



**OREGON  
CITY**



**Metro**

## **Metro Enhancement Grant Program 2023-24 Application**

Thank you for your interest in the Metro Enhancement Grant Program. Before filling out the application, please read the Enhancement Grant 2023-24 Program Information for complete instructions and to be sure that your proposal qualifies for funding. Applications received after the deadline of June 1 will not be accepted. Liability insurance coverage may be required. Please limit your answers to the space provided.

If you have questions, please contact Ann Griffin at [agriffin@orc.org](mailto:agriffin@orc.org) or 503-974-5517.

Title of Project \_\_\_\_\_

Applicant Organization \_\_\_\_\_

Is this a Non-Profit Organization? Yes  No

Non-Profit Federal tax-exempt ID Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Project Manager responsible for the Enhancement Grant project

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Chairperson of Governing Board (If Applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

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

## **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?

Yes  No

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

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

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

5. The proposed project must meet one or more of the following 10 goals. Please indicate which of the following outcomes your project will achieve by marking an "X" or a check mark.

- 1. Result in significant improvement in the cleanliness of the City.
- 2. Increase reuse and recycling efforts or provide a reduction in solid waste.
- 3. Increase the attractiveness or market value of residential, commercial or industrial areas.
- 4. Results in rehabilitation or upgrade of real or personal property owned or operated by a nonprofit organization having 501(c)(3) status under the Internal Revenue Code.
- 5. Enhance new or existing wildlife, riparian zones, wetlands, forest lands or marine areas, and/or improve the public awareness and the opportunities to enjoy them.
- 6. Preserve or increase recreational areas and programs within the City.
- 7. Improve safety within the City.
- 8. Increase employment or economic opportunities for City residents.
- 9. Provide work, training opportunities, or other benefit to youth, seniors, and low income people or other under-served groups.
- 10. Enhance art and culture within Oregon City.

5b. Describe how the project meets the selected goal(s).

6. Project Period: \_\_\_\_\_  
(Number of months in duration)

Beginning Date:

Ending Date:

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

8. Briefly describe prior experience managing similar projects, including your organizations and any past enhancement projects.

9. Describe the measurements you will use to assess the program/project effectiveness? Be sure to describe project goals, changes and noticeable benefits that will come about as a result.

**Proposed Budget**

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

10. Proposed Budget. On the following page, please list the project's proposed budget. Modify the cost line items as needed to reflect proposed expenses. Please note that matching resources ARE REQUIRED. The total match amount required depends upon the total project cost. Please refer to the table below:

<b>Total Project Cost</b>	<b>Additional Funding Requirement</b>
\$0 to \$9,999	10% of total project cost
\$10,000 to \$19,999	20% of total project cost
\$20,000 to \$39,999	30% of total project cost
\$40,000 to \$74,999	40% of total project cost
\$75,000 or more	50% of total project cost

Please fill in the Proposed Budget. After you have filled in the Proposed Budget above, the budget summary below will automatically auto-populate:

<b>Grant Amount Requested:</b>	
<b>+ Matching Funds (Cash):</b>	
<b>+ In-Kind Matching Funds</b>	
<b>= Total Cost of Project:</b>	

11. List sources of support for the project's in-kind match (e.g., volunteer hours and donations). As described in the Enhancement Grant Program Information document, volunteer labor may be valued at an estimated rate of \$27.20 per hour.

Item	Source of Support	Estimated Value (\$)

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

13. Administrative costs are allowed as part of the project. What percent of Enhancement Grants funds will be used for personnel services or administrative costs? \_\_\_\_\_