

Application Form

5 copies Applications must be delivered please call ahead of time for hand deliveries, or mail to Ronda Johnson at D1EC, 4415 NE 87th Avenue, Portland, OR 97220 *Must be received by Noon, 12:00pm January 6, 2024. Not postmarked by.

Cover Page

Complete the form below or create a new form with ALL elements listed in order.

Project Title _____

Applicant Organization/Group _____

Project Coordinator _____

Phone _____ Email _____

Applicant Organization Mailing Address _____

City, State, Zip _____

Fiscal Sponsor Organization (if applicable) _____

Fiscal Sponsor or Nonprofit 501(c)3 Tax ID # _____

Fiscal Sponsor Address _____

City, State, Zip _____

Phone _____ Email _____

Partner Organization(s) _____

Funding Amount Requested _____

Narrative

Narrative must be single-spaced, 12-point font, 1-inch margins, no more than 3 pages-excluding cover page and budget.

1. Please describe your project, its goals and anticipated outcomes. Your response must address how the project will engage people in the D1EC area and achieve one or more of the goals (page 1). Please describe any planned engagement of historically underserved communities (page 3). List your core goals. Describe the activities you will undertake to meet your goals. Tell us what you expect to accomplish by undertaking this project.

2. How does your project fit with D1EC mission? D1EC collaborates to build informed, inclusive, and participatory neighborhoods that support our social and ecological well-being.

D1EC Mission Statement

D1EC Provides training and orientation, information and support services to Neighborhood and Business Associations and Community Based Organizations, groups within the areas of D1EC. We Facilitate communication between people and government; Promote public participation issues of livability, safety and public policy; Promote, encourage and support the participation of members of diverse communities within the areas D1EC; Administer contracts or memorandums of understanding and operate in accordance with all laws and abide by the Standards established by the Office of Community & Civic Life.

3. What is your group's capacity to complete the project? Include the qualifications of those who would carry out this project, and how they reflect the community you hope to engage. Include information on volunteer support, roles, skills, and resources available. Identify any project partners and describe their anticipated role. State whether your partnership is ongoing, or a new partnership developed for your proposed project.

NOTE: If you identify a partner(s) a signed letter is required from each partner organization explaining how they will actively participate in the project.

4. Who will participate in your project activities? Describe the target audience(s) your project will engage. Where are they located? How will they be involved as active participants? Have they been involved in the design of your project? How many people do you expect to participate in your activities? Be specific about how your project will engage historically underrepresented or underserved communities such as people of color, immigrants and refugees, people with disabilities, LGBTQ+ people, renters, and communities with low-income people.

5. Please describe how requested grant funds will be used. How does the budget support the project?

Include information on leveraged and/or donated resources. This could include volunteer time, in-kind donations, or other funds to be used for this project.

6. Please describe your plan to promote your project in the community. Include how you will acknowledge the program sponsors D1EC and the Office of Community & Civic Life. Include how you will build awareness of your project in the community and the outreach methods you will use to reach your target audience.

7. Please provide a simple timeline for your project. Include your expected start and completion dates and any major project milestones.

Project Budget

Grant requests are from \$1,000 to \$4,000.

Please provide your proposed project expenses below.

It is not required to include items in every section. Please review your totals.

Budget Item Description	Requested Funds	Leveraged Funds and/or Additional Grants*	In-Kind Donations Services & Time**
Personnel (Contracting for professional services, participant stipends, volunteer time**, etc.)			
Supplies & Materials (Painting supplies, wood, etc.—the materials needed to complete the project.)			
Outreach & Publicity (Flyers, brochures, mailings, etc.)			
Event Related Expenses (Renting table/chairs, food, paper cups, etc.)			
Permitting & Fees (Reserving Park space, noise variances, street closures, etc.)			
Other			
Administration*** (Fiscal sponsorship fee, etc.)			
TOTAL			

* Leveraged Funds include additional dollars supporting this project, for example, additional grants or direct support (cash donations) from other sources.

** Donated materials, services, and time can include estimated dollar amount of in-kind donations (space rental, TA, materials, etc.) and/or volunteer hours at \$31.80 per hour. For professional or skilled volunteer work, visit www.bls.gov/oes/current/oes_or.htm to identify a median per hour volunteer rate.

*** Administration cannot exceed 10% of the *Requested Funds* for the proposed project. **The total Requested Funds should not exceed \$4,000**-for example, requested funds-\$2,500; administration-\$250 (\$2,500 x 10%); total requested funds-\$2,750.

Application Checklist

***Incomplete Application Packets Will Not Be Considered**
Check & Initial all the boxes, sign below and submit with application.

A Complete Grant Application Must Include the Following Components	
Cover page: See page 1 of the Application Form	
Project Narrative: Your answers to the questions verify your eligibility, provide the required contact information, and fully describe your project. Please do not exceed the word count limits. The project narrative; single spaced, 12 point font, no less than 1 inch margins. No more than 3 pages.	<input type="checkbox"/>
Budget and Budget Narrative: You Completed all four columns of the budget form. You provided a brief description of your budget categories and why they are necessary. You submitted your budget.	<input type="checkbox"/>
Provide Proof of Eligibility: Applicant is a tax exempt 501c3 nonprofit organization and provided their tax ID number in the narrative. Applicant has an existing fiscal sponsor and provided their fiscal sponsor’s tax ID number and information in the narrative. Applicant is not a 501c3 organization or fiscally sponsored by one must contact D1EC at Email rondaj@cnncoalition.org 971-438- 8734 Neighborhood Association (NA) applicants have formal approval via a vote of their board proof included in the narrative.	<input type="checkbox"/>
(Optional Partnerships) Partnership Letter included from partner organizations explaining how they will actively participate in the project.	<input type="checkbox"/>
Application Packet: Please confirm you included all of the above information with this initialed checklist. *Submitted the application packet with 5 copies by Noon, 12:00 PM Monday, January 6, 2025. to: District 1 East Coalition, 4415 NE 87 th Avenue, Portland, OR 97220	

I read and completed all the above and initiated the boxes.
Signature: _____ Date: _____