

# Silverton Together Mini-Grant Application



## Silverton Together

*Working Together for the health and well-being of all our families, children and community*

**O.B. Bergin**  
Manager

**Steve Kuhn**  
President  
Board of Directors

Dear Applicant:

Thank you for your interest in promoting the health and well-being of our families, children and community. I hope we will be able to join forces to meet the needs of the Silverton area community.

Enclosed is a current Mini-Grant application form. It is very important that all questions be answered fully in order for requests to be considered. If you have any questions, please do not hesitate to call me at 503-873-0405.

All proposals which would advance our stated goals will be considered. Please be sure that the form is signed by the head of the organization. Proposals originating through the Silver Falls School District must also include the signature of the Superintendent of Schools. Salaries for teachers or substitute teachers cannot be funded through our Mini-Grant Program.

A follow-up report is required of all successful grant proposals describing the outcomes of the project as they relate to the goals of Silverton Together.

Our funding selection is by necessity a competitive process. We are not able to fully fund all requests. Any funds you can acquire from other sources will strengthen your application.

Requests will be reviewed on a quarterly basis. The next deadline for receipt of applications is \_\_\_\_\_. The Silverton Together Board of Directors reviews and determines funding of all mini-grants. You will be contacted as soon as possible following their decision on \_\_\_\_\_.

Please mail your completed application to the above address, or drop it by the Silverton Together office at 421 S. Water (Silverton Community Center). I am eager to see what your organization proposes for the strengthening and supporting of Silverton area families.

Sincerely,

O.B. Bergin, Manager  
Silverton Together

# Silverton Together Mini-Grant Application

For Office Use	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Unapproved

PO Box 114  
Silverton OR 97381

Date: \_\_\_\_\_

NAME OF PROJECT: \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_ Title: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE of Head of Organization (e.g. school superintendent, city manager, agency director, club president, etc.):

\_\_\_\_\_ Title: \_\_\_\_\_

HOW DOES YOUR PROJECT ADDRESS SILVERTON TOGETHER'S STRATEGIC PLAN?

*Check no more than 3 boxes from the list of strategies below:*

Goal 1: More families will participate in life skills education and family support opportunities.

- Parent support and training for young children
- Parent support and training for school age children/youth
- Respite care and relief nurseries
- Education addressing domestic violence, support for victims of domestic violence
- Other \_\_\_\_\_

Goal 2: More children and teens will be in safe supportive environments.

- Early childhood enrichment opportunities
- Quality child care
- Advocacy for stable placements for abused and neglected children
- Early identification of and intervention for problem behaviors
- After-school programs
- Mentoring programs
- Service learning/community service
- Recreation
- Youth development and leadership
- School-to-work programs
- Shelter
- Tobacco, alcohol and other drug prevention/intervention
- Other \_\_\_\_\_

Goal 3: More community residents will know about and have access to community events, resources, services, and activities.

- Intra-community linkages and communication
- Comprehensive family support/family centers
- Transportation
- Other \_\_\_\_\_

Goal 4: Our community will celebrate *all* families by honoring diversity and promoting cultural understanding.

- Community governance and leadership
- Other \_\_\_\_\_

