATION SUBMISSION: Email restoreNED@gmail.com, deposit in the mail-slot at Nortown CDC, or drop off in-person at Nortown CDC (20017 Van Dyke Detroit, MI 48234)

Please ensure you have completed all of the following items and included all the necessary attachments in your application:

- Responses to all application questions
- Proposed budget for project
- Proof of property ownership or support letter from owner
- Picture of existing lot or property that project will use
- Sketches/images of proposed project (optional)

TIP: Please be as concise as possible when responding to all application questions. We are looking for quality over quantity!

IMPORTANT DATES

MONDAY, DECEMBER 7, 2015
THURSDAY, DECEMBER 17, 2015
SATURDAY, JANUARY 23, 2016
TUESDAY, FEBRUARY 23, 2016
SATURDAY, FEBRUARY 29, 2016
TUESDAY, MARCH 15, 2016
FRIDAY, APRIL 1, 2016
APRIL-SEPTEMBER 2016
MONDAY, OCTOBER 17, 2016
MONDAY, NOVEMBER 7, 2016
NOVEMBER/DECEMBER 2016

Applications Open
Info Session #1 (6pm, Nortown CDC)
Info Session #2 (2pm, Nortown CDC)
Info Session #3 (6pm, Church of Our Father)

Applications Due
Awardees Announced

Project Begins
Project Trainings & Events

Project Ends
Final Reports Due

Awardee Convening

CONTACT INFORMATION

For arts or landscape questions or help filling out the application, please contact Create NED Community Arts Coordinator Jamii Tata or Jeff Klein, Create NED Landscape Architect, at (313)444-3633 or restoreNED@gmail.com; Pat Bosch at (313)891-7709 or villagendet@aol.com, or Karen Washington at (313)377-6550 or emmanuel_center@yahoo.com
CREATE NED MINI-GRANT APPLICATION

What type of grant are you applying for? Please select one.

☐ $50-$100 grant for small scale projects or project supplies for on-going projects
☐ $500-$2500 grant for new or larger scale beautification, art and place-making projects

Are you eligible to apply for a Create NED Mini-Grant? You must meet all eligibility requirements listed below:

☐ I/we are a District 3 resident, business owner, block club, church or other community group
☐ I/we own the property, have written permission (or are working towards obtaining written permission) from the property owner where we want to implement our project
☐ I/we will be able to participate in required trainings and events associated with the program
TIP: Please print legibly!

Applicant Information (Organization or Individual):

Name: ___________________________________________

Address: ________________________________________

Website: ________________________________________

Email: __________________________________________

Phone: _________________________________________

Primary Contact Person (if different than above):

Name: __________________________________________

Phone: _________________________________________

Email: __________________________________________

Check the applicant type that best describes you:

☐ Community Development Organization
☐ Faith-Based Institution
☐ Block Club
☐ Community Non-Profit
☐ Business
☐ Neighborhood Association
☐ Resident
Project Information:

Project Name: _____________________________________________

Request ($): ________________  Total Budget: ________________
(from budget template on pages 6 + 7)

Is this a new project?

☐ Yes  __________________________

☐ No  If no, when did the project begin?

_______________________________

Project duration:

How many participants do you expect to engage?

_______________________________

Site address and/or cross streets:

_______________________________

Describe the condition of the property you are proposing to use:

_______________________________

Select property ownership type:

☐ City  ☐ Privately-owned

☐ Landbank  ☐ Other: __________________________
**BUDGET TEMPLATE**

Use this budget template as a guideline to help record the costs of your proposed project in terms of income and expense.

Applicant Name:  

Project Name:  

Project Income refers to the contributions you expect to receive towards your project. It includes the dollar amount you have requested from the Create NED Mini-Grant Program. You may also have income from other sources, for example, individual donations or merchandise sales.

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<th>PROJECT INCOME</th>
<th>Amount ($)</th>
<th>Notes</th>
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<tr>
<td>TOTAL INCOME</td>
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Project Expense refers to the costs of your project. Project costs likely include a number of supplies. Other expenses may include, for example, catering, stipends and contractor payments.

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TOTAL EXPENSE


Describe your ability to complete the project:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Who are your team members and what are their responsibilities?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Please provide an overview of your project:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you hope to accomplish? What are your goals?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Describe your project’s timeline:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

How will your project be taken care of after the funding ends?

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

By signing below, I acknowledge that I completed this to the best of my knowledge:

____________________________________________________

x Authorized Officer

(if an organization, block club or business)

Date

____________________________________________________

Printed Name of Authorized Officer

Title

____________________________________________________

x Applicant Signature

(if an individual)

Date

____________________________________________________

Printed Name of Applicant