

THE SCHENECTADY FOUNDATION PRESENTS

# Thriving Neighborhoods CHALLENGE



## PROJECT APPLICATION FORM

Please use this form to submit your project idea for Schenectady's Thriving Neighborhoods Challenge. Completed applications may be submitted by:

1. Scan & email: [KMilligan@schenectadyfoundation.org](mailto:KMilligan@schenectadyfoundation.org), or
2. Mail: **The Schenectady Foundation, 376 Broadway – 2<sup>nd</sup> Floor, Schenectady, NY 12305**

**All applications received by 11:59pm on October 4<sup>th</sup>, 2022 will be considered.**

For additional information, please contact Kristi Milligan at (518) 393-9500, or  
[KMilligan@schenectadyfoundation.org](mailto:KMilligan@schenectadyfoundation.org).

**Application Eligibility** – We are looking for **resident-driven** ideas for improving our community. Applicants must live in the City of Schenectady.

**Selection Criteria** – These are the things we'll be looking for when we review your proposal, so be sure to address these topics in the following pages:

**Community Need:** Why is this project important? What opportunity, issue, or problem will be addressed? Do residents in your neighborhood want this project to happen?

**Community Engagement:** Will community members be able to work on the project? Do you have a team of people to work on the project with you? **The Challenge is about community-building, and we don't want you to go it alone!**

**Implementation:** Do you expect to have enough time/money/volunteers to make the project happen? Does this project seem to be do-able, with the right support? **We can help with funding, guidance, and other kinds of support you might need.**

**Impact on neighborhood/community:** How will this make a difference in your neighborhood, or in the City? How will residents and the neighborhood experience change as a result of this project being done? What will be different or better?

**Sustainability:** How will the project be maintained or kept-up in the future? Who will help to do it?



## PROJECT SUMMARY

**Who will be the primary contact for this project?**

Name:

Address:

Email:

Phone:

**Are you currently a resident of the City of Schenectady?**

Yes     No

**List the neighborhood(s), address, or approximate area of the project within the City of Schenectady:**

**What is the title of your project?**

**How much funding are you requesting from the Thriving Neighborhoods Challenge?**

**Select ONE category that best captures the primary focus of your project:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accessibility           | <input type="checkbox"/> Communication      | <input type="checkbox"/> Health, Wellness, & Well-Being |
| <input type="checkbox"/> Beautification          | <input type="checkbox"/> Community Building | <input type="checkbox"/> Public Art                     |
| <input type="checkbox"/> Citizen Engagement      | <input type="checkbox"/> Educational        | <input type="checkbox"/> Public Safety                  |
| <input type="checkbox"/> Other (Please specify): |   |   |



## PROJECT PROPOSAL

For the next questions, please use the space provided and attach extra pages if needed.

### 1. **What's Your Idea?**

What is your idea for improving your community? What would you do if awarded a Thriving Neighborhoods grant, and received assistance to make it happen?

### 2. **Why Do This Project?**

What is the challenge, problem, or opportunity you are trying to address with this project? Why is this project important to do?



### 3. Project Details.

Describe the specific details of your project, including 1) What you will do, 2) How you will do it, and 3) The expected timeframe for completing the project.

### 4. Project Assistance

What kind of assistance will you need in order to make this project happen? Do you need help with budgeting, or with artistic design? Do you need a project manager, a landscape professional, or a connection to the City of Schenectady? Think big and be sure to let us know what you think you will need.



### 5. Project Success!

How will this project make our community a better place? What impact or change will we see in the community? How will you know that the project has been successful?

### 6. Teamwork.

While applicants do not have to be part of a formal group or organization, you should have at least a small team of friends/neighbors/residents who are committed to making this project happen. Who is on your team? What kind of support do you have for this project from others in the community?



**7. Project Cost.**

What is the approximate cost of the project? (Please provide a “ballpark” estimate of the project cost.)  
Do you expect to receive other funding or in-kind assistance, such as donations of time; equipment; supplies; etc., and if so, where will you get these resources from?

**8. What Comes Next?**

Once completed, how will this project be sustained after the Thriving Neighborhoods Challenge is finished? Who will take care of it? If needed, how will it be funded in the future?



**9. Tell Us More.**

Please provide any additional important information that you would like us to know about your project. What should we know that we didn't ask about? Use extra pages if you need them.