

College of Public Affairs & Community Service
Community Renewal Fund

A social innovation fund to strengthen communities and build thought leaders for our future.

FY16 APPLICATION

Section 1: Applicant's Information

* This section is required for all submissions

Project lead/primary point of contact

1. Name: _____

2. Affiliation (Sponsoring PACS Department): _____

3. Mailing Address: _____

4. Phone Number: _____

5. E-mail Address: _____

6. Are you a: Faculty Staff Student (major: _____)

Section 2: About the Project

* This section may be submitted as a video

1. Project name : _____

2. What community problem or need will be addressed? Why is this a problem/need? Support the problem/need with documentation or demonstration. (1400 characters or 1 minute – Proposals aligning with the current year's PACS Fall Forum (2015 theme is Social Justice and Racial Equality) will receive preference.

3. Project summary: how does project address the need? (1400 characters or 1 minute)

4. Project description: who, what, when, where, and how (4200 characters or 3 minutes)

5. What is the primary goal/mission/vision of your project? (700 characters or 30 seconds)

6. Describe how you will measure success for the project. (i.e. focus group, qualitative or quantitative survey, etc. to assess impact; include measurable outcomes) (1700 characters or 1 ½ minutes)

Section 3: Project Partners

*This section is required for all submissions

1. Who are your partnering organization(s)? (Must include a local, state, federal or non-profit organization and can also include a for-profit organization)

	Organization Name	Phone Number	Email	Contact Person
1)				
2)				
3)				

2. Please include short summary of why these partners were chosen. Please note that organizations must acknowledge their collaboration by signing the last page of the application (500 characters).

Section 4: Timeline

* This section is required for all submissions

Please provide timeline of project. This timeline should include key tasks or activities that will occur during the funding period. This will help you (and the reviewers) determine if the project is well thought out, will allow you to reach your stated objective, and can realistically be completed.

Anticipated Start Date: _____

Month	Goals/Activities
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	Final report

End Date: _____

Section 5: The Cost

* This section is required for all submissions

1. Overall cost of project: \$ _____
2. Funds requested: \$ _____

(Most awards are between \$500 and \$5,000. This is not a cash award but an allotment of UNT funds to be administered via the UNT sponsoring department.)

3. Program or Project Budget

Program/Project Income: Please include a description of any other sources of income that will be utilized for this program or project. (500 characters)

4. **Program/Project Expenses:** Provide with budget a justification for each item. Be specific. Examples have been provided.

Item	Amount	Justification
EXAMPLE: Graduate student research assistant	Salary: \$2,800 (\$17.50/hour for 10 hours for 16 weeks)	To assist with project tasks
EXAMPLE: Graduate student research assistant	Fringe benefits: \$242.20 (\$2,800 * .0865)	To assist with project tasks
EXAMPLE: Books: Pre-K fiction & nonfiction, Spanish/English	\$200 (Number of books * price per book)	Necessary for volunteer readers to conduct literacy activities.
EXAMPLE: Supplies: materials for arts & crafts	\$100 (List of materials to use with estimated cost per item)	Necessary for volunteers to conduct art & craft activities related to books read.

Item	Amount	Justification

4. Why is this program or project a good investment? (500 Characters)

5. Is there flexibility in the amount of your request? Please explain. (500 characters)

Signatures Page

Individual submitting the grant:

Printed Name

Signature

Sponsoring PACS Faculty/Staff (**required for student submission**):

Printed Name

Signature

What PACS department is responsible for managing the grant funds and requirements?
(**required for all submissions**)

Departmental Chair: (required for all submissions)

Printed Name

Signature

Email

Departmental Administrative Specialist: (required for all submissions)

Printed Name

Signature

Email

Collaborating Organizations (**those listed in Section 3**)

Printed Name

Signature

Organization

Printed Name

Signature

Organization

Printed Name

Signature

Organization

Printed Name

Signature

Organization