



## Stagecoach Property Owners Association

Neighborhood Grant Program  
c/o Steamboat Association Management  
675 Snapdragon Way Suite 100  
Steamboat Springs, CO  
970.875.2810  
bayer@steamboatassociations.com

### Neighborhood Grant Program

Welcome to Stagecoach Property Owners Association Neighborhood Grant program. We believe that citizens are our most valuable resource and it is our goal to promote positive neighboring activities and neighborhood revitalization by providing financial assistance through neighborhood grants. Grants from \$25 to \$500 are available for eligible projects. Please read application thoroughly first.

#### Eligible activities may include:

- Neighborhood clean-ups
- Block parties/potlucks
- Beautification projects
- Common area improvement projects

#### Ineligible activities include:

- Projects on private property
- Political campaigning
- Homeowner Association business expenses
- Alcohol purchase

Grants will be evaluated based on the following criteria:

- Fostering positive neighbor relationships
- Building a sense of pride in one's neighborhood and community
- Inclusive outreach to all residents in the neighborhood
- Number of neighbors participating and benefiting from event
- Matching donations and volunteer hours contributed to event
- Efficient allocation of Association resources

### Grant Terms and Conditions

**Grants will be awarded two times in 2019.  
Deadlines are May 15th and August 15th.  
Applications submitted after the event/activity has occurred will not be considered.**

- All grants must be utilized for projects benefiting the entire neighborhood.
- Grants must be submitted by neighborhood residents or HOAs.
- No more than \$500 will be granted to a neighborhood in a calendar year. A neighborhood will be considered an area no smaller than 1,000 foot radius from grant recipient's address for this purpose.
- Signed permission is required if event is held on private property; see application.

- Receipts and an evaluation must be submitted to the Association within 2 weeks following program or event. If you fail to turn in these items, you may be ineligible to apply for future grants.
- Please note: Grant monies cannot be paid to an Association or Steamboat Association Management employee.

### **Submission**

Send your completed application to:

Stagecoach Property Owners Association – Neighborhood Grant Program

Email: [bayer@steamboatassociations.com](mailto:bayer@steamboatassociations.com)      mail: 675 Snapdragon Way, Suite 100

fax : 970-875-2842

Steamboat Springs, CO 80487

### **Award**

Notification of awards will be by email unless requested otherwise. The notification will include a contract between the Association and the applicant. The contract must be received by the Association before the check can be mailed.

Thought should be put into planning in order to allow time for checks to be written and administered to neighborhoods. Checks may not arrive until 4 weeks after the Friday following the close date of the application period, meaning that the funds may be considered a reimbursement for the event rather than provision of funding prior to the event, depending on timing of your event.

### **Additional Information**

Please call Bryan Ayer, the Association Manager, with questions or comments. He is happy to serve as a resource and to provide examples of previously funded events or projects. He can be reached at 970-875-2810 or [bayer@steamboatassociations.com](mailto:bayer@steamboatassociations.com).

## **Stagecoach Property Owners Association - Neighborhood Grant Application**

Please fill out this application as completely as possible knowing it is subject to approval.

Applicant Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Applicant Street Address \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Email Address \_\_\_\_\_

**Type of Event** \_\_\_\_\_ **Date of Event** \_\_\_\_\_

Amount Applying for \$ \_\_\_\_\_ (Total Requested for Grant)

Number of Households who will benefit from program/event \_\_\_\_\_

Number of people you expect to attend \_\_\_\_\_

### **Neighborhood Information**

The Association requires three neighborhood contacts to help ensure the success of the project or event.

Neighborhood/Homeowners Association Name

\_\_\_\_\_

Number of Households in Neighborhood/HOA

\_\_\_\_\_

Three neighborhood contacts involved in this application and corresponding event/project:

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**Project/Event Description**

1. Please describe the project/event.

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2. How does this project/event benefit your neighborhood? What neighborhood needs/issues are being addressed?

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3. How will the event be publicized? Please describe in detail.

*(You can copy flyers for free at the offices of the Association’s management company. Call our Association Manager Bryan Ayer at 970-875-2810 for details)*

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4. Is there any on-going maintenance required for this project/event? \_\_\_\_\_ No \_\_\_\_\_ Yes.

If yes please describe the plan for assuring success in sustainability.

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5. How is the neighborhood contributing to this project/event?

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6. Will the project/event be held on private property? \_\_\_\_\_ No \_\_\_\_\_ Yes.

If yes, Please have the property owner sign below indicating you have her/his permission to hold the project/event on the property.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Zip \_\_\_\_\_

**Event/Project Budget**

Please complete this budget sheet. Include a detailed description and cost of each item. If the cost is recouped in a donation, please make that indication and name the donor. Be sure to include all neighbor contributions as well. Please note that the Association will not fund alcohol.

If you are receiving in-kind or actual monetary donations please indicate which items will be donated.

Item Description	Cost of items to be purchased (Do not include donated items in this column)	If it is a donation or in-kind contribution, please write who is donating here and the value to the right	Donation Value (if known or estimate)
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
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	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTALS</b>	\$		\$

**TOTAL GRANT AMOUNT REQUESTED \$ \_\_\_\_\_**

**Volunteer Hours**

\_\_\_\_\_ Number of Volunteers  
 \_\_\_\_\_ Average number of hours each volunteer contributes  
 \_\_\_\_\_ **TOTAL VOLUNTEER HOURS**