

PROGRESSIVE LIFE CENTER

FY21 Building Blocks DC (BBDC) MINI-GRANT APPLICATION

**Important Guidelines**

1. One application will be accepted per applicant. Only completed applications will be considered.
2. Applications can be submitted at any time by email to [applications@plcntu.org](mailto:applications@plcntu.org) or delivered in person to Progressive Life Center located at 1933 Montana Avenue NE, Washington DC, 20002. Hard copy applications must be submitted as one complete copy. DO NOT mail applications.
3. Hard copy applications will **ONLY** be accepted in person on Monday, June 28th between the hours of 10am and 5pm. Applications can be emailed at any time, however no applications, in hard copy or email submission, will be accepted after 5pm on Monday, June 28th.
4. Award notifications will be made by Friday, July 9th by email.
5. Projects can be implemented starting Monday, July 19th and must conclude by September 30th.
6. Technical Assistance Sessions will be held in person on Thursday, June 17th and Tuesday, June 22nd at the DYRS MLK Achievement Center (2101 Martin Luther King Jr. Avenue, SE, 20020) from 5:30-7:30pm. A virtual session will be held on Monday, June 21st 5:30 – 7:30pm. To attend this session virtually, send a request to [applications@plcntu.org](mailto:applications@plcntu.org) and include “Request to Attend Virtual Session” in the subject line. All requests must be received by 12pm on June 21st. A link will be sent no later than hour leading up to the session. Attendance at the sessions is NOT mandatory to apply.

# INTRODUCTION

This Mini-Grant Application announces Progressive Life Center (PLC) in coordination with Building Blocks DC (BBDC) and the Department of Youth Rehabilitation Services (DYRS) intention to invest in the community to provide supports and services. PLC seeks community members or organizations to propose innovative programming or activities to support reductions in gun violence for District of Columbia communities. PLC encourages applicants with unique proposal ideas that promote neighborhood enhancement and rehabilitation as we seek to expand supports and services provided to our communities.

**SECTION 1: CONTACT INFORMATION**

|  |  |
| --- | --- |
| Primary Contact Person: Click or tap here to enter text. | Secondary Contact Person: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Mailing Address: Click or tap here to enter text. | Mailing Address: Click or tap here to enter text. |
| Neighborhood (s) to be served: Click or tap here to enter text. | |

\*\*Please use an email that is checked regularly. If an applicant does not have an email address that is checked regularly, please provide the best possible contact phone number:

Phone: Click or tap here to enter text.

Does the organization have a 501(c)(3) status? (Note: Organizations are not required to have this status to receive a grant. If status is pending, please check box.)

Yes No Pending

# SECTION 2: PROJECT INFORMATION

|  |  |
| --- | --- |
| Name of Project: | Click or tap here to enter text. |
| Neighborhood(s) where project will take place (list all): | Click or tap here to enter text. |
| Date(s) of Project (if multiple, list all): | Click or tap here to enter text. |
| Event Time: | Click or tap here to enter text. |
| Amount Requested (up to $5,000): | Click or tap here to enter text. |

* 1. Does this project or event require a permit, special clearance/permission? (ex. street closure permit, park permit, clearance from a principal or community center director, structural work permit, etc.)

Yes Type of permit / clearance required

Click or tap here to enter text.

No

* 1. Please identify the location this project will take place

Name: Click or tap here to enter text.

# SECTION 3: PROJECT DESCRIPTION

Describe how your proposal aligns with the goals and objectives of this grant. If your proposal consists of separate/different events, please provide the requested information for each.

Choose one or more categories that best describes your project:

# Community Wealth

* + Skills Building
  + Leadership Development
  + Community Cohesion & Engagement
  + Providing support of basic needs

**Community Revitalization**

* + Community organizing activities
  + Neighborhood outreach
  + Providing activities in a safe space
  + Murals, block cleaning, community gardens

# Community Healing

* + Community Responses to Violence Restorative Justice Supports
  + Direct intervention activities
  + Healing/Mental Health Wellness

## Description

* 1. Describe the components of your proposed project that directly support the category(s) selected.

Click or tap here to enter text.

* 1. Describe the community you hope to reach?

Click or tap here to enter text.

* 1. List three (3) goals for this project? What do you hope to accomplish?

Click or tap here to enter text.

* 1. Why do you feel your project is necessary?

Click or tap here to enter text.

* 1. Provide a plan to complete the project (tasks, steps that demonstrate the how project will be facilitated)

Click or tap here to enter text.

## Impact

* 1. What impact will the project have on the participants and community as a whole?

Click or tap here to enter text.

* 1. What do you anticipate will be key takeaways at the completion of this project?

Click or tap here to enter text.

* 1. How will the project help the community reduce gun violence?

Click or tap here to enter text.

1. **Coordination and Planning** (Demonstrate how you will implement the project).
   1. How will you promote and gain community support for the project?

Click or tap here to enter text.

* 1. How many staff/volunteers will assist with this project?

Click or tap here to enter text.

* 1. Create a work plan and timeline of tasks needed to complete this project successfully.

|  |  |
| --- | --- |
| Task (describe if necessary) | Completion Date |
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* 1. List your community partnerships for this project and their expected roles.

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| --- | --- |
| Partner | Expected Roles |
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## Budget

Budget must be aligned with the proposal described above. Note: All budgeted items will be reviewed and assessed during the evaluation of your proposal. Be as accurate as possible.

Donated items may be reflected on this budget as well.

|  |  |  |  |
| --- | --- | --- | --- |
| Item (short description) | Cost per item | Quantity | Total |
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# SECTION 4: GENERAL INFORMATION

1. How did you hear about this grant?

Progressive Life Center

Family Success Centers  Building Blocks Staff

DYRS Staff

Community Event

Community Based Organization  Friend or Community Member

Other: Click or tap here to enter text.

*\*\*\*\*\*Congratulations, you have completed the application!!\*\*\*\**

\*\*\*\*Please note submission of an application does not guarantee funding. \*\*\*\*

\*\*\*\*All complete applications will be reviewed by a panel of reviewers\*\*\*\*

\*\*\*\*Please send questions to [applications@plcntu.org](mailto:applications@plcntu.org). Questions will be accepted until 5pm on Wednesday, June 23rd and posted on the PLC website by Friday, June 25th \*\*\*\*