**The Community Project 2025 Grant Application**

Please answer the questions below and upload this document when submitting the online form.

**Q: What is your primary motivation for applying for The Community Project?**

A:

**Q: What needs do you see in your community that align with the purpose of The Community Project? Please provide specific examples if applicable.**

A:

**Q: What specific community members, groups or populations would you want to see participate in the grant process?**

A:

**Q: How do you currently engage with residents and community groups? Please give examples. If you don’t actively engage, how do you hope to engage with them in The Community Project?**

A:

**Q: What do you hope to see happen in your city if you are selected for The Community Project?**

A:

**Q: The Community Project requires a grant leader from the city. Who would lead your city’s efforts if selected? Please include their name, job title/role and if they have been involved in the application process.**

A:

**Q: Does your city own or control an outdoor space that could be used for the project? Briefly describe any potential outdoor spaces that may be considered for development.**

A:

**Q: Would the city have the budget/personnel to maintain the outdoor space after the project is completed?**

A:

**Q: Does your community have a strong sense of identity? If so, how would you describe it?**

A:

**Q: What is something the Blue Cross of Idaho Foundation for Health should know about your city and community?**

A: