

Grassroots Grantmaking Committee (GGC) Application



Deadline for Submissions: Friday, October 21st 2016

GGC Application

Grassroots Grantmaking Committee (GGC): Review proposals, meet with other committee member to discuss proposals, interview grantseekers and make funding decisions. Represent Neighborhood Allies in Pittsburgh's neighborhoods to promote applications and recommend other committee members. This is a 3 year commitment of at least 16 meetings per year (8 mtgs per funding round).

Contact Information

Name (Last, First) _____

Address _____

Zip
code _____

Neighborhood _____

Phone numbers

Home: _____

Work: _____

Mobile: _____

Email: _____

Employment

Present Company
Name _____

Address _____

City, State Zip _____

Title _____

Responsibilities _____

Supervisor _____

Contact # _____

Past Company
Name _____

Address _____

City, State Zip _____

Title _____

Responsibilities _____

Supervisor _____

Contact # _____

What is your present or past involvement with Neighborhood Allies?

___ Grantmaking Committee Member

___ Connector

___ Grantee

___ Ambassador

___ Fiscal Agent

___ Other (describe) _____

Share your *present* and *past* involvement with community or neighborhood activities?

Please list any professional affiliations, clubs or organizations with which you are involved: How has being involved in your community been a benefit to you?

What are the 2 or 3 most pressing concerns or issues in your neighborhood?

What skills or talents make you a good candidate for the position for which you are applying?

What issues interest you? What issues are you passionate about? Why?

- Neighborhood based/ grassroots initiatives?

Please share your view/opinion of -

- Grassroots grant making (small grants programs like NA)?

Is there any way that your involvement in Neighborhood Allies may create some professional conflict of interest for you in your community involvement or employment?

Yes or No If so, how? _____

If selected, on what date can you start? _____ / _____ / _____

If selected, does one of the following work for you?

- First Wednesday of each month
- First Monday of each month
- Third Wednesday of each month
- Third Monday of each month

Are you available on the weekends? Yes No

Are you available evenings? Yes No

Please share any other information that you would like Neighborhood Allies to take into consideration while considering your application to be a part of Neighborhood Allies.

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Please list two references (at least one a professional reference) that we can contact to talk more about your qualifications (they cannot be relatives).

Reference 1	Reference 2
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip
Phone Number:	Phone Number:
Email Address:	Email Address:
What's your relationship to this person?	What's your relationship to this person?

Applicant Signature

Date

Thank you for considering becoming a part of the Neighborhood Allies Team.

Please return this application to:

**Neighborhood Allies, 225 Ross Street, Suite 202,
Pittsburgh, PA 15219
Attn: Shikha Jerath
FAX: (412) 471.3746 TEL: (412) 471.3727
Email: Shikha@neighborhoodallies.org**