

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 Communit	ity Name	
Tax ID Number of incomparison	rporated entity (either the H	OA or partner agency):	
Project Coordinator:	Liliana Gonzalez	Phone #:	
Address for Project Coo	ordinator:		
Partnering Organization	(if applicable):		
		olicable):	
	= = =	, 	
Address for Partnering a			

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

Revision Date: 12.28.2022

Liliana is passionate about reading, and wants to host a Little Free Library in her front yard. She hopes this will help residents share books and give kids a place to find new books.

Project Title: Little Free Library in the Community
Amount Requested: \$
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.)
The area for this project is Liliana's neighborhood which they can describe here or attach a map showing the neighborhood outlined.
Approximately how many homes/businesses are in your designated community group?
Summary of project and projected project timeline: (Please use additional paper if you need more space.)
Liliana and their community plans to buy a Little Free Library kit from littlefreelibrary.org. They will then assemble it, purchase a post, and install it within a month of application approval.

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

The Little Free Library will benefit Liliana's community by providing a place where residents can share books and other items with one another. This will enhance the sense of community in her neighborhood.

In you	r opinion, which of the following	ng goals fits your project:
	Creates an attachment between	n residents and their community
	Supports physical, social and a	mental well-being of residents
	Maintains safe and beautiful c	ommunities in Auburn
	Increase opportunities for resid	dents to be civically engaged
	Other (please describe):	promotes literacy
		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:	
	, r	
How c	loes your project involve and/or	accommodate youth, seniors and special needs populations? (Please use
additio	onal paper if you need more spa	ce.)
Lilion	a plana to install the LEL o	at a lovel acceptible to children and these in a who clobeir
Liliai	ia pians to install the LFL a	at a level accessible to children and those in a wheelchair.
Does t	the project require on-going ma	intenance'?
	Yes No	
If yes,	who will take responsibility for	clong-term maintenance?
Lilia	na will make sure the LFL	is in good condition if it is on her property. If it is located
in c	ommon space, such as a c	community park owned by the HOA or the CIty, Liliana
and	the HOA/City will come to	an agreement about maintenance and write it here. If the
HO	A will be assúming respons	sibility, a letter from the board to that affect will need to be
	uded with the application.	

Project Budget

What is the total cost for the project? \$	
How much are you asking for from the City? \$	
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)? \$250	
How do you propose to satisfy your required match?	
✓ Volunteer hours.* Estimated hours 3	
*If volunteer hours will be used to meet the match, please fill out the volunteer part of the Suppo	rt
Form.	
Cash match. Estimated cash \$45	
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		City Funds (Matching Grant): Receipts you will		
the match. Detail the volunteer hours, cash match and/or services/items to be donated		submit to the	e City to be reimbursed by the Grant	
Dollar Amount	Description	Dollar	Description	
		Amount		
<i>Example:</i> \$70 (2	Volunteer hours to install	<u>\$70</u>	Funds to purchase a beehive for	
<mark>volunteer hours</mark>	<mark>beehive</mark>		<mark>installation</mark>	
<mark>valued at \$35/hr)</mark>				
\$105	3 volunteer hours to build/install	\$250	funds to purchase LFL kit	
'		T	rando to paronado Er E kit	
\$100	Liliana donates concrete + post			
\$45	cash donation from neighbors			
Subtotal:	\$250	Subtotal:	\$250	

Final Project Total: \$500

Volunteer and Support Form

Community Name:	Example Community	Name of Project:	Little Free Library	y in the Community
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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
Neighbor name			Y		Signature Here
Liliana Gonzalez			Υ	2	Signature Here
Example Neighbor			Υ	1	Signature Here

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

Total Number of Volunteer Hours Pledged: 3