

NECN Small Grants Application Form

**Applications must be emailed to Grant Coordinator
at admincoordinator@necoalition.org or mailed to the NECN office at
4815 NE 7th Avenue,
Portland, OR 97211**

COVER PAGE

Complete the form below or create a new form with ALL elements listed in order.

Project Title _____

Applicant Organization/Group _____

Project Coordinator _____

Phone _____ Email _____

Applicant Organization Mailing Address _____

City, State, Zip _____

Fiscal Sponsor Organization (if applicable) _____

Fiscal Sponsor or Nonprofit 501(c) (3) Tax ID # _____

Fiscal Sponsor Address _____

City, State, Zip _____

Phone _____ Email _____

Partner Organization(s) _____

Funding Amount Requested _____

NARRATIVE

**Fillable Narrative Form is Attached at end of application.
Not to exceed the allotted 3 pages, 12 pt font
Follow the format of the questions found below.**

- 1. Please describe your project, its goals and anticipated outcomes.** Your response must address how the project will engage people in the NECN area and achieve one or more of the goals (Handbook page 1). Please describe any planned engagement of historically underserved communities (Handbook page 4). List your core goals. Describe the activities you will undertake to meet your goals. Tell us what you expect to accomplish by undertaking this project.
- 2. How does your project fit with NECN's mission?** Northeast Coalition of Neighborhoods (NECN) fosters healthy communities by engaging citizens to become directly involved in determining how their neighborhood evolves, and giving them the tools to have their voices heard by policy makers and the public at large.

We believe in the power of every citizen, in every community, to create the world they want to live in, one neighborhood at a time.
- 3. What is your group's capacity to complete the project?** Include the qualifications of those who would carry out this project, and how they reflect the community you hope to engage. Include information on volunteer support, roles, skills, and resources available. Identify any project partners and describe their anticipated role. State whether your partnership is ongoing, or a new partnership developed for your proposed project.

NOTE: If you identified a partner(s) a signed letter is required from each partner organization explaining how they will actively participate in the project.

4. Who will participate in your project activities? Describe the target audience(s) your project will engage. Where are they located? How they will be involved as active participants? Have they been involved in the design of your project? How many people do you expect to participate in your activities? Be specific about how your project will engage historically underrepresented and underserved community organizations as those primarily led by and/or involving people of color, displaced communities, low-income individuals and families, youth, elders, people with disabilities, various gender representations, and sexual orientations.

5. Please describe how requested grant funds will be used. How does the budget support the project?

Include information on leveraged and/or donated resources. This could include volunteer time, in-kind donations, or other funds to be used for this project.

6. Please describe your plan to promote your project in the community. Include how you will acknowledge the program sponsors

– Northeast Coalition of Neighbors and the Office of Community & Civic Life. Include how you will build awareness of your project in the community and the outreach methods you will use to reach your target audience.

7. Please provide a simple timeline for your project. Include your expected start and completion dates and any major project milestones.

**Grant requests are from \$500 up to \$4,500.
Please provide your proposed project expenses below.**
It is not required to include items in every section. Please review your totals.

| Budget Item Description | Requested Funds | Leveraged Funds and/or Additional Grants* | In-Kind Donations Services & Time** |
|--|-----------------|---|-------------------------------------|
| Personnel (Contracting for professional services, participant stipends, volunteer time**, etc.) | | | |
| Supplies & Materials (Painting supplies, wood, etc.— the materials needed to complete the project.) | | | |
| Outreach & Publicity (Flyers, brochures, mailings, etc.) | | | |
| Event Related Expenses (Renting table/chairs, food, paper cups, etc.) | | | |
| Permitting & Fees (Reserving park space, noise variances, street closures, etc.) | | | |
| Other | | | |
| Administration*** (Fiscal sponsorship fee, etc.) | | | |
| TOTAL | | | |

* Leveraged Funds includes additional dollars supporting this project—for example, additional grants or direct support (cash donations) from other sources.

** Donated materials, services, and time can include estimated dollar amount of in-kind donations (space rental, TA, materials, etc.) and/or volunteer hours at \$29.95 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.

*** Administration cannot exceed 10% of the Requested Funds for the proposed project. **The total Requested Funds should not exceed \$4,500**—for example, requested funds-\$2,500; administration-\$250 (\$2,500 x 10%); total requested funds-\$2,750.

APPLICATION CHECKLIST

***Incomplete Application Packets Will Not Be Considered
Please initial all the boxes, sign below and submit with application.**

| | |
|--|--|
| Cover page: Included all information requested on page 1. | |
| Narrative: Followed the question format on pgs 2-3; 12-point font, margins no less than 1-inch, single spaced. <u>No more than three pages.</u> | |
| Eligibility: Provided either a copy of IRS tax exempt determination letter, or a copy of IRS letter from Fiscal sponsor, or a letter on letterhead if a government entity, <u>or</u> the completed NECN Fiscal sponsorship form. | |
| Budget: Completed the budget on page 4. All line items in the budget must be explained clearly in your response to question #3 of the narrative, pages 2-3. | |
| Partner Letter(s) If Applicable: A signed letter is required from each partner organization explaining how they will actively participate in the project. | |
| <p style="text-align: center;">Application Packet: Please confirm you included all of the above information with this initialed checklist.</p> <p>Submit all materials to: admincoordinator@necoalition.org</p> | |

I read, completed all of the above, and initialed the boxes.

Signature: _____ Date: _____

Please reach out to admincoordinator@necoalition.org OR call the NECN Office at before submitting your application if you have any questions or doubts regarding the completion of the application. We want your success



PROJECT NARRATIVE

NAME:

1. Please describe your project, its goals and anticipated outcomes.

2. How does your project fit with NECN's mission?

3. What is your group's capacity to complete the project?

4. Who will participate in your project activities?

5. Please describe how requested grant funds will be used. How does the budget support the project?

6. Please describe your plan to promote your project in the community.

7. Please provide a simple timeline for your project.