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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”:

|  |  |
| --- | --- |
| 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.

