



CITY OF RIVERSIDE  
**SMALL  
SPARKS**  
COMMUNITY MATCHING GRANT

---

## Checklist

---

### Small Sparks Neighborhood Matching Grant Application Form: Before You Begin:

- Project Category:**  
Please check the box that best describes your project (see Small Sparks Brochure):
- Neighborhood Beautification
  - Neighborhood Community Building Event
- 

**Neighborhood Matching Grant Application Form:**

- Provide a Title, brief description of the proposed project, and how it will benefit the community and/or improve your neighborhood.
  - Complete Small Sparks Match Pledge Form.
  - Complete Small Sparks Estimated Expenses Form.
  - Complete the Small Sparks Project Timeline.
- 

### Project Approval Process:

- Applications will be reviewed by Neighborhood Engagement Division staff and applicant will be contacted if additional information is needed.
  - Project Representative will be notified of approval or denial of application within three weeks of receiving completed application.
  - If approved, Neighborhood Engagement Division staff will contact you with the next steps.
- 

**Project Completion and Follow Up:**

- Projects are to be completed 90 days from the projected completion date stated in the application by Project Representative.
- Within 30 days after completion of project, a final report with relevant information such as copies of receipts, photos and a short written story about your neighborhood project is required to be submitted to Neighborhood Engagement Division staff.



Small Sparks Applications are reviewed within 10 days from the date it was received. Please submit your completed application no later than the first Thursday of the month.

Please submit original Grant Application Form with all corresponding documents to Community & Economic Development Department, Neighborhood Engagement Division. Any questions please call for assistance at (951) 826-5430.

### **Neighborhood Group Information**

Please type or print the following information.

Neighborhood Group Name: \_\_\_\_\_

Project Representative Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Neighborhood Capital Improvement Title and Description:**

Project Title: \_\_\_\_\_

Brief Description of the project and how it will improve the neighborhood:



### Project Timeline

Project Title: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Please provide a detailed timeline of the anticipated milestones for your project. The release of Small Sparks Funds are contingent on this completed form.

### Project Details

Start Date	Milestone	Completion Date



CITY OF RIVERSIDE  
**SMALL SPARKS**  
 COMMUNITY MATCHING GRANT

### Estimated Expense Form

Please complete the following Estimated Expense Form. List all expenses in Estimated Expenses column and list all expenses that will be covered by the grant. Calculate the total cost of the project at the bottom of the page. If you need more space, please feel free to make more copies of this page.

<b>Description of estimated expenses of the project (Please Itemize)</b> (For example, a social event may include food, paper goods, printing flyers, decorations, etc.)	<b>Estimated Expenses</b>	<b>Value of In-Kind Donations (Services or Materials)</b>	<b>Value of Cash Donations</b>
<b>Grant Funds Requested</b> \$ _____	\$ _____	\$ _____	\$ _____



## Match Pledge Form

Neighborhood Group: \_\_\_\_\_

Project Title: \_\_\_\_\_

I agree to pledge the following Volunteer Hours for the above described neighborhood project.

Print Name, Addresses (Volunteer, Business, Organization)	Signature	Volunteer Hours Pledged	Value of "Sweat Equity" @ \$24 per hour
<b>Total Match</b> (Add the total sweat equity to the in-kind donations to the cash donations)		<b>Totals:</b>	\$ _____      \$ _____

**Total Match:** \$ \_\_\_\_\_

**Project Valuation** (Add the total match to the total estimated expenses)

**Total Value of project:** \$ \_\_\_\_\_

**Note:** Grants funds requested should be less than or equal to the match pledge total.



CITY OF RIVERSIDE  
**SMALL SPARKS**  
 COMMUNITY MATCHING GRANT

**Signature:** The signatory declares that the assigned Project Representative assures that a majority of members of the neighborhood group voted to undertake this project and assures that any funds received as a result of the application will be used only for the purpose set forth herein.

PRINT NAME of

Project representative: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE of

Project representative: \_\_\_\_\_

**Authorization Process:**

Date Received:	Reviewed by:	Date Reviewed:
Second Reviewer:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Reviewed:
Program Manager Signature:		Date Reviewed:

**SUBMIT FORM**

Community & Economic Development Department, Neighborhood Engagement Division  
 3900 Main Street, 5th Floor, Riverside, CA 92522, (951) 826-5430