Application for Community Grant Program

 [For events/programs held July 1, 2024 through June 30, 2025]

**Instructions for Applicants:**

* Refer to “Criteria for Community Grant Program” for guidelines and criteria
* In the interest of sustainability, this request form should be completed and submitted electronically along with all your supporting documentation that best helps justify your request. Email your request to cwl\_communitygrants@westlinnoregon.gov.
* The deadline for submission is April 30, 2024.
* If electronic submission is not possible, we are happy to scan your submission documents into an electronic file at City Hall (22500 Salamo Road).
* A detailed budget describing the anticipated use of requested funds is required (see page 3).
* ***Organizations receiving grant funds must also complete Report Back to Committee form within 90 days after event/program is completed in order to be eligible for future grant funding.***

**Applicant Contact Information**

Organization Name: .

Primary Contact Person: .

Email: .

Address: .

Telephone: .

Web Site: .

**Organization Information**

1. Is your organization a registered 501(c)3? [ ]  Yes [ ]  No
2. Tax Identification Number: . (Complete attached Form W-9 as well)

***If responses exceed the spaces below, please attach additional sheet(s) as necessary with question identifiers and your responses.***

1. Summarize your organization’s mission, vision, goals, and primary activities?

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1. Describe how your event satisfies the purpose and selection criteria of our grant:

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1. Describe the organization’s other funding sources and their uses:

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1. Describe the timeframe of the project or part of the project to be funded:

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1. Describe what the organization will do if funding is not granted:

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1. The *Report Back Form* is required to be submitted within 90 days after your event. If you received a grant last year and have yet to submit this form, complete a through c below:
	1. How did the funds help the purpose of your organization (i.e., Event A brought new education and activities to West Linn encouraging happiness and wellbeing for teens)?

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* 1. What measurable value did the grant program provide to the citizens of West Linn (i.e., 25 West Linn teens attended Event A for free)?

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* 1. Please describe how any previously received grant funds were used (if any), (i.e., $500 motivational speaker, $1,000 activity booths for yoga/karate/sewing/gardening):

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1. Attach summary financial statements in some format that best reflects the financial position (i.e. balance sheet), revenues/expenses (i.e., income statement), and spending plans (i.e., budget) of your organization. Please limit your responses to four pages of summarized financial data reflecting your financial activity for a year’s time-frame. We recognize that some community organizations may not have this type of information, in which case, please provide similar information in the best manner that you are able.

**Detail Budget Describing Use of Requested Funds**

Requested funding amount: $ .

Please detail how funds will be spent by your organization in the below spreadsheet (the intention of this chart is to identify how grant funds will spent so please be as specific as possible. For example, direct costs for food, tents, brochures, contractors, entertainment costs, and supplies well as any more indirect costs such as advertising, promotion, flyers, etc.). *Note that identifying these categories does not guarantee funding any or all categories:*

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| --- | --- | --- |
| **Activity** | **Description** | **Amount** |
| *Lighting expenses****Sample:*** | *Light rental costs, electricity, and labor to* *hang and take-down lighting* | *$750.00* |
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| **TOTAL REQUEST:** |  |

**Signature Certification**

I affirm that if my organization is granted funding, my organization will be required to adhere to City guidelines related to the use of funds, and will be required to provide timely reporting on the use of the granted funds to the City of West Linn. I affirm that the grant funds will only be used for the intentions outlined for this program.

*(Please type your name, title, and date; upon receipt of funds, a final signature will be required)*

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Signature & Title Date

