

# Community Grant Requests Spreadsheet

Applicant	Type of Organization	Project Name	Total Budget for this Project	Amount of Request	Qualified Y/N	Amount Awarded
Amani Center (Columbia County Child Abuse Assessment Center)	Non-Profit 501C(3)	Medical provider for forensic medical exams	\$119,953.00	\$1,000.00		
Boy Scouts of America Unit 106	Other Non-Profit	Halloweentown Vending	\$2,300.00	\$1,800.00		
Connect St. Helens	Non-Profit 501C(3)	Soup Night Community Event	\$1,000.00	?		
Elks Veterans Bunker	Non-Profit 501C(3)	Compassionate Warrior and Veterans Retreat Program	\$8,750.00	?		
Kiwanis Club of St. Helens	Other Non-Profit	First Book Program	\$1,300.00	\$600.00		
KOHI Radio	For Profit	KOHI New Antenna	\$38,000.00	\$25,000.00		
My Next Step	Non-Profit 501C(3)	Job Readiness Training	\$93,080.00	\$5,000.00		
Running Dogs Brewery	For Profit	New Production Facility	\$422,000.00	?		
South Columbia County Chamber of Commerce	Other Non-Profit	Replace HVAC System	\$14,598.00	\$14,598.00		
South Columbia County Chamber of Commerce	Other Non-Profit	Railway Station Centennial Celebration	\$3,000.00	\$500.00		
St. Helens Band Patrons	Non-Profit 501C(3)	Replace stolen Band Patrons trailer and contents	\$10,000.00	\$1,000.00		
St. Helens Saints Baseball	Non-Profit 501C(3)	Baseball Program Development	\$2,500.00	?		
<b>Total Amount Requested:</b>				<b>\$49,498.00</b>		
					<b>FINAL Amount Awarded:</b>	
						<b>\$0.00</b>



# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** Amani Center (Columbia County Child Abuse Assessment Center)

**Project Title:** Medical Provider for Forensic Medical Exams

Organization Information	
<b>Organization Type:</b> Non-Profit	<b>Federal Tax ID No:</b> 93-129-5272
<input checked="" type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> The Amani Center provides forensic medical exams and interviews, as well as support for children and families who may have been impacted by abuse, neglect and/or witness to violence.

Authorized Signer	Phone: 503-318-0400
<b>Print Name:</b> Amelia Kercher	<b>Fax:</b>
<b>Title:</b> Interim Executive Director	<b>Email:</b> info@amanicenter.org
<b>Street Address:</b> 1621 Columbia Blvd St. Helens, OR 97051	<b>Mailing Address:</b> PO Box 1001 St. Helens, OR 97051
Contact Person	Phone: 503-318-0568
<b>Print Name:</b> Beth Pulito	<b>Fax:</b> 503-366-0314
<b>Title:</b> Development Coordinator	<b>Email:</b> info@amanicenter.org
<b>Street Address:</b> 1621 Columbia Blvd St. Helens, OR 97051	<b>Mailing Address:</b> PO Box 1001 St. Helens, OR 97051

<p>Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. <i>(This is not project-specific; this is specific to your organization.)</i></p>
<p>The Amani Center has provided trauma-informed, compassionate investigative services for children age birth to 18 in Columbia County since 2003. Our agency supports the investigative process by providing unbiased medical exams and forensic interviews in a neutral, child-friendly environment to aid in establishing a child's safety and whether a crime has been committed that local law enforcement and the district attorney's office should follow up on. We are part of a multi-disciplinary team approach to address and intervene in cases of child abuse and neglect in Columbia County. Last fiscal year (July 2020-June 2021), 26% of the children served were from within the city limits of St. Helens, numbering 70 out of the total 265 children who visited the Amani Center.</p>

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
Medical Provider for Child Abuse Exams	\$1000	\$78,153	\$40,800	\$119,953
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$1000	\$78,153	\$40,800	\$119,953

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
CAMI Funds	\$ 78,153.00	Committed (estimate)
	\$	
<b>Total</b>	\$ 78,153.00	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

The Amani Center has provided trauma-informed, compassionate investigative services for children age birth to 18 in Columbia County since 2003. Our agency supports the investigative process by providing unbiased, developmentally appropriate medical exams and forensic interviews in a neutral, child-friendly environment to aid in establishing a child's safety and whether a crime has been committed that local law enforcement and the district attorney's office should follow up on. We are part of a state mandated multi-disciplinary team approach to address and intervene in cases of child abuse and neglect in Columbia County. Last fiscal year (July 2020-June 2021), 26% of the children served were from within the city limits of St. Helens, numbering 70 out of the total 265 children who visited the Amani Center.

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

Our project is very simple. Our entire agency program is based on forensic child abuse assessments that include a developmentally appropriate interview and medical exam. Our goal is to provide both to each child that comes through our doors as long as they are developmentally able and willing to participate. We are a trauma-informed agency, seeking to reduce redundancy in the investigative process by collecting all of the evidence that may be needed by child protective services and law enforcement in a single, child-friendly, trauma-informed setting so that a child can move on to healing and recovery.

We have a full time medical provider on staff to provide medical exams and are ready to continue offering exams to children in need. Partial funding for this position comes from the state through the Child Abuse Multidisciplinary Initiative (CAMI) grant process, however, it covers less than 50% of the cost of providing these services. . We continue to seek additional grant funding opportunities for this position, as well as utilize precious unrestricted revenue sources that are obtained through fundraising events, individual donors and corporate giving. The City of St. Helens support will allow us to provide additional services for the child victims of the City of St. Helens.

## General Certification

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.

Amelia Kercher (electronic)

---

**Signature**

(must be Board Chair, President or other authorized official)

Interim Executive Director

---

**Title**

July 23, 2021

---

**Date**

## **Description of Assessment Program and Positions**

The purpose of this project is to ensure that alleged child abuse victims in Columbia County are provided with quality medical and forensic evaluations and support services in a timely manner while in a secure and child-friendly environment. The number of requests for evaluation services has continued to increase each year since the opening of the center in 2003. Increasing the capacity of our Assessment Program is a vital step in the strategic development of our agency. It will enable us to assist child abuse victims with a timely, specialized and comprehensive child abuse medical and forensic assessment in a child friendly environment.

The demand for our services is staggering because child abuse is now at epidemic levels. Studies show that every 36 seconds one child in the United States is neglected/abused—and that one in every four girls and one in every six boys will be sexually abused by the time they are 18 years of age.

Since our incorporation in 2000, we have provided Child Abuse Forensic Assessment services to over 2780 children/adolescents in Columbia County, and supported children and families with over 10,350 individual services in navigating the investigative process, crime victims' services and follow up care for healing and recovery associated with the trauma from abuse and neglect. The Forensic Assessment is conducted by a team, which includes a highly trained Child Forensic Interviewer, a Board-Certified Registered Nurse Practitioner or Medical Doctor, and a Family Support Specialist. The process includes a digitally recorded interview using Oregon Interviewing Guidelines, a full medical examination using Oregon Medical Guidelines, a determination of abuse, the identification of appropriate treatment, the creation of a safety plan and a referral(s) for follow-up care. In 2020, the Amani Center provided 267 assessment services to children and 4257 individual services to child victims and their caregivers such as referrals, crisis intervention, safety planning, advocacy, crime victims assistance, and follow up & service coordination with community partners.

### ***Forensic Interviewer:***

The purpose of the Forensic Interviewer program is to provide children with a skilled child abuse forensic interview by a certified Child Forensic Interviewer. The forensic interview is partnered with a medical assessment, which includes a complete physical examination, digitally recorded interview (using Oregon Interviewing Guidelines), determination of abuse, identification of appropriate treatment, and referral for follow-up care.

The child victim will benefit from the Forensic Interview assessment program, as services are provided in a sensitive manner in a child friendly setting. Based on the child's examination, referrals will be made to a therapist and/or specialist, as needed, as well as recommendations for developmental and/or mental health evaluations. Moreover, caregivers will benefit from this service, as they will be able to consult with the professionals to discuss the child's needs and ways to facilitate the child's healing process. The child further benefits from the Forensic Interview assessment program because the videotape as well as the Forensic Interviewer's assessment and treatment recommendations can be used in investigative and legal proceedings on behalf of the child, minimizing and often eliminating the need for a child to have to testify directly. This allows the child to heal further without having to re-tell their disclosure to more strangers or in the public venue of a court room. We anticipate that over 350 referrals for suspected child abuse victim Forensic Interview assessments will be received during a one-year period.

### ***Child Abuse Medical Provider:***

The Medical Examiner provides highly skilled and specialized head-to-toe medical evaluations to alleged victims of child abuse and/or domestic violence. A specialized piece of machinery, a CortexFlo (which provides good light and magnification), is used to assess physical and sexual abuse, capturing quality photographs of physical injury. The Medical Provider is the designated child abuse medical provider for all of Columbia County. As such, the Medical Provider may serve as a trainer/consultant regarding child abuse cases within Columbia County. The Medical Provider provides quality and professional care guided by Amani Center practice protocols and standards established by the Oregon Medical Child Abuse Guidelines.

### ***Intake Coordinator (IC) / Family Support Services Specialist (FSSS):***

The IC/FSSS position enables the Amani Center to provide intake and support services for child victims of abuse and/or domestic violence and support & follow-up services for non-offending caregivers. Additional services offered by the FSSS have included information and referral, advocacy, and Crime Victims Compensation assistance. The FSSS provides support to the child and family pre, post and during the assessment process.



# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** BSA Scouts Unit 106

**Project Title:** Halloween Town Vending

Organization Information	
<b>Organization Type:</b> Scouting	<b>Federal Tax ID No:</b> 23-7026053
<input type="checkbox"/> Non-Profit 501C(3) <input checked="" type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> Help local scouts how to be good citizens and future leaders

Authorized Signer	Phone: 503-750-7200
<b>Print Name:</b> Nicole Battista	<b>Fax:</b>
<b>Title:</b> Fundraising and Activities Chair	<b>Email:</b> shbsa106@gmail.com
<b>Street Address:</b> 736 Judith Court Saint Helens OR 97051	<b>Mailing Address:</b> 736 Judith Court Saint Helens OR 97051
Contact Person	Phone: 503-750-7200
<b>Print Name:</b> Nicole Battista	<b>Fax:</b>
<b>Title:</b> Fundraising and Activities Chair	<b>Email:</b> shbsa106@gmail.com
<b>Street Address:</b> 736 Judith Court Saint Helens OR 97051	<b>Mailing Address:</b> 736 Judith Court Saint Helens OR 97051

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

Our scouts participate in local service projects that not only serve our community people but help keep our parks looking beautiful. Every December our scouts go door to door collecting food for the food bank. We also participated in the first annual Christmas parade collecting for the food bank as well. Each Christmas eve our scouts prepare and deliver on average 600 hot meals to families as well as donated gifts for the children of those families in our community in need of help. Every memorial day our scouts set out flags for veterans who have passed so that their families can see our respect and gratitude for their loved ones. When participating in community events as a vending, we are showing visitors that our city supports our local scouts which in turn makes Saint Helens appear in a brighter light. Our scouts learn many beneficial aspects of customer service. I have seen many of our scouts develop skills in math and speech due to their abilities to make change, talk with customers, learn about the value of cost vs. profit, being responsible, being leaders, and working with one another.

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
Vending	\$1800	\$500	\$	\$2300
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
Budgeted based on previous year expense	\$ 500	Application Submitted
	\$	
<b>Total</b>	\$	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

Our scouts have been participating in this event for the past few years. The first year we were not fully prepared for the volume of projected sales and were not in correct placement to gain substantial earnings. Our second year (last year) we were just a little over our cost in earnings due to very low volume of visitors. This year we believe that we will be able to make back the total costs as it is anticipated that we should see larger crowd. Our scouts have worked very hard to earn enough funds to purchase a new trailer for this year. This trailer was bought as a shell and the kids have created a nice full size trailer with a window and lights as well as electricity so that we no longer have to be hit by the cold winds and wet rains and losing our tarps.

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

If we are able to receive assistance we will be able to put that money in our budget for the following year negating the need for future assistance.

## General Certification

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.

*Nicole Battista*

---

**Signature**

(must be Board Chair, President or other authorized official)

---

Fundraising and Activities Chair

**Title**

7/2/21

---

**Date**



# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

Applicant/Organization Name: Connect St. Helens

Project Title: Soup Night Community Event

## Organization Information

<b>Organization Type:</b> Public Benefit	<b>Federal Tax ID No:</b> 85-2465310
<input checked="" type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> <small>Connect St. Helens is a Connect Coalition modeled after the successful Connect BG coalition in Battleground, Wa. Our leadership team was identified and the coalition work launched in Spring 2018. Initially partnered with members of local suicide prevention coalition, CSH adopted the coalition model in order to facilitate the work of organizations and initiatives from multiple sectors in the community (education, faith, business, health, arts, government, non-profits, media and neighborhood groups). Organizations and citizens within these sectors came together and formed the foundation of ConnectSH. Foundational members participated in an intensive two-day training to establish the initial standing teams that are moving the ConnectSH mission forward. There are six teams including: marketing, presentations, events &amp; activities, art/media, technical and data collection. Additional adults are being recruited and trained to participate in a connect community as Caring Adults in existing youth-focused programs. These programs are designed to provide trauma-informed academic and college/career-oriented relational mentoring for all ages of students.</small>

<b>Authorized Signer</b>	<b>Phone:</b> 503.369.7434
<b>Print Name:</b> Kellie Smith	<b>Fax:</b> none
<b>Title:</b> Incorporator	<b>Email:</b> kjosmith.ks@gmail.com
<b>Street Address:</b> 59902 Tamarack Drive St. Helens, OR 97051	<b>Mailing Address:</b> PO Box 711 St. Helens, OR 97051
<b>Contact Person</b>	<b>Phone:</b> 360.798.9989
<b>Print Name:</b> Curtis Miller	<b>Fax:</b> none
<b>Title:</b> Interim President	<b>Email:</b> curtis@connected.buzz
<b>Street Address:</b> 603 NW 74th Street Vancouver, WA 98665	<b>Mailing Address:</b> 603 NW 74th Street Vancouver, WA 98665

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

Some of the programs that will be scaled up as a result of our trained and supported volunteers who serve as the Caring Adult Network (CAN):

1. SHSD Family Resource Center
2. After school programs at the City of St. Helens community recreation center.
3. After school programs at the middle school
4. Teen Support Program - a collaborative effort by Kiwanas Daybreakers, Columbia River Fire & Rescue and the St. Helens Senior Center's RSVP team to provide resources for unaccompanied and under-resourced students such as food, school supplies, and toiletries; relational interactions in areas of need such as math and reading support, and mentoring.
5. Educational Youth Programs at the City Library supported by the city and NW Regional Educational Service District.
6. STEP Program through DHS office of self-sufficiency that provides job skills and resources.
7. The ASPIRE program that connects students with adult mentors to assist in college/career readiness.
8. Sources of Strength: an evidence-based, peer-led, school-based suicide prevention effort in the high school and middle school supported by school staff and community adult advisors.
9. The Making Readers in St. Helens Program, a faith community-supported, third-grade readiness reading support program using the Team Teach curriculum / BookNook with Grades K-2
10. Community Events that promote storytelling and relationship building for all ages, multi-intergenerational, youth, diverse-inclusive people groups (Nature Journaling, movie nights, volunteer opportunities, ukulele music program, youth leadership programs, etc.)

Connect St. Helens serves to enhance belonging and connectedness in our community through various events where storytelling and sharing bring people together to create a shared narrative and a healthy community. We work collaboratively with as many community organizations as possible and believe we are stronger as a community when we join efforts with one another.

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
Author Maggie Stuckey event	\$	\$	\$	\$500.00
Soup Catering (Blackcurrant Catering)	\$	\$	\$	\$400.00
Location / Venue	\$	\$	\$	\$100.00
<b>Totals</b>	\$	\$	\$	\$1000.00

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
	\$	
	\$	
<b>Total</b>	\$	

**Detailed Project Description**  
*Include the problem, the need for the request, and how many persons will be served by this project*

ConnectSH has hosted a monthly breakfast gathering for the past year (even during the pandemic thanks to zoom). We are offering gatherings at different times to accommodate more people. We hope "soup night" will bring friends and families alike together to build community through sharing stories, and food. Our first soup night will be held in August 2021, where we will advertise for the soup night in November. We want to invite Portland Author Maggie Stuckey, author of the book "Soup Night," to speak at the event, have soup catered by local Blackcurrant Catering Co., and host at a location where a kitchen is available, if needed.

**Detailed Proposed Solution**  
*Include project design, readiness to proceed, and financial need*

This event will piggy-back on our ongoing gathering model and invite people of our community to come together for a shared meal, conversation, and storytelling, resulting in the feeling of increased belonging. For hundreds of years, belonging is the core to human health. In the last few generations, we have seen an increase in mental, emotional and behavioral health problems related to loneliness and isolation. This is true of all ages. Post-pandemic, we plan to create and provide events that foster healthy interconnected relationships to increase the overall health and well-being of St. Helens.

The design includes a place to gather, a speaker to bring awareness to the shared narrative that happens when people eat together and inspire this to continue on a smaller scale in their own neighborhoods. The soup meal will be catered. ConnectSH Core Team will support this event, and the program will last about 1.5 hours. We are grant-funded but can easily find sponsors to match funds if the event exceeds the \$1,000 proposed budget. Thank you for your consideration for this event.

## General Certification

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.

Sandra Salisbury

---

**Signature**

(must be Board Chair, President or other authorized official)

Executive Assistant

---

**Title**

July 23, 2021

---

**Date**



## APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** Elks Veterans Bunker  
**Project Title:** Compassionate Warrior and Veterans Retreat Program

Organization Information	
<b>Organization Type:</b>	<b>Federal Tax ID No:</b> 47-4930582
<input checked="" type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> Our mission is to provide education and assistance to veterans, their families and survivors to obtain the benefits they have earned by utilizing our highly trained advocates and network of resources.

Authorized Signer	Phone: 503-410-5225
<b>Print Name:</b> Alta Lynch	<b>Fax:</b> 503-410-5492
<b>Title:</b> Executive Director	<b>Email:</b> Info@elksveteransbunker.org
<b>Street Address:</b> 125 S 13th Street St Helens, OR 97051	<b>Mailing Address:</b> PO Box 1061 St Helens, OR 97051
Contact Person	Phone: Same
<b>Print Name:</b> Alta Lynch	<b>Fax:</b>
<b>Title:</b> Executive Director	<b>Email:</b>
<b>Street Address:</b> Same	<b>Mailing Address:</b>

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

See attached document

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

Budget Line-item	City Funds	*Non-City Funds	Agency Contribution	Total
Compassionate Warrior and Veterans Retreat	\$0	\$875.00	\$1100.00	\$3250.00
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$

*Explain Sources of Non-City Funds	Amount	Status Committed, Application Submitted, Application Invited, or Potential Source
Community Donations	\$	
Fundraising Projects	\$ 875.00	July 4th Fundraiser
<b>Total</b>	\$ 875.00	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

In addition to our existing Veteran mental health services, the Elks Veterans Bunker is working to launch a local St. Helens chapter of the Veteran Administration 's Compassionate Warriors Training Reintegration Program. Our target start-up date is October 1, 2021.

The Portland Veterans Center currently partners with the Elks Veterans Bunker by providing onsite, weekly counseling appointments. This program will augment our mental health resources in St. Helens.

While the Portland VA provides this well-received Compassionate Warrior program, we believe that offering a local chapter in St. Helens will save our Veterans time and travel expens.

Most importantly, having a local Compassionate Warrior program will attract even more Veterans to this very positive experience. The Elks Veterans Bunker currently services approximately 5,200 local veterans in St. Helens and surrounding communities.

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

Project design: See attached Compassionate Warrior program overview

Readiness to proceed: We have taken the following steps for implementation...

- 1) Received EVB Board approval
- 2) Formed an start up committee
- 3) Began fundraising efforts
- 4) Developed budget
- 5) Identified initial start up equipment and costs

Financial need:

Total start up costs \$8,750  
 Funds raised to date: \$3,230

Total Funds needed: \$5,520

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.

*Alta M. Lynick*

**Signature**

(must be Board Chair, President or other authorized official)

Elks Veterans Bunker, Executive Director

**Title**

July 23, 2021

**Date**

# Elks Veterans Bunker Program Description

## ***Our Mission Statement***

*Our mission is to provide education and assistance to veterans, their families and survivors to obtain the benefits they have earned by utilizing our highly trained advocates and network of resources.*

## **About Our Cause and Services**

- Act as a liaison for veterans with accessing their benefits through the Department of Veterans Affairs and other agencies of government.
- Clothing and essentials when needed
- Assistance finding emergency housing
- A food pantry and a hot meal
- Provide rides to medical appointments
- Friendly, supportive volunteers, and much more
- Veteran outreach and a gathering place where veterans can come and have a friendly face to welcome them. All services are free of charge.
- Provide confidential space for VA counselors to meet with our veterans and families so they do not have the frustrating commute into the larger metro area, saving them both time and money in commuting.
- We also provide space for our Veterans Court Mentors to meet with those veterans going through Veterans Court.

## **Farming For Freedom Program**

We sponsor the Farming for Freedom program which is a veteran –led program that seeks to provide outreach, education and community to veterans of our rural county through the unique platform of small-scale sustainable agriculture. It also offers them a peaceful retreat where they can listen to nature and have a serene and pleasant experience, to get away and enjoy the outdoors and have comradery with other veterans.

## **Did You Know . . .**

- We serve over 5000 known military veterans in Columbia County
- We annually reach out to and assists over 500 local veterans and families
- We support veterans of all races, ethnicities and genders
- We will experience a loss of 75% of donation (revenue) income this year due to COVID-19 and our inability to conduct our annual Valentines for Vets fundraiser event in 2021
- This community program was the vision of three women who founded the Elks Veterans Bunker and it is primarily women who continue to provide the strong leadership that makes it the successful out each it is today

## VA Compassionate Warrior Training Program for Reintegration

The Compassionate Warrior Training program was birthed out of an identified need to help Veterans move from continuing to utilize acute and crisis mental health services, to greater engagement in their lives and communities. After listening to our outpatient mental health Veteran's trauma stories as they have unfolded in the clinical-pastoral relationship, we analyzed using the interpretative framework of assessment.

Our analysis revealed an ongoing need for reintegration programs. This pilot is in response to meet this reintegration programming need for reintegration emotional spiritual programming and aligns with the [VA ACCESS initiative](#) by creating more space in the VA system.

The program is designed for Veterans who have experienced the interpersonal impact of combat trauma, PTSD, and Moral Injury, and is committed to Preventive Ethics—breaking the cycle of shame, violent communication, and hurtful actions that continue to impact individuals, families, and communities.

The goal is to help Veterans rediscover their compassionate hearts, and find ways to embody what she calls is the medicine of these devastating invisible wounds so that they can safely and meaningfully integrate into their communities, post military service.

Compassionate Warrior Training is a 6-month program helping Veterans begin to realize that their “wound can become a gift,” and that they can engage in community and give back in service.

There are three phases with five areas of focus:

- Phase 1 — revisiting grief & assessment. In this Phase, Veterans are consolidating the work they have done in mental health services, revisiting all that they have lost, grieving, and making room for new beginnings.
- Phase 2 — progression from grief into whole-health coaching.
- Phase 3 — Self-designed ceremony & welcome home ritual with community support. In this phase, through ceremony, and committed actions, Veterans are intentionally reintegrating into communities, and offering their gifts to others.

Growth Areas Addressed Throughout the Program:

- Area 1 — Learning various types of meditation and their application to mind states and emotions.
- Area 2 — Cultivating hope, willingness & confidence to engage in the spectrum of emotions from grief to joy, as a necessary factor for creating a sustainable mission, based on the gifts resulting from integration of invisible wounds.
- Area 3 — Finding Mission and Purpose; recognizing one's own potential because of the integration of the wounds and the confidence that results from that integration process.
- Area 4 — Developing self-confidence, & confidence in one's ability to use volition appropriately, leading to actions that align with the mission. These actions are marshaled and directed by creating a sustainable action plan via whole-health coaching.
- Area 5 — Performing ceremony & ritual that aligns with the individual's spiritual identity to support each phase as initiation and ordination.

RECEIVED

JUL 13 2021

CITY OF ST. HELENS



# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051

City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

Applicant/Organization Name: Kiwanis Club of St. Helens

Project Title: First Book Program

Organization Information	
<b>Organization Type:</b>	<b>Federal Tax ID No:</b> 93-0571513
<input type="checkbox"/> Non-Profit 501C(3) <input checked="" type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> Not for profit 501C(4) Community service organization

<b>Authorized Signer</b>	<b>Phone:</b> 503 397-6503
<b>Print Name:</b> William Eagle	<b>Fax:</b>
<b>Title:</b> Club Secretary	<b>Email:</b> eaglew@opusnet.com
<b>Street Address:</b> 151 Allendale Drive, St. Helens, OR 97051	<b>Mailing Address:</b> Kiwanis Club of St. Helens P.O. Box 295, St. Helens, OR 97051
<b>Contact Person</b>	<b>Phone:</b> 503 397-6503
<b>Print Name:</b> William Eagle	<b>Fax:</b>
<b>Title:</b> Club Secretary	<b>Email:</b> eaglew@opusnet.com
<b>Street Address:</b> 151 Allendale Drive, St. Helens, OR 97051	<b>Mailing Address:</b> Kiwanis Club of St. Helens, P.O. Box 295, St. Helens, OR 97051

Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. *(This is not project-specific; this is specific to your organization.)*

Our club is a community service organization with an emphasis on small children. Our thought is that we would like to help make our community a better place and would like to do so by helping children. One of our Mottos are: "to change the world, one child, one community at a time." We also have projects to help old people and teens as well and have participated with Habitat, CCMH, Medicine Wheel Recovery, SAFE, Columbia Pacific Food Bank as well as other community service groups and organizations. We have two Key Clubs in our High Schools and a Builder's club in our Middle school. These teen and middle school clubs are there to provide service to both school and to the community. The numbers of children and adults that we have benefitted are in the thousands.

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
First Book Program	\$600	\$700	\$	\$1300
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$600	\$700	\$	\$1300

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
Fair Parking, Halloween Town ..etc	\$ 700	In savings
	\$	
<b>Total</b>	\$ 700	

**Detailed Project Description**  
*Include the problem, the need for the request, and how many persons will be served by this project*

Each year, (with the exception of this last year) , the Kiwanis Club of St. Helens purchase good quality, age appropriate, hard cover books for every Kindergarten student in the St. Helens School District. This will be their own book. For many children, it may be the very first book that they will have received, that they can call their own.  
 There are about 250 to 300 Kindergarten students in the St. Helens School District.

**Detailed Proposed Solution**  
*Include project design, readiness to proceed, and financial need*

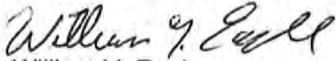
The Kiwanis Club of St. Helens, partners with Powells books in Portland. They help us select books and have provided us with great discounts and excellent quality books that we can afford within our budget. Because of Covid, our club has not been able to participate in fund raising for over a year. Any help that the City can provide would be appreciated.

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.



William Y. Eagle

**Signature**

(must be Board Chair, President or other authorized official)

Secretary

**Title**

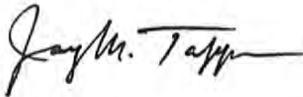
July 13, 2021

**Date**

# KIWANIS CLUB OF ST. HELENS

**To:** City of St. Helens Grant OPR  
**From:** Jay Tappan, President  
**Subject:** City Grant Application  
**Date:** July 15, 2021

I am forwarding this note to affirm that Bill Eagle, currently serving as our Secretary, is authorized to process and sign the aforementioned grant application. Thank you for considering our request and please call if you have any questions (503-369-0189).  
Thanks!

A handwritten signature in black ink that reads "Jay M. Tappan". The signature is written in a cursive style with a long horizontal flourish at the end.

Jay Tappan, President



**APPLICATION TO  
REQUEST GRANT FROM CITY**  
City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

RECEIVED  
JUL 06 2021  
CITY RECORDER

**DEADLINE: Friday, July 23, 2021, 5PM**

Applicant/Organization Name: KOHI Radio

Project Title: KOHI New Antenna

Organization Information	
<b>Organization Type:</b> <input type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input checked="" type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Federal Tax ID No:</b>  Brief description of organization: Local community radio station providing local news, traffic, weather and broadcasting local events and meetings 24 hours a day

<b>Authorized Signer</b>	<b>Phone: 503-397-1600</b>
<b>Print Name: Marty Rowe</b>	<b>Fax:</b>
<b>Title: Owner-Manager</b>	<b>Email: marty@am1600kohi.com</b>
<b>Street Address: 36200 Pittsburg Road Suite C St Helens, OR 97051</b>	<b>Mailing Address: same</b>
<b>Contact Person</b>	<b>Phone: same</b>
<b>Print Name:</b>	<b>Fax:</b>
<b>Title:</b>	<b>Email:</b>
<b>Street Address:</b>	<b>Mailing Address:</b>

Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. *(This is not project-specific; this is specific to your organization.)*

KOHI Broadcasts on am-1600 24 hours a day and provides emergency service information to all residents of St Helens as well as local news, weather reports, traffic reports and coverage of local meetings and events as well as local business interviews for St Helens businesses...KOHI's signal will cover all residents of St Helens when completed

*MR*

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

Budget Line-item	City Funds	*Non-City Funds	Agency Contribution	Total
New Antenna tower	\$25,000	\$ 8,000 (Marty)	\$ 5,000	\$ 38,000
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$25,000	\$	\$	\$

*Explain Sources of Non-City Funds	Amount	Status Committed, Application Submitted, Application Invited, or Potential Source
Marty personal funds	\$ 8,000	Marty has paid already
KOHI funds	\$ 5,000	line of credit established
<b>Total</b>	\$ 13,000	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

KOHI lost its old antenna site in 2018 greatly reducing signal coverage area. In 2019 KOHI applied for and received a special temporary authority to broadcast from a new location with 50 watts. We are working on getting funds for a new antenna so we can return to 1000 watts and serve the almost 14,000 St Helens residents with their community radio station. The funds will be used to purchase and install an FCC approved Valcom antenna at our new permanent site.

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

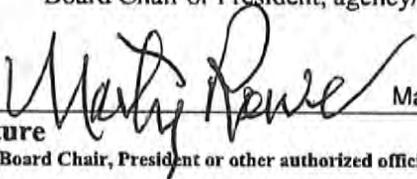
The Valcom antenna will be installed at 36320 Pittsburg Road in St Helens and attached to our transmitter. The antenna is 75 feet and is self supporting. It will be fenced off for safety and approved by the FCC. We are ready to proceed as soon as we get funds to order the antenna. Cost of the Antenna is \$25,000 plus \$8,000 for installation and \$5,000 for engineering fees.

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.



Marty Rowe

**Signature**

(must be Board Chair, President or other authorized official)

Owner/Manager

**Title**

July 1, 2021

**Date**



## APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** My Next Step

**Project Title:** Job Readiness Training

Organization Information	
<b>Organization Type:</b>	<b>Federal Tax ID No:</b> 35-2448580
<input checked="" type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> My Next Step is a Job Readiness organization. We help low income adults one on one on site or off site with their specific needs to help them become job ready and self-sufficient

Authorized Signer	Phone: 971 813-9675
<b>Print Name:</b> Julie Beehler	<b>Fax:</b> NA
<b>Title:</b> Executive Director	<b>Email:</b> dbeehler@centurytel.net
<b>Street Address:</b> 1271 Columbia Blvd Saint Helens, OR 97051	<b>Mailing Address:</b> 1271 Columbia Blvd. Saint Helen, OR 97051
Contact Person	Phone: 971 813-9675
<b>Print Name:</b> Julie Beehler	<b>Fax:</b> NA
<b>Title:</b> Executive Director	<b>Email:</b> dbeehler@centurytel.net
<b>Street Address:</b> 271 Columbia Blvd Saint Helens, OR 97051	<b>Mailing Address:</b> 271 Columbia Blvd Saint Helens, OR 97051

Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. <i>(This is not project-specific; this is specific to your organization.)</i>
See attached

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
Program - Job Readiness	\$5000.00	\$	\$ 88,080.00	\$ 93,080.00
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
	\$	
	\$	
<b>Total</b>	\$	

**Detailed Project Description**  
*Include the problem, the need for the request, and how many persons will be served by this project*

See attached

**Detailed Proposed Solution**  
*Include project design, readiness to proceed, and financial need*

See attached

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.



**Signature**

(must be Board Chair, President or other authorized official)

Executive Director

**Title**

7/23/21

**Date**

**My Next Step  
1271 Columbia Blvd.  
Saint Helens, OR 97051  
(971) 813-9675**

**RE: Grant Request**

**Project Title: Job Readiness Training**

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.**

My Next Step is a Job Readiness Training Center for low income adults who face barriers in obtaining employment to support themselves. Low income adults encounter problems when trying to find employment. Some obstacles are:

- Criminal records
- Domestic Violence/Sexual assault
- Economic displacement
- Impaired learning
- Injury/Illness
- Mental Illness
- Lack of actual work experience
- Substance abuse

Each of these barriers presents a different set of challenges to overcome. Some adults will have more than one barrier to deal with and because of this, they often feel overwhelmed and don't know how to address their situation. Most suffer from lack of self-esteem or self-worth. We believe that to break the cycle of poverty adults need help identifying and creating a viable action plan to overcome the barriers that prevent them from being successful in the workforce.

Our program is set up to provide individual mentoring, job readiness training in a retail setting and classroom education. We use our retail resale store, Accumulation, located in Saint Helens as the on-site job training facility to help adults become acquainted with what an employer expects of their employee.

Work-readiness programs are designed to address the barriers adults face, so that they are better prepared to meet the needs of an employer. Workplace dependability is best taught through actual experiences and exposure to real-time workplaces. Our work site is a "safe zone" for learning and offers support and mentoring to prepare for successful employment.

The participants learn to process, stage and sell donated merchandise. They will learn cashiering and cash counting skills. They will use customer service principles to provide a pleasant shopping experience for the customer and help them become accustomed to interacting with the public and co-workers.

Most adults that come to us have had poor work experiences and are uncertain about their future. Mentoring is designed to help build confidence and self-awareness. Adults entering

this program have a varying range of skills and capabilities. Some have had full or part-time jobs, or even owned their own business. Others have volunteered or never experienced employment. All adults are offered soft skills building classes. The purpose of soft skill education is to inform and brush up on work-related skills that are essential for successful employment. Information is presented in an interesting and non-threatening platform.

This program is open to any adult in Saint Helens that wishes to make a difference in their own life. Due to COVID our on-site program has been limited. However, we were and are still able to provide services to 10 adults each month either by phone or in person. We hope to increase our services this year as the Pandemic allows.

### **Detailed Project Description**

#### **Include the problem, the need for the request, and how many persons will be served by this project**

Low income adults often have little or no understanding of job readiness skills and how the lack of them affects their job performance. They can get stuck when they can't identify the problem(s) holding them back. Even if they are able to identify the issues, they don't always know how to change the script or how to get the help they need. Job readiness and soft skills training provide information to understand why they are here and what's needed to get to a more stable life.

My Next Step partners with the State of Oregon DHS and other community organizations to help low income adults address the barriers that have prevented them from becoming self-sufficient. By using a retail store as the training site we are able to mentor adults one on one to expand knowledge and guide them through barriers that have prevented them from being successful. This training helps fill the gaps between the skills workers currently possess and the skills needed to be successful. Adults can gain self-confidence, real time experience and become proficient in Job Readiness Skills. Job readiness helps adults display the aptitude needed to perform the necessary skills of the job.

Successful workers know that having a job is more than a paycheck. They know that investing in knowledge and continuing to increase knowledge makes life more enjoyable and creates self-worth that they can pass onto their children.

We have been serving residents in Saint Helens since 2012. We have helped over 240 adults with Job Readiness resources, training and other support. Funds received from this grant will go to provide mentorship for up to 10 persons per month, including educational tools and supplies needed to provide our services.

#### **Detailed Proposed Solution: Include project design, readiness to proceed, and financial need**

Due to COVID the operational hours of our store have been reduced. This has caused a reduction of income for our nonprofit. Grants like yours will help us bridge gaps in funding that will allow us to continue to provide services to Saint Helens residents.

Our program assists adults in evaluating and identifying individual barriers to employment, creating an individual roadmap and providing job skills training through educational workshops on:

- Job Readiness skills – including resume and interview skills
- Identifying goals and goal setting
- Building self-esteem and a positive attitude
- Access to budgeting tools and information to create a more stable lifestyle

Provide Job site skills training that will help the client:

- Acquire skills in communication
- Establish current work history
- Learn teamwork behaviors

This program is the entire scope of the nonprofit. All proceeds go to operating the program. The job readiness program is operational and ongoing.



# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

Applicant/Organization Name: Running Dogs Brewery

Project Title: New Production Facility

Organization Information	
Organization Type: Brewery	Federal Tax ID No: 85-2026326
<input type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input checked="" type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	Brief description of organization: Beer and Cider producer/Restaurant

Authorized Signer	Phone: 360-710-1256
Print Name: Jaron Clayton	Fax: n/a
Title: Owner	Email: jclayton@runningdogsbrewery.com
Street Address: 291 S 1st St. St. Helens, OR 97051	Mailing Address: 34966 Roberts Ln. St. Helens, OR 97051
Contact Person	Phone: 360-710-1256
Print Name: Jaron Clayton	Fax: n/a
Title: Owner	Email: jclayton@runningdogsbrewery.com
Street Address: 291 S 1st St. St. Helens, OR 97051	Mailing Address: 34966 Roberts Ln. St. Helens, OR 97051

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

We have provided food/beverages and a place to meet or have a night out with community events such as trivia, comedy nights, bingo, non-profit funding days and free concerts. We've been a staple in bringing craft beer seekers to the downtown area both in and out of peak tourism season. During Halloweentown we have had the honor of serving the large amount tourists food and beverages. Roughly 60% of our population have benefited from what we have provided.

**Detailed Proposed Project Budget**

*Including money leveraged from other sources for this project*

Budget Line-item	City Funds	*Non-City Funds	Agency Contribution	Total
Land	\$	\$115,000.00	\$	\$
Building	\$	\$127,000.00	\$	\$
Equipment and Utilities	\$	\$180,000.00	\$	\$
<b>Totals</b>	\$	\$422,000.00	\$	\$422,000.00

*Explain Sources of Non-City Funds	Amount	Status Committed, Application Submitted, Application Invited, or Potential Source
Jaron and Maggie Clayton (Owner) Business and personal funds	\$ 422,000.00	Application Submitted
	\$	
<b>Total</b>	\$	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

Due to the demand for our beer, cider and soda product and our lack of ability to produce enough for that demand, in order to still be considered a craft brewery we needed to build a bigger production facility. We do not currently have enough funds to complete the project. With the completion of this project, our hope is that we will not only reach the population we have already but new customers as we'll also be the Houlton Business District. This will also provide the advantage of reaching more tourists passing through as they will see us right off of the highway and hopefully they will not only provide us business but other local businesses as they stop here.

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

The land has been purchased (200 Running Dogs Ln., St. Helens, OR 97051) and the building application has been submitted to the city and is attached. We are fully ready to complete the project as soon as approved and we are able to get the funds needed. Any financial help would be greatly appreciated. We've had to use all profits from the business and personal funds towards this project and it has been a struggle with being forced to close during Covid-19. We are in need of \$45,000 still to pay off the building and may need another \$20,000.00-\$30,000 in City SDC and permitting charges. We would like to open a brewpub within the production facility to allow another place for tourists and locals to go to dine and drink closer to the highway. The requirement for that is notated as future build in the plans. We would need roughly another \$80,000 to complete that project. Thank you for your consideration.

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.



**Signature**

(must be Board Chair, President or other authorized official)

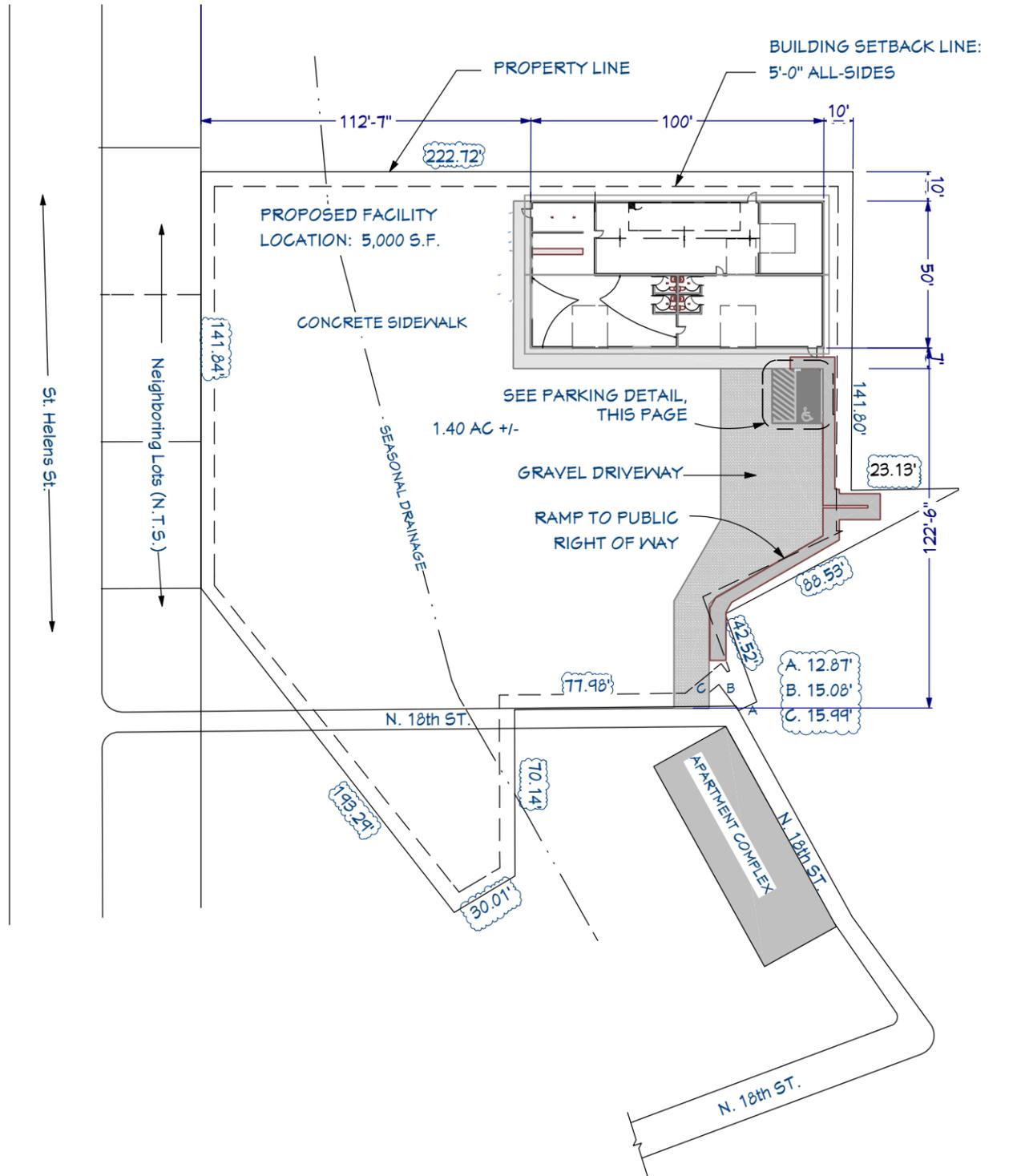
Owner

**Title**

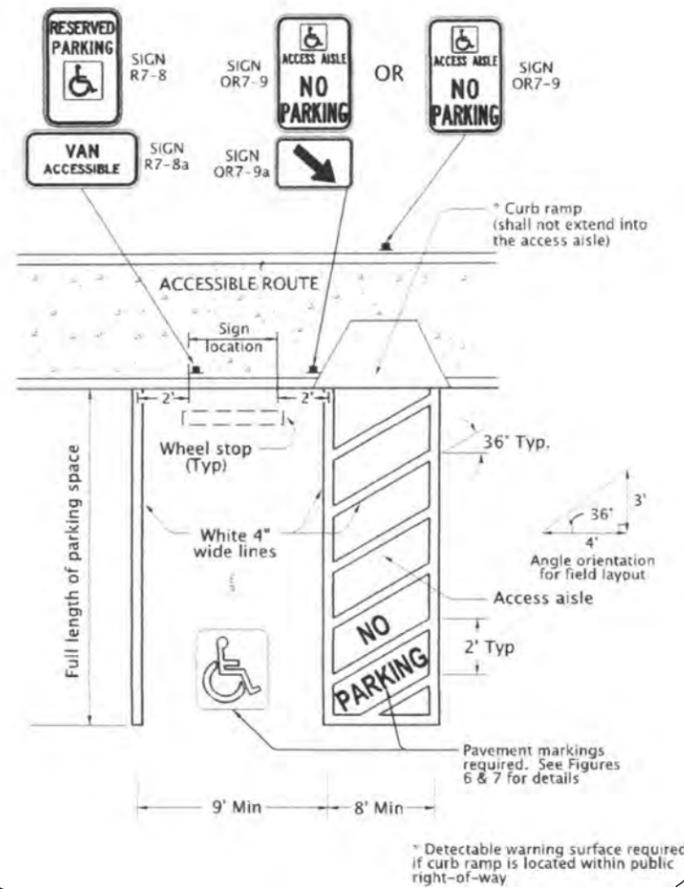
6/24/2021

**Date**

# RUNNING DOGS BREWERY PRODUCTION FACILITY



## MINIMUM STANDARD SINGLE-ACCESSIBLE PARKING SPACE (VAN-ACCESSIBLE DESIGNATION REQUIRED)



### PROJECT DESCRIPTION:

50' x 100' Production Facility

### SITE LOCATION:

200 Running Dogs Lane  
St. Helens OR 97051

### DESIGN DESCRIPTION:

A Pole Building Structure with  
Metal Siding and Metal Roof.

### LEGAL DESCRIPTION:

Property Acct. No. : 10430

Map No.: 4N1W04BD01403

County: Columbia

### ZONING INFORMATION:

Total Land Area: 1.39 acres  
(60514.92 sq ft)

Zoning: Houlton Business District, HBD

Allowable Building Area @ 90% = 54,463 S.F.

Proposed Lot Coverage Total = 5,891 S.F.

(Building: 5,000 S.F., Paved Parking: 306 S.F.,

Govered Parking: N/A, Sidewalk: 585 S.F.)

### Setbacks:

FRONT= 0

SIDE= New buildings containing any

nonresidential use abutting residential districts req.

one foot of setback for each foot of building wall ht.

on the side abutting the residential zone, with a min.

setback of 10 feet. For yards abutting other non-

residential districts, no setback is required subject

to building code requirements.

REAR= 0

HEIGHT= 45'

### BUILDING PLANNING:

Elevation = ~ 100'

Wind = 80 mph is the fastest wind w/ a

100 mph 3-sec gust.

Seismic Zone= D1

Soil = 1500 lbs. SQ. FT.

Exposure Class = B

CODE UTILIZER : ORSC 2017

OCCUPANCY TYPE: Low Hazard Industrial Group F-2

BUILDING USE: Private Production Shop

Owner/Employee access only

OCCUPANCY LOAD: Warehouse 500 Gross

### CONTRACTOR:

**Colin's  
Custom  
Builds**  
503-951-9543

### ALL DIMENSIONS AND SIZE

DESIGNATIONS GIVEN ARE

FOR THE FAIR TRADE USE BY

THE CLIENT OR THEIR AGENT

IN COMPLETING THE PROJECT

AS LISTED WITHIN THIS CON-

TRACT. DESIGN PLANS REMAIN

THE PROPERTY OF PLANS NW

AND CAN NOT BE USED OR RE-

USED WITHOUT PERMISSION.

### DESIGNER:

**PLANS NW**  
PLANSNW@gmail.com  
971-813-9392

### DRAWING TITLE:

**PLOT PLAN**

### DRAWN FOR:

RUNNING DOGS BREWERY

200 Running Dogs Lane

St. Helens OR 97051

DRAWN BY: T.D.M.

DATE: 1/24/21

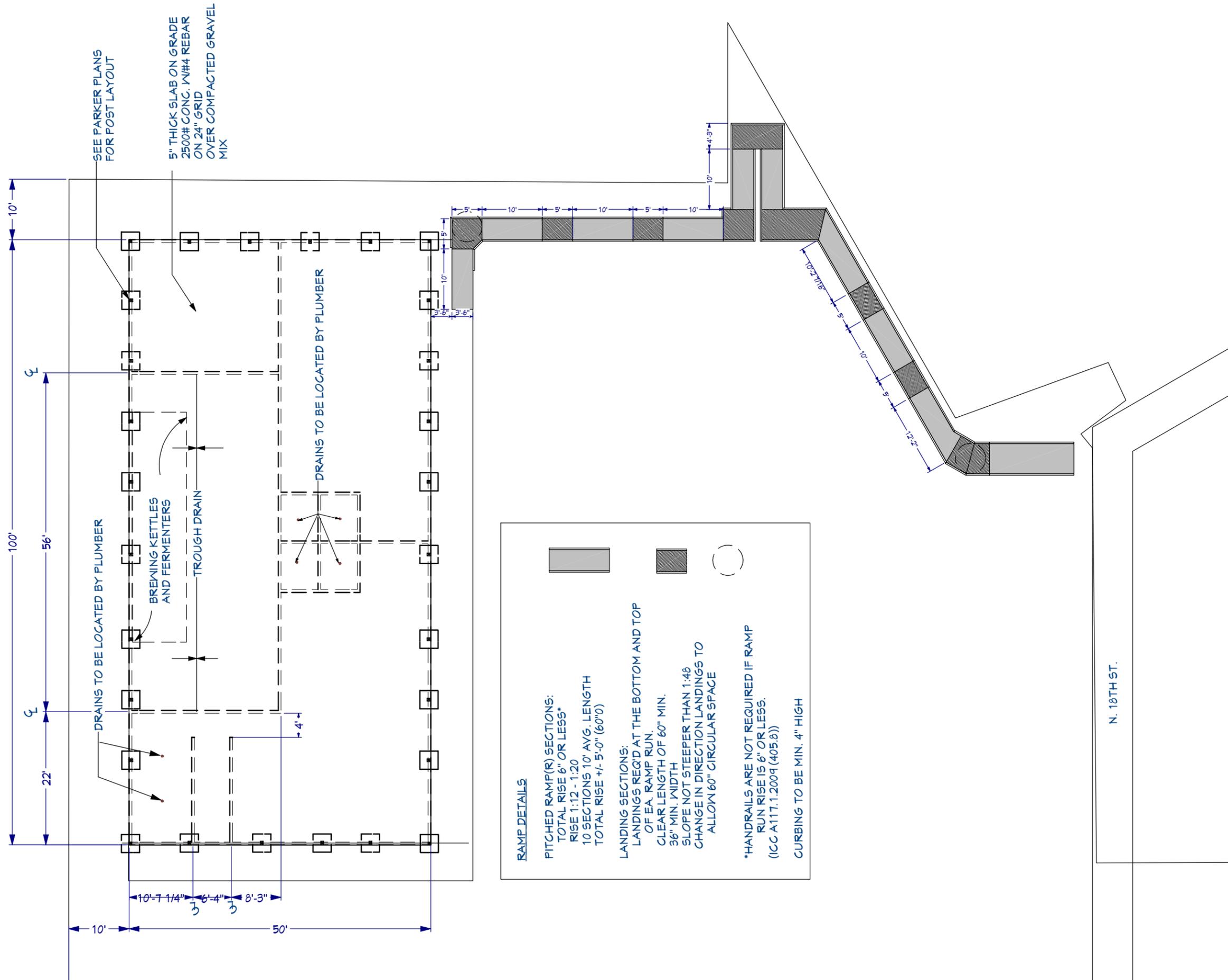
REVISED: 6/18/2021

SCALE: AS NOTED

PAGE NO.:

**A.1**





**RAMP DETAILS**

**PITCHED RAMP(R) SECTIONS:**  
 TOTAL RISE 6" OR LESS\*  
 RISE 1:12 - 1:20  
 10 SECTIONS 10' AVG. LENGTH  
 TOTAL RISE +/- 5'-0" (60"0)

**LANDING SECTIONS:**  
 LANDINGS REQ'D AT THE BOTTOM AND TOP OF EA. RAMP RUN.  
 CLEAR LENGTH OF 60" MIN.  
 36" MIN. WIDTH  
 SLOPE NOT STEEPER THAN 1:48  
 CHANGE IN DIRECTION LANDINGS TO ALLOW 60" CIRCULAR SPACE

\*HANDRAILS ARE NOT REQUIRED IF RAMP RUN RISE IS 6" OR LESS.  
 (ICC A117.1.2009 (405.8))

CURBING TO BE MIN. 4" HIGH

**1**  
**FOUNDATION PLAN**

SCALE: 1/16" = 1'-0"

CONTRACTOR:  
**Colin's Custom Builds**  
 503-951-9543

ALL DIMENSIONS AND SIZE DESIGNATIONS GIVEN ARE SUBJECT TO VERIFICATION ON JOB SITE ADJUSTMENT TO FIT JOB CONDITIONS. DESIGN PLANS ARE PROVIDED FOR THE FAIR TRADE USE BY THE CLIENT OR THEIR AGENT IN COMPLETING THE PROJECT AS LISTED WITHIN THIS CONTRACT. DESIGN PLANS REMAIN THE PROPERTY OF PLANS NW AND CAN NOT BE USED OR REUSED WITHOUT PERMISSION.

DESIGNER:  
  
**PLANS NW**  
 PLANSNW@gmail.com  
 971-813-9392

DRAWING TITLE:  
**FOUNDATION PLAN**

DRAWN FOR:  
 RUNNING DOGS BREWERY  
 200 Running Dogs Lane  
 St. Helens OR 97051

DRAWN BY: T.D.M.

DATE: 1/24/21

REVISED: 6/18/2021

SCALE:

PAGE NO.:



# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** South Columbia County Chamber of Commerce

**Project Title:** Replace Hvac system

### Organization Information

**Organization Type:** Not for profit community organization | **Federal Tax ID No:** 93-0359007

- Non-Profit 501C(3)
- Other Non-Profit
- For Profit Organization
- Other

**Brief description of organization:**  
Chamber of Commerce. Facilitating networking and business growth in the community.

<b>Authorized Signer</b>	<b>Phone:</b> 503-397-0685
<b>Print Name:</b> Alex Tardif	<b>Fax:</b>
<b>Title:</b> Board President	<b>Email:</b> mgr@sccchamber.org
<b>Street Address:</b>	<b>Mailing Address:</b> 2194 Columbia Blvd St Helens, OR 97051
<b>Contact Person</b>	<b>Phone:</b> 971-506-3916
<b>Print Name:</b> Alex Tardif	<b>Fax:</b>
<b>Title:</b> Board President	<b>Email:</b> Alex.m.tardif@gmail.com
<b>Street Address:</b>	<b>Mailing Address:</b>

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

The South Columbia County Chamber of Commerce impacts many businesses and individuals in St Helens. The Chamber building is a meeting place for business owners and stake holders, we engage the community with events and advocacy, and we help bring residents together via regular networking sessions. We partner with other agencies in the county with like missions to help new businesses get started, to educate business owners on things like marketing, insurance, and risk management, and promote businesses within the City to individuals in the region via our social media reach. Through these activities nearly every resident in the city benefits from the chamber's activities

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
HVAC - Heating and Cooling System	\$14,598	\$	\$	\$ 14,598
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$ 14,598	\$	\$	\$ 14,598

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
	\$	
	\$	
<b>Total</b>	\$	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

We need to replace the heating and cooling system in the chamber building. The replacement of this system would benefit the business community. Our space at the chamber is utilized to facilitate and accomidate business. The cost is \$14,598. We have asked the city to provide funding to replace this. We are looking for a partnership, so if the total amount is out of reach we would be happy with whatever you can assist us with.

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

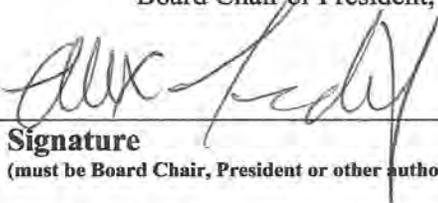
please see the attached quote.

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.



---

**Signature**  
(must be Board Chair, President or other authorized official)

Board President

---

**Title**

7/23/2021

---

**Date**

# *Western* **Heating & Cooling, Inc.**

50618 Columbia River Hwy.  
Scappoose, OR 97056

P: 503-543-5599 | F: 503-543-3693 | CCB 76978  
Email: djnelson@WesternHeating.com

## **Proposal and Agreement**

**Customer:** St Helens Chamber of Commerce  
**Customer:**  
**Address:** 2194 Columbia Blvd  
**City, State, Zip** St Helens OR 97051  
**Consultant:** Randy Phelps

**Proposal Date:** 07/20/2021  
**Phone:** 503-957-3523  
**Phone:**  
**E-Mail Address**  
**Proposal #:** 12393

**We will furnish and install the equipment listed below at the price, terms and conditions outlined on this proposal.**

### **System 1 ~**

Remove and recycle existing Natural Gas Furnace and Outdoor Unit.  
American Standard 80% AFUE Silver, Single Stage, Natural Gas Furnace:  
American Standard 13 SEER Silver, Single-Stage, R410, All Aluminum Spine Fin Coil, Air Conditioner:  
American Standard Aluminum, high efficiency, indoor comfort coil:  
American Standard Touchscreen, black & white, 724 series comfort control:  
Thermostat low voltage wiring.  
Outdoor unit low voltage wiring.  
220 volt weather tight whip kit from disconnect to outdoor unit.  
Resin/fiberglass outdoor HP / AC equipment pad  
High velocity insulated copper refrigerant line set.  
Flue venting double wall B-Vent.  
Condensate drain to exterior of home.  
Reconnect new furnace to existing high & low voltage wiring.  
Reconnect to existing natural gas service, add new gas safety shut off valve and drip leg.  
All added duct work in non conditioned areas will be insulated to current code of R8 value.  
Perform triple evacuation and charge system to manufacture's specification.  
Refrigerant access port to be fitted with tamper resistant cap per code M1411.6.  
Carbon monoxide alarm with Nighthawk technology and battery backup, per State Fire Marshall Code.  
Mechanical permit & inspection as required per City / County code.  
First year annual Precision Tune-up on System performed 1 year from date of install.  
20-year heat exchanger warranty, 10-year parts warranty, and 1-year labor warranty.  
All sheet metal work & labor to install a complete & working comfort system - B

~ 100% Satisfaction guarantee on all work performed by Western Heating & Cooling Inc. ~





# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** South County Chamber of Commerce

**Project Title:** Railway Station Centennial Celebration

Organization Information	
<b>Organization Type:</b> 501 (c)6	<b>Federal Tax ID No:</b> 93-0359007
<input type="checkbox"/> Non-Profit 501C(3) <input checked="" type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> The South Columbia County Chamber of Commerce is a membership-based organization. It is a partnership between businesses, professionals, and organizations who work together to build a healthy local economy and improve the quality of life in a local community.

<b>Authorized Signer</b>	<b>Phone:</b> 503-397-0685
<b>Print Name:</b> Alex Tardif	<b>Fax:</b>
<b>Title:</b> Board President	<b>Email:</b> mgr@scchamber.org
<b>Street Address:</b> 2194 Columbia Blvd. St. Helens, OR 97051	<b>Mailing Address:</b> 2194 Columbia Blvd. St. Helens, OR 97051
<b>Contact Person</b>	<b>Phone:</b> 503.410.0479
<b>Print Name:</b> Judy Thompson	<b>Fax:</b>
<b>Title:</b> Event Lead	<b>Email:</b> judyann2@q.com
<b>Street Address:</b> 2194 Columbia Blvd. St. Helens, OR 97051	<b>Mailing Address:</b>

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

The South County Chamber of Commerce is a not-for-profit 501c6 organization with over 150 businesses, non-profits, and individuals in the area.

**Our Core Values**

- Membership-based - Being a chamber member means more than a business directory listing. It shows you support economic development and growth in the community
- Partnership-Driven

The chamber is a collaboration of businesses, professionals and organizations working together

- Economic Development

Chamber members join together because they stand a better chance of getting things done when speaking with a collective voice. They work together towards building a healthy economy and improving the quality of life

- Networking

Word of mouth is the most powerful marketing. Chamber members are offered numerous opportunities to network, create intimate connections and be involved in the community.

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

Budget Line-item	City Funds	*Non-City Funds	Agency Contribution	Total
Trolley rental	\$500	\$375	\$	\$875
promotional	\$	\$650	\$	\$650
Entertainment, equipment, etc.	\$	\$1005	\$470	\$1475
<b>Totals</b>	\$500	\$2030	\$470	\$3000

*Explain Sources of Non-City Funds	Amount	Status Committed, Application Submitted, Application Invited, or Potential Source
Local sponsorships	\$ 1,300	committed
Local sopnsorships	\$ 1,200	in process
<b>Total</b>	\$ 3,000	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

This is a request for event sponsorship

Join The S. Columbia County Chamber of Commerce For A Family Friendly Event  
 Grayline Pink Trolley Rides Uptown to Downtown  
 Chamber Merchant's Gift Shop & Bazaar  
 2194 Columbia Blvd., St. Helens

Talk of the Town

Roaring 20s' Inspired Gala Event

The St. Helens Railway Station has been bringing people into our community since it first opened in October of 1921. That hustle and bustle are evident in the above photo from the CCMA's Sentinel-Mist/Brownlow Family Collection. That tradition has continued for nearly a century, most recently by serving as the South Columbia County Chamber of Commerce where it helps to build a healthy economy and improve life in our community. We invite you to celebrate this historic building as this historic building turns 100!

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

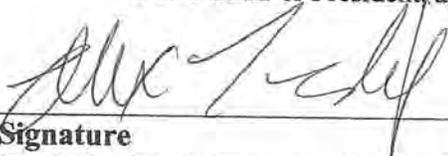
The request is for event sponsorship

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.



**Signature**

(must be Board Chair, President or other authorized official)

Board President

**Title**

7/23/2021

**Date**



# APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** St.Helens Saints Baseball

**Project Title:** Baseball Program Development

Organization Information	
<b>Organization Type:</b> Non-Profit	<b>Federal Tax ID No:</b> 57-1205305
<input checked="" type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> Our organization supports youth and high school baseball in the community. We provide summer high school teams and are working on future youth programs at the 14u, 12u and 10u levels.

Authorized Signer	Phone: 971-297-2939
<b>Print Name:</b> Matt Lokken	<b>Fax:</b>
<b>Title:</b> President	<b>Email:</b> Matt.Lokken24@gmail.com
<b>Street Address:</b> 35131 Burt Rd. St.Helens, OR 97051	<b>Mailing Address:</b> 35131 Burt Rd. St.Helens, OR 97051
Contact Person	Phone: 971-297-2939
<b>Print Name:</b> Matt Lokken	<b>Fax:</b>
<b>Title:</b> President	<b>Email:</b> Matt.Lokken24@gmail.com
<b>Street Address:</b> 35131 Burt Rd. St.Helens, OR 97051	<b>Mailing Address:</b> 35131 Burt Rd. St.Helens, OR 97051

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

Our program has traditionally provided summer baseball teams at the high school level, but are looking to expand into the youth levels. We believe our program can positively benefit the St.Helens community by providing all the opportunity to develop their social and emotional health through physical activity and team activities. Playing baseball at a competitive level and with the right coaching will provide many the opportunity to play baseball after high school if they would like to. It will open up opportunities for college scholarships and success later in life. Our mission is to provide the youth of our community high level coaching in combination with high level competition, so they can enjoy the game of baseball but also reach their full potential. If we do this we believe many kids of our community will benefit and this organization will also aid them in developing into a responsible, happy and productive member of our community.

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
Uniforms	\$2,500	\$	\$	\$2,500
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
	\$	
	\$	
<b>Total</b>	\$	

**Detailed Project Description**  
*Include the problem, the need for the request, and how many persons will be served by this project*

Our organization likes to keep player fees low. We charge \$150 in the summer and this only funds our league fees, umpires, balls and tournament fees, it does not provide enough funding for uniforms. Our team is in need of uniforms that can be used for many seasons to come. We are looking to suite two full teams (28 players) with this equipment. We anticipate being able to use the equipment for 3 full seasons which will provide the opportunity to benefit 85 or so participants in different years.

**Detailed Proposed Solution**  
*Include project design, readiness to proceed, and financial need*

The specific needs are listed below:  
 28 uniform tops: \$2,500

We can have these items ordered immediately and ready for use. If not fully funded we will seek additional support to fund these items, so even a portion will help us tremendously. Thank you.

## General Certification

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.

Matt Lokken

---

**Signature**

(must be Board Chair, President or other authorized official)

President

---

**Title**

07/21/21

---

**Date**



RECEIVED  
JUL 22 2021  
CITY RECORDER

## APPLICATION TO REQUEST GRANT FROM CITY

City of St. Helens ♦ 265 Strand Street ♦ St. Helens, OR 97051  
City Contact: Kathy Payne 503.366.8217

**DEADLINE: Friday, July 23, 2021, 5PM**

**Applicant/Organization Name:** St. Helens Band Patrons  
**Project Title:** Replace Stolen Band Patrons Trailer and Contents

Organization Information	
<b>Organization Type:</b> School	<b>Federal Tax ID No:</b> 930999814
<input checked="" type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	<b>Brief description of organization:</b> St. Helens Band Patrons supports the St. Helens Band Program. The Program has a rich tradition of excellence in music making. We are a 6-12th grade program that features Middle School Beginning, Intermediate, and Advanced Bands, and a high school program with a Jazz Band, Concert Band, Wind Ensemble, Marching Band and Color Guard, Pep Bands, and Winter Guard and Winter Percussion Programs.

<b>Authorized Signer</b>	<b>Phone:</b> 360-980-3801
<b>Print Name:</b> Josh Fully	<b>Fax:</b>
<b>Title:</b> St. Helens Band Patrons Vice Chair	<b>Email:</b> shbp.vchair@gmail.com
<b>Street Address:</b> 2375 Gable road St. Helens, OR 97051	<b>Mailing Address:</b> Same
<b>Contact Person</b>	<b>Phone:</b>
<b>Print Name:</b> Same	<b>Fax:</b>
<b>Title:</b>	<b>Email:</b>
<b>Street Address:</b>	<b>Mailing Address:</b>

**Please provide an explanation of what your organization provides as a good or service or both to meet the needs of St. Helens residents and note exactly how many residents that live inside the city limits of St. Helens are benefitted. (This is not project-specific; this is specific to your organization.)**

The St. Helens Band Patrons supports the St. Helens School District Band and Guard Program by:

- Communicating the needs of the School District Band & Guard Program to the students, parent(s), guardian(s), and the community, as desired by the Director(s).
- St. Helens Band Patrons supplement the financial needs of the School District Band & Guard Programs.
- St. Helens Band Patrons support Director(s) in their role as the head of the School District Band & Guard Programs.

The community benefits from the program by attending concerts, sporting events, etc. Most importantly, it gives students an opportunity to be involved in a program where they learn teamwork, work ethic, and get to have fun.

**Detailed Proposed Project Budget**  
*Including money leveraged from other sources for this project*

<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
Replace Band Patrons Trailer & Contents	\$1,000	\$9,000	\$TBD	\$10,000
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Totals</b>	\$	\$	\$	\$

<b>*Explain Sources of Non-City Funds</b>	<b>Amount</b>	<b>Status</b> Committed, Application Submitted, Application Invited, or Potential Source
Fundraising & Sponsorships	\$ 9,000	Potential Source
	\$	
<b>Total</b>	\$ 9,000	

**Detailed Project Description**

*Include the problem, the need for the request, and how many persons will be served by this project*

On Tuesday, July 13, 2021 one of the St. Helens Band Patrons trailers and its contents was stolen. The contents included three large event tents, shelves, buckets, and kitchen supplies that are used during Marching Band & Guard competitions. It also included all the supplies used during bottle and can fundraising events. Due to COVID, the main source of the Program's fundraising has been bottle and can drives. The trailer is used during fundraising events and transporting equipment for Marching competitions. All of these items will need to be replaced in order to continue to support the students and the Program. Over time, thousands of students will be served by supporting the replacement of these items.

**Detailed Proposed Solution**

*Include project design, readiness to proceed, and financial need*

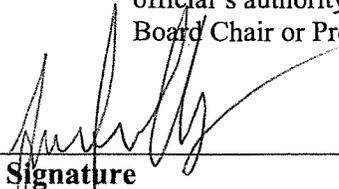
As finances are available, the St. Helens Band Patrons will prioritize the replacement of the items stolen. Due to COVID and the reduction in this year's competition season, we may be able to delay the purchase of a trailer until sufficient funds are raised. The tents are a priority as they are used to keep students and their equipment dry during the fall rainy Marching competition season. We are in the process of organizing fundraiser events to raise funds as quickly as possible to cover expenses.

**General Certification**

I certify that to the best of my knowledge all information contained in this document and any attached supplements, is valid and accurate.

I further certify that, to the best of my knowledge:

- 1) The application has been approved by the governing body of the organization or is otherwise being submitted using the governing body's lawful process; and
- 2) If signed by an official, other than the Board Chair or President, documentation is attached that verifies the official's authority to sign on behalf of the applicant. Such documentation can include a letter signed by the Board Chair or President, agency/organization meeting minutes, or similar.



**Signature**

(must be Board Chair, President or other authorized official)

St. Helens Band Patrons Vice Chair

**Title**

**Date**

7/21/21



**SHHS Band Patrons**  
Tax ID#930999814  
2375 Gable Road  
St Helens, OR 97051

Mrs. Noelle Freshner, Director of Bands  
503-366-7418  
[noellef@sthelens.k12.or.us](mailto:noellef@sthelens.k12.or.us)

---

Dear City Council,

Please accept this letter as authorization for Vice Chair Josh Fully to sign on behalf of the St. Helens Band Patrons. The Vice Chair position coordinates all aspects of fundraising.

Thank you for your consideration and continued support.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Scholl", written in a cursive style.

Ryan Scholl  
[SHBPCHAIR@gmail.com](mailto:SHBPCHAIR@gmail.com)  
Board Chair

**SHHS Band Patrons**  
Tax ID#930999814