



NORTH PORTLAND NEIGHBORHOOD SERVICES

Small Grants Program 2017 (NPNSG)

- Answer all questions. Do not submit additional materials
- **Limit answers to space provided.** Use 10 or 12 point font.

■ Section 1

Grant review committee members may contact you with questions regarding your application.

APPLICANT INFORMATION

Project Title _____

Neighborhood(s) Served _____

Organization _____

Grant Funds Requested: \$ _____

501c3 Status: Yes _____ No _____ Fiscal Sponsor: Yes _____ No _____

Project Coordinator(s) _____

Email _____ Phone _____

Alternate Coordinator(s) if relevant _____

Email _____ Phone _____

Partner Organization(s) if relevant _____

■ Section 2

Briefly describe the project and how the funds will be used as indicated in the budget. Use this space to provide a narrative of the project with relevant budget itemization.

■ Section 3

Explain how this project will meet one or more of the funding requirements:

- Create and build community
- Engage new and diverse communities
- Sustain those already involved
- Strengthen existing programs
- Increase community and neighborhood impact on public decisions and community life.

■ Section 4

Describe who will benefit from this project? How many people will be engaged? How will outreach be conducted? How will the project welcome diversity?

■ Section 5

Provide a simple timeline for your project, including your expected start and completion dates and any major project milestones.

■ Section 6

Explain how collaborating organizations or partners will be involved in the successful implementation of the grant project. Include a contact name, phone, and email for each partner organization, if relevant.

■ Section 7

Describe how you will implement your project if not fully funded. What are the priorities for this project?

■ Section 8

What impact will the project have on the North Portland community after the requested grant funds have been used?

■ Budget

Note: The budget must relate to the narrative in the above sections.

| Item/Service/Expense | Requested Funds | Matching Funds CASH | Matching Funds IN KIND | TOTAL |
|---|-----------------|---------------------|------------------------|-------|
| Personnel Staff salaries, direct project management, volunteer labor (show hourly rates, total hours). | \$ | \$ | \$ | \$ |
| Overhead Costs Utilities, advertising, rent, telephone bills, administrative costs directly related to project (e.g., accounting, fiscal management). Show estimated cost for each item listed. | \$ | \$ | \$ | \$ |
| Professional Services Functions performed by independent contractors. | \$ | \$ | \$ | \$ |
| Materials, Equipment, Supplies List items, quantities, prices. | \$ | \$ | \$ | \$ |
| Transportation or Travel Costs Itemize. Mileage rate of \$0.54/mile applies. | \$ | \$ | \$ | \$ |
| Other Describe, itemize. | \$ | \$ | \$ | \$ |
| TOTAL | \$ | \$ | \$ | \$ |

Total Requested Funds column must match the Grant Funds Requested in Section 1 of the application.

In-Kind Support: Donated services and time can include estimated dollar amount of in-kind donations and/or general volunteer hours at \$22.75 per hour. For professional or skilled volunteer work, visit www.bls.gov/oes/current/oes_or.htm to identify a median per hour volunteer rate.