



# Care-A-Lot Program APPLICATION

**Deadline: Friday, March 8, 2019 by 5 p.m.**

## Program Background

Care-A-Lot is a city led effort to develop sustainable and innovative greening strategies to transform vacant lots into assets for a growing Baltimore City. The purpose of the BMORE Beautiful 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 providing maintenance services 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).

## Application Guidelines and Checklist

Answers on this application as well as previous participation in Care-A-Lot will be used to evaluate and select groups for the 2019 Care-A-Lot program. Applications are reviewed and rated using a point system. **Answers that are more descriptive and align with program goals will be given more points.** The entire application is worth 100 points. The circle at the top of the page indicates how many points the page is worth. Applicants are encouraged to give as much detail and explanation in their answers as possible and can attach additional pages if needed. Please answer all questions within the application and write N/A/ if not applicable. Incomplete applications may not be accepted. **Please direct questions or concerns to BMORE Beautiful Program Liaison: Natasha Neale, [BMOREBeautiful@baltimorecity.gov](mailto: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](mailto:BMOREBeautiful@baltimorecity.gov)**

**OR**

**Drop off/mail applications**

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



## APPLICANT INFORMATION:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

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

### Type of Organization (Check one):

- Non-Profit
- Faith Based Organization
- Community Development Corporation
- Neighborhood Association
- School
- Other \_\_\_\_\_

<u>Main Contact Person/Coordinator</u>	<u>Alternate Contact Person</u>
Name:	Name:
Title:	Title:
Mailing Address:	Mailing Address:
Primary Contact Number:	Primary Contact Number:
E-mail:	E-mail:

Is your organization a registered 501 (c) 3? (Check one)  Yes  No

If your group is **NOT** a registered 501(c) 3, please provide the following information about your fiscal sponsor.

Organization Name:	
Organization Address:	
Contact Name:	Contact Number:
Contact Email:	

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

## 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



30  
Points

**CARE-A- LOT NARRATIVE: You may attach additional pages to answer the following questions.**

1. Please **state the mission** of your group. (5pt)

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2. Please describe your organization's past/current work to improve the condition of the neighborhood (programs, projects, etc.) especially cleanup, greening and/or beautification efforts. (10 pts)

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3. Please describe the condition of the vacant lots you would like to maintain? (10 pts)

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4. Has your organization participated in Care-A-Lot program in the past? If yes, please indicate which years? (5pts)

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Points

**Vacant Lot Selection:**

Please remember that selected Care-A-Lot groups are eligible to maintain up to 25 vacant lots every three weeks. Preference will be given to lots that are owned by the City. BMORE Beautiful staff will verify the ownership of lots listed on the application. For private properties, please be sure to provide permission letter or self-help abatement documentation.

5. How many vacant properties do you propose to maintain during the Grow Season? \_\_\_\_\_ (5 pts)



6. List lot address of list in order of priority. (1- most important, 30 least important) that would like to maintain through Care-A-Lot. There is a maximum of 25 lots that can be maintained through the program. Additional spaces are listed just a requested lot is unavailable.

**Total # of Lots X \$22 X 10 (visits from May-October) = \$ \_\_\_\_\_**

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"/>



3. Describe your group's capacity to manage this project. Please include the size of your maintenance group and equipment used to maintain the lots? **\*\*Please note your organizer must have a lawnmower to participate in this program\*\*** (15 pts)

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7. How will your group work together? Please describe the different roles that individuals will have, who will be responsible for what, and how all the work will be coordinated?(10 pts)

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Points

### 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 write N/A and skip to the next section.**

Roughly how many youth participants do you plan on including? \_\_\_\_\_



1. What are the roles and responsibilities of the youth participants? (5 pts)

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2. How are the youth participants connected to your group? (5 pts)

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3. Do the youth participants live in the area they will be working in? (5 pts)

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Points

### PROGRAM COORDINATOR

One of the goals of CARE A LOT is to support the development of skills that lead 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 required for the program.](#)

Program Coordinator Name: \_\_\_\_\_

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

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



1. What kind of technology tools/software will be used to effectively implement CARE A LOT? How will you submit proper documentation to BMORE Beautiful? (5 pts)

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2. Provide an example of a time when you successfully organized a diverse group of people to accomplish a task. (10 pts)

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3. Describe your capacity to manage this program? How will you ensure that the selected lots are properly maintained? (10 pts)

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### Tools and Equipment

One of the goals of Care-A-Lot is to support capacity building of participating groups. Selected groups are eligible to receive funding to purchase small tools to help support the development, maintenance and transformation of vacant lots. Groups are eligible to receive funds up to \$500 to purchase small tools, equipment, etc. to help maintain lots. Please note that groups are only eligible to receive funds from the list below. **Be sure to estimate the number of items you intend to purchase AND include evidence supporting the cost of the items.** Groups that are awarded this funding will receive the funds to purchase the items prior to start of the grow season and first invoice. You are required to submit receipts validating your purchases by May, 31 2019. **BMORE Beautiful will not honor any invoices of groups awarded tools and equipment funds without receipts verifying purchase.**

#### Tools & Equipment List:

<input type="checkbox"/> ___ Weed Whackers/Trimmer	<input type="checkbox"/> ___ Pruners
<input type="checkbox"/> ___ Rakes	<input type="checkbox"/> ___ Hoe
<input type="checkbox"/> ___ Oil	<input type="checkbox"/> ___ Mattock
<input type="checkbox"/> ___ Shovels	<input type="checkbox"/> ___ Pickaxe
<input type="checkbox"/> ___ Mulch	<input type="checkbox"/> ___ Flowers/Shrubbery
<input type="checkbox"/> ___ Hose	<input type="checkbox"/> ___ Bags
<input type="checkbox"/> ___ Buckets	<input type="checkbox"/> ___ Lawnmower Accessories



## **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:**

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Signature

Date

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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.

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