



## Grassroots Grantmaking Committee (GGC) Nomination Form

A GGC member is an individual who is a weaver. Someone that learns about new ideas, resources, and opportunities and shares—or weaves—them across their neighborhood; engaging with residents and other community leaders. The GGC aims to help aggregate and share resources with each other so as to spread them across neighborhood lines. A GGC member is self-motivated to improve the health of their neighborhood. A GGC member may have a specific area of interest; however, the GGC member notices the incredible importance of improving communities holistically.

The GGC envisions a community where neighbors are neighbors. They support their fellow community members in common goals, initiating change, and inspiring engagement and pride in their community.

The GGC accomplishes this vision by providing mini grants to community members. These grants are to support projects brought forward by people who are invested in the vibrancy and success of their communities, building the capacity of their communities, and strengthening access to existing resources.

**I wish to nominate myself/ the following candidate as a Love My Neighbor! Grassroots Grantmaking Committee member:** *(Please print clearly)*

Candidate's Name: \_\_\_\_\_

Neighborhood in which candidate lives: \_\_\_\_\_

Organizational affiliation(s) (if any): \_\_\_\_\_

\_\_\_\_\_

Has this person ever received a LMN! Grant?: (Check all that apply)

2016       2017       2018       2019       2020

Name of LMN! Project/ Group they worked with: \_\_\_\_\_

Daytime Phone of Nominee : \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Does this person have facebook?    Yes       No       Unsure

Does this person have Instagram/ twitter?    Instagram       Twitter       Other

Why is this candidate an ideal person to join the GGC?

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Nominator's Name: \_\_\_\_\_

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

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

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

Have you previously served as a GGC Member? (Check all that apply)

2016                       2017                       2018                       2019                       2020

Have you ever received a LMN! Grant?: (Check all that apply)

2016                       2017                       2018                       2019                       2020

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form by **January 8<sup>th</sup>** to Program Manager, Tamara Cartwright  
[tamara@neighborhoodallies.org](mailto:tamara@neighborhoodallies.org)

**OR mail/ fax it to:**

Neighborhood Allies  
429 Fourth Avenue, Suite 1900  
Pittsburgh, PA 15219  
Fax: 412.471.3746

