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| Applicant Name: | Click here to enter text. |
| Project Name: | Click here to enter text. |

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| Date of Request\*: | Click here to enter text. |
| Desired Date for Acceptance: | Click here to enter text. |

*\*application remains active for 30 days from date of request – reapplication required after 30 days*

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| Primary Contact: | Click here to enter text. |
|  Phone: | Click here to enter text. |
|  E-mail: | Click here to enter text. |
| Address: | Click here to enter text. |
| Website: | Click here to enter text. |

1. Please describe your project including its activities. Provide flyer/materials if available:

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| Click here to enter text. |

1. How does your project address community need(s) in NECN’s service area?

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| Click here to enter text. |

1. How does your project address the issue of equity in relation to: target audience/participants, community engagement and/or community benefits?

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| Click here to enter text. |

1. Who is involved with this project? What is their experience level for a project of this type? Lease list all community partners involved and their anticipated roles.

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| Click here to enter text. |

1. What is the anticipated timeline for the project? (start date, major milestones, end date)?

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| Click here to enter text. |

1. Project location/area of service by neighborhood (check all that apply):

[ ]  Alameda
[ ]  Boise
[ ]  Concordia
[ ]  Eliot
[ ]  King
[ ]  Humboldt

[ ]  Irvington

[ ]  Sabin
[ ]  Sullivan’s Gulch
[ ]  Vernon
[ ]  Woodlawn

1. Project Type (check all that apply):

[ ]  Arts & Culture
[ ]  Civic Affairs

[ ]  Community Service
[ ]  Health
[ ]  Education

[ ]  Environment
[ ]  Health

[ ]  Human Services

[ ]  Land Use and/or Transportation
[ ]  Public Safety
[ ]  Other: Click here to enter text.

1. What is the legal status of this project? (Check one):

[ ]  Individual

[ ]  Sole Proprietorship

[ ]  Un-incorporated association

[ ]  Oregon nonprofit corporation
[ ]  501(c)(3) Corporation

[ ]  Oregon nonprofit corporation that has applied for 501(c)(3) status

[ ] Governmental Agency

[ ]  Other: Click here to enter text.

1. Current project assets – how much do you have now? (Give numbers)

Volunteers: Click here to enter text.

Revenue: Click here to enter text.

In-Kind: Click here to enter text.

Other: Click here to enter text.

1. What is the anticipated annual budget amount? $Click here to enter text.

Please attach [project budget](http://necoalition.org/wp-content/uploads/2013/10/budget-worksheet-sample-1.xlsx).

1. Anticipated source(s) of revenue; please indicate source(s) and status of funding
(including: received, committed, applying, etc.):

Foundation Grants: Click here to enter text.
Government Grants: Click here to enter text.
Donations: Click here to enter text.

Events: Click here to enter text.

1. Do you have a Board of Directors? Yes [ ]  No [ ]

If you answered “yes” above, how many members are on the board? Click here to enter text.

1. Do you have an Advisory Committee? Yes [ ]  No [ ]

If you answered “yes” above, how many members are on the committee? Click here to enter text.

1. Do you anticipate having employees, volunteers, and/or independent contractors?

Yes [ ]  No [ ]

If you answered “yes” above, how many of each do you anticipate?

Employees: Click here to enter text.
Volunteers: Click here to enter text.
Independent Contractors? Click here to enter text.

1. Do you anticipate doing any lobbying? Yes [ ]  No [ ]

If you answered “yes” above, please provide a brief description of anticipated activities

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| Click here to enter text. |

1. Has the project created or acquired any significant intellectual property to date, or do you anticipate having any (e.g., website, program materials, electronic media, publications, graphics, photos, artwork, member or donor lists)? Yes [ ]  No [ ]

If you answered “yes” above, please describe

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| Click here to enter text. |

1. Do/would any of your anticipated project activities involve risk or require special insurance coverage?

 Yes [ ]  No [ ]  If you answered “yes” above, please describe

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| Click here to enter text. |

1. Are you currently using another fiscal sponsor? Yes [ ]  No [ ]

If you answered “yes”:

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| --- | --- |
| Fiscal Sponsor Name: | Click here to enter text. |
| Name of Contact: | Click here to enter text. |
| Phone: | Click here to enter text. |
| E-mail: | Click here to enter text. |

1. How did you find out about us? Click here to enter text.

