



**OREGON
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The Re-Imagine Opportunity Fund

Before filling out this form, **READ** the program information of the Re-Imagine Opportunity Fund and the accompanying instructions/guidelines.

APPLICATION IS NOT FULLY COMPLETE WITHOUT REQUIRED ATTACHMENTS!!

ORGANIZATION'S/BUSINESS' INFORMATION

Name of Organization or Business _____

Name Operation's Director or business Owner _____

Title: _____ Phone: _____ Email: _____

Form of Business (Check One): Sole Proprietor Partnership LLC Subchapter S
C Corporation Independent Franchise Private non-profit

FOR BUSINESSES ONLY (For-Profits):

Description of product or services offered: _____

-Is Oregon City Business License Current? Yes No

-Oregon State Registration Current? Yes No

-Business Identification Number (Issued by the Oregon Employment Dept.) _____

-Employer Identification Number _____

-NAICS Code (As found on most recent Federal Tax Filing) _____

-Any federal or state tax delinquencies? Yes No (If no and if preferred, let's discuss)

-Is the business in bankruptcy proceedings? Yes No

FOR PRIVATE NONPROFITS:

-Description of product or services offered: _____

-Federal 501 (c)3 Status in Good Standing? Yes No

-Oregon State Registration Current and in good standing? Yes No

-Business Identification Number (Issued by the Oregon Employment Dept.) _____

-Employer Identification Number _____

-NAICS Code (As found on most recent Federal Tax Filing) _____

-Current on all 990 Tax Filings? Yes No and on all taxes (federal, state, or local)? Yes No

If there are full-time employees, currently how many? _____

If there are part-time employees, currently how many (more than 20 hrs. less than 40 hrs.) _____?



Were you forced to close because of the Governor's Executive Order, issued on March 23, 2020?

Yes ___ No ___

Are you currently open and operational? Yes ___ No ___

If no to both questions, when and why did you close?

BUSINESS DESCRIPTION/BACKGROUND/HISTORY – (If more space is needed, use a separate sheet). Weighted Score: Up to 10

Provide a short narrative about the history of the business or organization. Include how long you have been in operation, current goals, or mission (if applicable), target customer base.

OPERATIONS UNDER COVID-19 - (If more space is needed, provide your answer on a separate sheet)

How has COVID-19 impacted your business, operationally and financially?

How are you currently providing the service or selling the product(s)?



**OREGON
CITY**



How are you currently managing customer interaction inside and outside of the premises?

How are you currently managing employee exposure?

RE-IMAGINE FUND PROJECT DESCRIPTION

(Weighted Score: Up to 25 max points)

How much funding is being sought for the project \$ _____?

What will the funding be spent on? Check only one

___ Renovation Work Outside

___ Renovation Work Inside

___ New Machinery & Equipment

___ Computer Hardware/Software

___ Improved/New Website

___ Electronic Devices

___ Other (Describe/Explain) _____

Cannot use funds to pay for late business license fees and/or an outstanding illegal activity lien imposed against the business applicant, initiated by a governmental entity.



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What is the proposed innovation or reimagined project? What are you trying to accomplish with your proposed changes or innovation (goals/objectives)? (If more space is needed, provide your answer on a separate sheet)

As it relates to the intent of this program, how will your proposed re-imagined project make the organization/business more resilient and sustainable? (If more space is needed, provide your answer on a separate sheet)



RE-IMAGINE FUND PROJECT STRATEGIES

(Weighted Score: Up to 30 max points)

(If more space is needed, provide your answer on a separate sheet)

What specific steps will you be taking to implement your strategy? include program specifics, measurables, and projected completion dates.

An example might be to install technology that kills germs/viruses in the air to make your patrons feel more confident and comfortable about being inside.

An example might be to switch to a reservation only operation with other steps taken to ensure the health and safety of your guests.



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MEASURES OF PERFORMANCE

(Weighted Score: Up to 15 Max Points)

How will you measure the success of your innovation project, in the short-term and the long-term? Please be as specific as possible?

An example might be the ability continue operations and service patrons and bring in a sustaining income despite a particular challenge(s).

An example might be the ability to switch from one method of operation to another due to a challenge and still be able to provide a service or sell a product(s) in a financially sustainable way.



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MANAGEMENT TEAM (QUALIFICATIONS)

(Weighted Score: Up to 20 Max Points)

Provide a short narrative on the management team of your company/organization, who are they, their titles? What is your and your managers' expertise in doing what you do, well? How long have you and your managers' been engaged in your expertise?



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BUDGET – Outline sources of funds and use of funds on project. (see example on next page)

SOURCE OF FUNDS	
Proposed Funding Requested \$	_____
Cash Match or	\$_____ (At least 10% of total funding request, could be more)
Cost of In-Kind Purchase Associated with Project	\$_____
Total Source of Funds	\$_____

USE OF FUNDS (choose only one cost item)	
Cost of Renovation or	\$_____
Cost of New/Improved Website or	\$_____
Cost of New Machinery/Equipment or	\$_____
Cost of Electronic Devices	\$_____
Cost of New Computer/Software	\$_____
Cost of Other Innovation	\$_____ Identify _____
Total Source of Funds	\$_____

Note: The total source of funds should be the same number as the total use of funds
Source of Funds = Use of Funds



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EXAMPLE BUDGET – Outline your funding sources and how you intend to use them.

SOURCE OF FUNDS	
Proposed Funding Requested	<u>\$13,500</u>
Cash Match or	<u>\$1,500</u> (At least 10% of total funding request, could be more)
Cost of In-Kind Purchase Associated with Project	\$ _____
Total Source of Funds	<u>\$15,000</u>

USE OF FUNDS (choose only one cost item)	
Cost of Renovation or	\$ _____
Cost of New/Improved Website or	\$ _____
Cost of New Machinery/Equipment or	<u>\$15,000</u>
Cost of Electronic Devices	\$ _____
Cost of New Computer/Software	\$ _____
Cost of Other Innovation	\$ _____ Identify _____
Total Source of Funds	<u>\$15,000</u>

Source of Funds = Use of Funds



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PROJECT TIMELINE – Projected timeline of purchase, of the installation, or of the process/strategy to be implemented, including benchmark dates.

The business owner or private nonprofit director or president must sign the application with a digital signature or an actual signature.

I certify that I am the legal owner of the business seeking assistance under this program. I further certify that the information provided on this application is correct and accurate. I acknowledge that this is a forgivable loan program and that any misrepresentation reflected on this application or during the application review process that results in my operation receiving funds would trigger a default event and could convert the forgivable loan into a non-forgivable loan. I further understand if I spend the funds awarded toward ineligible uses that this would also trigger a default event. I acknowledge that award decisions on funding or a declaration of a default event are in the sole discretion of the Project Selection Committee and are final.

← Check here if you agree with the following statement: I will carry out my operation's implementation plan and to do otherwise would trigger a default event.

Signature _____

Date _____