

2025 COMMUNITY RELATIONS INNOVATION SMALL GRANT PROGRAM

3600 Tremont Road | Upper Arlington, OH 43221 614-583-5040 | upperarlingtonoh.gov

Background - In 2019 Upper Arlington (UA) City Council established the Community Relations Committee (CRC), to "promote understanding, mutual respect and a sense of belonging among all residents to affirm the value of each individual and foster a culture of shared community."

The CRC Mission and Vision are:

Mission – Together, we will work to nurture our deep sense of community and neighborliness through activities designed to enhance understanding, appreciation, communication, and mutual respect for all members of our community. **Vision** – Upper Arlington is an inclusive community of opportunity for all people.

Innovation Small Grant Program - The City, with guidance from the Community Relations Committee, has established a small grant program to support community-based, innovative approaches to fulfilling the CRC Purpose, Mission, and Vision. This program is designed to create opportunity spaces for new initiatives, and enhancements to existing community programs and events.

The Community Relations Innovation Small Grant Program is soliciting proposals from qualified applicants which address one or more of the following goals:

- **INFORMATION:** Increase UA residents' knowledge, understanding, and appreciation of diversity within UA and throughout Central Ohio.
- **IDENTITY:** Increase the number, type, and quality of positive interactions by non-residents with the UA community.
- **INCLUSION:** Increase the sense of belonging and inclusion of all UA citizens with special focus on non-majority residents and those without pre-existing connections to UA.

Evaluation Criteria

Applications will be evaluated using the following criteria:

- 1. Direct link to one or more of the three goals above
- 2. Core program elements & activities intentionally align with the CRC Mission and Purpose
- 3. Impact individual and community; sustainability
- 4. Applicant Capabilities nondiscriminatory and serving a public purpose
- 5. Management/Fiscal/Fiduciary Accountability

Award Amounts

Applications will be accepted for grants of up to \$5,000 for one year. The City will typically only issue grants for up to two years in a row for the same program (some exceptions may apply). Agencies must apply for funding each year.

Applications Accepted: November 1-December 13, 2024

Complete the attached form and submit it to: **By Mail:** City Manager's Office, City of Upper Arlington, 3600 Tremont Road **By Email:** sbeach@uaoh.net

Applicant Evaluation

The City of Upper Arlington reserves the right to fund a lower scored application in order to achieve balance among the goals/aims of the program and minimize overlap/duplication.

PLEASE KEEP YOUR ANSWERS WITHIN THE SUGGESTED WORD COUNTS. YOU MAY ATTACH ADDITIONAL INFORMATION/SUPPORTING DOCUMENTATION TO YOUR APPLICATION.



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2025 APPLICATION

4.	Program Activities/Timeline (<200 words) - 10 Points Attach timeline if possible	
5.	Current Environment. Briefly address the following questions, if relevant (< 200 words) - 10 Points If Applicant offers similar program, how would this grant expand capabilities? and/or Do other organizations offer similar programs/activities? If so, identify organization(s) and relevant a Will this program complement these other programs or compete for similar audiences and/or impa	
6.	Participant Engagement (< 200 words) - 10 Points Describe your target audience. Who will benefit from the program? Estimate how many individuals will be engaged in the program, excluding staff & volunteers. What experience/data helped you reach this estimated target audience?	
7.	Program Participant Takeaways (< 150 words) - 10 Points What is the message you hope program participants will take with them? How will you measure your success in relaying that message?	

8.	Evaluation)n(<	250	words) –	10	Points
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An end of program/annual report is required, to be submitted no later than November 15, 2025. The report must include:

- A financial statement of fund expenditures
- Performance metrics per stated goals
- A narrative of program activities
- Participant feedback/survey results
- What data will the program collect, analyze, maintain, and report by the end of the year?
- What tools will you use?

9. Continued Engagement (< 200 words) - 10 Points

- Will the applicant continue to engage with participants after the program?
- If yes, how?

10. Sustainability (< 150 words) - **10 Points**

- What are the next steps for the program after 2025?
- IF additional funding were available, how would the program be maintained and/or grown?
- Could your organization support the program after this grant ends?

11. A •	pplicant Experience & Resources (< 200 words) - 10 Points List prior activities which demonstrate the capacity of the Program Lead and organization to achieve its goals Identify other assets leveraged to support the program (cash, in-kind donations, and/or volunteers)
12. P	ersonnel - paid and volunteer (< 150 words) - 10 Points
•	Will the Lead Program Individual receive compensation from the grant? List at least two other designated program team members. Will they receive compensation from the grant? Will the program utilize volunteers? If yes, describe their role(s) and estimate how many.
13. Pa	Artners & Collaborators. Briefly address the following questions, if relevant - 10 Points Describe how you have involved community members in the development and planning of the program. List any other organizations/groups/individuals that will be meaningfully engaged in the program. Briefly identify their respective program roles.

14. Requested Funds & Proposed Budget (Itemized expenditures by categor contracted services, other) - 10 Points	ies of personnel, supplies & materials
 15. Management/Fiscal Accountability - provide relevant details about your of type of organization, e.g., not-for-profit, faith-based, social service, governow Year organization founded Board and/or organizational leadership Appropriate fiscal controls, e.g., external audit 	
Attachments (optional; may or may not be considered in the selection process) S complement descriptions above.	Submit additional information to
Applicant Signature:	Date:
Print Name:	_
Signature of Authorized Agent of Organization:	Date:
Print Name:	
Job/Position in Organization:	