



**OREGON
CITY**



Metro

Enhancement Grant Program Application

Before filling out this form, please read the Enhancement Grant Program Information for complete submittal instructions and to be sure that your proposal qualifies for funding. Applications received after the deadline will not be accepted. Liability insurance coverage may be required. Limit answers to the space provided.

Title of Project _____

Organization _____

Is this a Non-Profit Organization? Yes _____ No _____

Non-Profit Federal tax exempt ID Number _____

Address _____

City, State, Zip _____

Project Coordinator _____ Phone _____

Email _____

Chairperson of Governing Board (If Applicable) _____

Phone _____

Signature _____

(The person authorized to represent the organization must sign the application with a digital signature or actual signature on a hard copy.)

*****Complete the budget sheet on page 7 first.**

Amount totals from that sheet will auto fill into this table

Grant Amount Requested:	\$	
+ Matching Funds (Cash):	\$	
+ In-Kind Matching Funds (See question #15):	\$	
= Total Cost of Project:	\$	

Proposal Information

1. Is this your first grant application to the Enhancement Grant Committee?

Yes _____ No _____

2. Have you received an Enhancement Grant in the last 3 years? (Include past Metro Enhancement Grants)

Yes _____ No _____

If yes, please describe the projects/programs for which you received funding.

3. If you received an Enhancement Grant last year, what is the status of the project?

4. Will this grant-funding request be used for the first phase of a project, with possible grant requests for future phases?

Yes _____ No _____

If yes, please explain.

5. Briefly describe the project for which you are requesting funds.

6. Describe why this project was selected and the community need(s) to which it will respond.

7a. Identify and describe how this proposal meets one or more of the goals for funding within the enhancement area boundaries (check those below that apply and describe by item number below).

- _____ 1. Result in an improvement to the appearance or environmental quality of the area/neighborhood.
- _____ 2. Result in the reduction in the amount or toxicity of waste, or increase reuse and recycling opportunities.
- _____ 3. Result in rehabilitation, upgrading or direct increase in the real or personal property owned or operated by a nonprofit organization having 501(c)(3) status under the Internal Revenue Code.
- _____ 4. Result in the preservation or enhancement of wildlife, riparian zones, wetlands, forest lands and marine areas, and/or improve the public awareness and the opportunities to enjoy them.
- _____ 5. Result in improvement to, or an increase in, recreational areas and programs.
- _____ 6. Result in improvement in the safety of the area.
- _____ 7. Result in projects that benefit youth, seniors, low-income persons or underserved populations.
- _____ 8. Result in significant improvement in the cleanliness of the City.
- _____ 9. Result in increased employment or economic opportunities for City residents.
- _____ 10. Result in increased attractiveness or market value residential, commercial or industrial areas.

7b. List by item number from 7a and describe how the project meets the each goal.

8. Project Period: _____
(Number of months in duration)
Beginning Date: _____
Ending Date: _____

9. What is the geographic area of Oregon City where the project will take place?

10. How will the community benefit by your project? What is the estimated number of people affected and anticipated outcome(s)?

11. What community resources will be used as support for this project (i.e. community, city-owned property, city departments, transportation services or other civic groups)?

12. Briefly describe prior experience managing similar projects, including any past enhancement projects.

13. List anticipated project milestones and dates (e.g. groundbreakings, significant facility improvements, large gatherings of volunteers, public meetings, conferences, special activities and events).

14. An exit report will be required once the project is complete, per a signed Enhancement agreement. Describe the measurements you will use to assess the program/project effectiveness. In other words, how will the effectiveness of the program/project be tracked and evaluated (i.e. number of people served; improvements and/or beautification; number of volunteers attracted; amount of area cleaned or rehabilitated, etc.)? Be sure to describe project goals, changes and noticeable benefits that will come about as a result.

15. List sources of support for in-kind matching support (e.g. volunteer hours and donations). In order to estimate the value of donated volunteer time refer to the Enhancement Grant Program Information sheet for current value.

Item	Source of Support	Estimated Value (\$)

16. List all grants applied for in support of this project and commitments confirmed to date.

17. What is the percentage of Enhancement will be used for personnel services or administrative costs? _____%

18. Will the administrator be a paid position? Yes _____ No _____

19. Proposed Budget—on the following page please complete the proposed budget. Modify line items as needed to reflect proposed expenses.

- Column A: Show grant monies needed for the program/project.
- Column B: Show cash matching funds.
- Column C: Show donations or in-kind volunteer labor (from question 15).
- Column D: Totals for each category.

*****These figures will be transferred to the table on the first page of this application.*

Proposed Budget

Suggested List (not inclusive)	(A) Grant Dollars Requested	(B) Matching Funds (Cash)	(C) In-Kind Matching Support	(D) Total
Personnel Services (salaries, administration)				
Project Administration costs (clerical, advertising, graphics, printing, postage)				
Materials				
Equipment/Supplies				
Construction Costs				
Event Costs				
Transportation Costs				
Insurance Costs (if needed)				
Additional Costs (List)				
Totals				