

# Grant Making Committee Position Description, Expectations and Code of Conduct



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## Neighborhood SUCCESS

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### Mission

Neighborhood SUCCESS, a program of The Raymond John Wean Foundation, supports grassroots groups in community development projects that enhance the quality of life in the neighborhoods of Warren and Youngstown, Ohio.

### Goals

- Expand meaningful resident participation and leadership
- Encourage communication and collaboration among residents, associations and institutions
- Build on/leverage financial, human and material resources that exist in the community
- Enhance communities—physically, socially and economically

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## The Grant Making Committee

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### Purpose

Members of the Grant Making Committee (GMC) play a critical role in the ongoing development and implementation of Neighborhood SUCCESS, a program of The Raymond John Wean Foundation. Their contributions of time and expertise allow them to: ensure a fair and thoughtful decision-making process for grant awards; further develop leadership skills; interact with fellow residents; and strengthen communities through their work. Collectively, the group reviews grant applications and makes final funding decisions.

### Responsibilities

- Attend scheduled meetings and actively participate in the discussion and decision making process
- Promote Neighborhood SUCCESS to the community at large
- Participate in meetings, trainings and conferences as requested
- Understand program functions including review of applications and budgets

### Length of Term

- Two year term

### Initial Time Commitment for New Members

- Self study orientation – two hours
- Training – three hours
- Orientation – two hours

### Ongoing Time Commitment for Members

(For each biannual grantmaking season – March to May and September to November)

- Independent grant application reviews, committee meetings and conference calls – 25 to 30 hours

### Financial Expectations

- Travel expense to and from meetings

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**2012 Contact Information and Release Form**

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Please provide us with your preferred contact information. Your information will not be shared outside of the membership and will be used solely for the purpose of conducting Foundation business.

**Please type or print clearly. The Foundation needs at least one method for contacting you.**

**Name** \_\_\_\_\_

**Preferred Mailing Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Preferred Phone Number(s)**

(\_\_\_\_\_) \_\_\_\_\_  Home  Work  Mobile  Day  Evening

(\_\_\_\_\_) \_\_\_\_\_  Home  Work  Mobile  Day  Evening

**Preferred Email Address**

\_\_\_\_\_ @ \_\_\_\_\_

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**Code of Conduct**

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*As part of my responsibilities as a Grant Making Committee member, I will:*

- Respect the views of others
- Maintain strict confidentiality regarding Committee matters
- Act in the best interest of the Foundation by conducting myself professionally and acting in accordance with the guidelines set forth here
- Understand program functions including review of applications and budgets
- Stay informed about what is going on in the community and ask questions, request information and actively participate in and take responsibility for issues, policies and other matters that come before the Committee.
- Attend meeting prepared and ready to work

*In turn the Foundation will:*

- Provide the tools and guidance necessary for fulfilling my responsibilities
- Provide personal development opportunities including training, conferences, subcommittee work and special projects
- Acknowledge with gratitude the contributions of Committee members

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**Acknowledgement**

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I, \_\_\_\_\_, understand that as a member of the Neighborhood SUCCESS Grant Making Committee I have a responsibility to ensure the Committee does the best work possible in pursuit of its goals. I understand that by selecting me, the Foundation has placed their trust in my ability to fulfill the responsibilities of this role. I believe in the mission and purpose of Neighborhood SUCCESS and I will act responsibly and prudently when representing the Foundation. I have reviewed, understand and accept the responsibilities, commitments and Code of Conduct associated with this position.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_