

# 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 87<sup>th</sup> Avenue, Portland, OR 97220 \*Must be received by Noon, 12:00pm March 2, 2026.**

**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 & anticipated outcomes.** Your response must address how the project will engage people in the D1EC area & achieve one or more of the goals. Please describe any planned engagement of historically underserved communities. 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, & participatory neighborhoods that support our social & ecological well-being.

### D1EC Mission Statement

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

- 3. What is your group's capacity to complete the project?** Include the qualifications of those who would carry out this project, & how they reflect the community you hope to engage in. Include information on volunteer support, roles, skills, & resources available. Identify any project partners & 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's 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?
- 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 & the OCCL. Include how you will build awareness of your project in the community & the outreach methods you will use to reach your target audience.
- 7. Please provide a simple timeline for your project.** Include your expected start & completion dates & 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.

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

- \* Leveraged Funds include additional dollars supporting this project, for example, additional grants or direct support (cash donations) from other sources.
- \*\* Donated materials, services, & time can include estimated dollar amount of in-kind donations (space rental, TA, materials, etc.) and/or volunteer hours at \$34.79 per hour.
- \*\*\* Administration cannot exceed 10% of the *Requested Funds* for the proposed project.

## 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.**

**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.

**Provide Proof of Eligibility:**

**Applicants are a tax exempt 501c3 nonprofit organization and** provided their tax ID number in the narrative.

**Applicants have 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](mailto:rondaj@cnncoalition.org) 971-438- 8734**

**Neighborhood Association (NA) applicants** have formal approval via a vote of their board proof included in the narrative.

**(Optional Partnerships) Partnership Letter included from partner organizations explaining how they will actively participate in the project.**

**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, March 2,2026, to:  
District 1 East Coalition, 4415 NE 87<sup>th</sup> Avenue, Portland, OR 97220

**I read and completed all the above and initiated the boxes.**

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