



Care A Lot Program APPLICATION

Due: Monday, February 26rd 2018 by 5 p.m.

Program Background

CARE- A -LOT is a city led effort to develop sustainable, innovative greening strategies to transform vacant lots into assets for a growing Baltimore City. The purpose of BMORE Beautiful's Care -A -Lot Program is to support innovative community groups and organizations in the cleaning, maintenance and beautification of vacant lots in Baltimore

Grant Opportunities

CARE-A- LOT annually selects community based organizations for the program through a competitive application process. Selected groups can receive a grant fund up to \$5,500 for caring for up to 25 lots. The value of the grant depends on the number of vacant lots maintained and equates to \$22 per lot visit for a total of 10 visits per lot during the grant period (May –October)

APPLICATIONS GUIDELINES AND CHECKLIST

Please direct questions or concerns to BMORE Beautiful Program Liaisons: Natasha Neale or Kwame Rose.

BMOREBeautiful@baltimorecity.gov or 410-396-6909

REQUIRED ITEMS:

- 1 copy of completed application (please submit attachments and the application as one document)
- Project Coordinator signature on page 1 of application
- Signed **Release of Liability, Waiver of Claim and Assumption of Risk Agreement** for each Care A Lot participant, including anyone who will be maintaining the lots in any way.
- Completed W9 form
- 501 (3) IRS determination letter

IF APPLICABLE:

- Permission letter or self-help abatement documentation <http://communitylaw.org/wp-content/uploads/2012/08/self-help-nuisance-abatement-handout.pdf> for privately owned lots
- Fiscal sponsor letter of support

NOTE: Submitting an application does not a guarantee grant funding.

Please send completed applications to: BMOREBeautiful@baltimorecity.gov

OR

Drop off/mail applications

Environmental Control Board
C/O BMORE BEAUTIFUL
1 North Charles Street, 13th Floor
Baltimore, MD 21201

APPLICANT INFORMATION:

Please remember that Care- A- Lot is for community-based groups. Participants must be a 501 (c) 3 or have a fiscal sponsor that is a 501 (c) 3.

Applicant Organization: _____

Neighborhood: _____

Project Coordinator	Secondary Coordinator
Name:	Name:
Title:	Title:
Mailing Address:	Mailing Address:
Phone:	Phone:
Cell:	Cell:
E-mail:	E-mail:

Note: The project coordinator is the primary source of contact. The project coordinator is responsible for submitting information maintenance logs, before/after pictures, and invoices.

Does your group/organization have a bank account? (Check one) Yes No

If your **group does not have a bank account**, please provide the following information about your fiscal sponsor.*

Name/Title:	
Organization Name:	
Organization Address:	
Organization Phone:	Contact Email:

**Attach a letter from the fiscal sponsor indicating willingness to accept funds on behalf of your group and a copy of the IRS 501 (c) 3 determination letter.*

Check one:

- Non-Profit 501(c)3
- Faith Based Organization
- Community Development Corporation
- Neighborhood Association
- School
- Other _____

COMMUNICATION:

During the Care- A-Lot season, BMORE Beautiful staff will need to keep in touch with your group and will encourage you to connect with other CARE-A-LOT groups. Please answer the following questions to ensure effective communication. Please remember that if your channel of communication changes during the CARE-A- LOT season you must contact BMORE Beautiful so we can update our records.

What is the best way to contact you?

- Phone Call
- Text Message
- Email
- Post Mail

Do you give BMORE Beautiful permission to share you group's information with other Care A LOT groups through a written 2018 CARE A LOT Group Directory?

- Yes
- No

Do you or other in your CARE A LOT Group use Facebook, Instagram, Next Door or other forms of social media?

- Yes , if so which platforms: _____
- No

If you have an email account how often you do check it?

- Daily
- Weekly
- Bi-Weekly
- Monthly

CARE A LOT NARRATIVE: You may attach additional pages to answer the following question

1. Tell us about your group. (Example: What are your missions and goals? What are your typical activities?)

2. Does your group have a program or effort to improve the condition of the community (programs, projects, etc.) especially cleanup/greening and/or beautification efforts?

- Yes No

If yes, please describe some of your group's past/current work?

3. Describe your group's capacity to manage this project. Please note the size of your maintenance group, and maintenance equipment used to maintain the lot(s).

4. How will your group work together? Please describe the different roles that individuals will have, who will be responsible for what, and how all of the work will be coordinated?

5. What plans, if any, do you have for transforming any of the selected lots?

YOUTH ENGAGEMENT

One of the goals of CARE A LOT is to engage youth in the cleaning, greening and beautification of their neighborhoods. If youth participant will be included in your activities, please answer the following question. Youth participants are between the ages of 14 and 21. Youth Participation is not required. If you group will not include youth, simply skip these questions.

Roughly how many youth participants do you plan on including? _____

What are the roles and responsibilities of the youth participants?

How are the youth participants connected to your group?

LOT SELECTION

List 30 addresses of lots in order of priority, which you would like to, maintain through Care A Lot in case a few are not eligible. There is a maximum of 25 lots that can be maintained through the program. Lots that have existing gardens or other projects are not eligible. **The city may require that certain lots be included on your maintenance lists if selected to participate**

- Private: property owned by nongovernmental legal entities
- Public: property owned by the city
- Permission: Adopt a Lot agreement, self- help nuisance abatement letter or proof of ownership
- No Permission: No legal documents approving access to vacant lot

	Address	Private	Public	Permission	No Permission		Address	Private	Public	Permission	No Permission
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL # of LOTS X \$20 X 10 (visits from May –October) = \$ _____

PROGRAM COORDINATOR

One of the goals of CARE A LOT is to support the development of skills that lend to the overall professional growth of participants. The program coordinator will undertake a variety of administrative management tasks. The program coordinator is eligible to receive up to \$500 to facilitate the effective implementation of CARE –A- LOT. A program coordinator is responsible for making sure that the selected lots are properly maintained during the “Grow Season” submitting invoices, and submitting before and after pictures to BMORE Beautiful. The program coordinator is paid \$2 per lot visit for up to 10 per lot visits during the grant period. **A program coordinator is not required for the program. If your group will not include a program coordinator component, simply skip these questions.**

Program Coordinator Name: _____

Address: _____

Phone Number: _____ Email: _____

What kind of technology tools/software will be used to effectively implement CARE A LOT? How will you submit proper documentation to BMORE Beautiful?

Provide an example of a time when you successfully organized a diverse group of people to accomplish a task.

Describe your capacity to manage this program? How will you ensure that the selected lots are properly maintained?

SIGNATURE PAGE

By signing the bottom of this page you state that the answers and information given in this application are accurate, and that you acknowledge, understand and agree to the points listed below:

1. My group is able to provide its own equipment.
2. My group is 501(c) 3 status, or we have provided a letter support from a fiscal sponsor that is a 501 (c) 3.
3. All the required documentation is provided with the application.
4. Any individual participating in the maintenance of the lots will sign a liability release forms. (Parents/Guardians will sign liability forms for youth participants under the age of 18.)
5. My group has the capacity to meet the maintenance requirements.
6. My group will provide proper supervision to all youth under the age of 18 while maintaining lots.
7. My group will submit CARE-A -LOT reporting documents when they are due.

Submitted By:

Signature

Date

Printed Name

RELEASE

I, my heirs, next of kin, executors, administrators and assigns, in consideration of the opportunities given to me related to the Care A Lot Program, do hereby release and discharge the Mayor and City Council of Baltimore, its elected/appointed officials, agents, employees and volunteers, and any and all other persons, firms or corporations who are or might be liable, from any and all, present and future claims for losses, damages, and/or personal injuries, including death, arising from my participation in activities related to the Care A Lot Program.

By signing below, I confirm I have read the above statement, I understand it, and I fully accept its terms and conditions.

Name (Printed)	Signature	Date
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Witness (Printed)	Signature	Date
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