



# 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: Wednesday, July 21, 2021, 5PM**

**Applicant/Organization Name:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Organization Information**

<b>Organization Type:</b>	<b>Federal Tax ID No:</b>
<input type="checkbox"/> Non-Profit 501C(3) <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> For Profit Organization <input type="checkbox"/> Other	Describe organization type:

<b>Authorized Signer</b>	<b>Phone:</b>
<b>Print Name:</b>	<b>Fax:</b>
<b>Title:</b>	<b>Email:</b>
<b>Street Address:</b>	<b>Mailing Address:</b>
<b>Contact Person</b>	<b>Phone:</b>
<b>Print Name:</b>	<b>Fax:</b>
<b>Title:</b>	<b>Email:</b>
<b>Street Address:</b>	<b>Mailing Address:</b>

**Provide an explanation and documentation that demonstrates how your project can begin within four months after the award from the City of St. Helens and completed within the appropriate time frame for the type of project being proposed.**

<b>Detailed Proposed Project Budget</b>				
<b>Budget Line-item</b>	<b>City Funds</b>	<b>*Non-City Funds</b>	<b>Agency Contribution</b>	<b>Total</b>
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<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>	\$	

<b>Detailed Project Description - include the problem and need for request</b>

<b>Detailed Proposed Solution - include project design, readiness to proceed and financial need</b>

## Objectives and Outcomes

Each applicant must select their primary objective and primary outcome, then address your performance measurements as indicated.

### 1. Objectives: *(Select One)*

**Suitable Living Environment** - This objective relates to activities designed to benefit communities, families, or individuals by addressing their living environments.

**Providing Assistance** – This objective focuses on programs where the purpose of the program is to provide assistance to people who would not otherwise be served in the community by other programs or agencies.

**Creating Economic Opportunities** – This objective applies to economic development, commercial revitalization, beautification, and job creation.

### EXPLANATION

### 2. Outcomes: *(Select One)*

**Availability/Accessibility** – This outcome applies to projects that make services available and accessible to persons that would not otherwise receive the services provided by the agency or organization. In this category, accessibility does not refer only to physical barriers but also to making the affordable basics of daily living available.

**Affordability** – This outcome applies to projects that provide affordability in a variety of ways. It can include the creation or maintenance of services to underserved or underprivileged persons.

**Sustainability/Promoting Livable or Viable Communities** – This outcome applies to projects where the activities are aimed at improving communities or neighborhoods, helping to make them livable or viable through multiple activities or services that sustain communities or neighborhoods.

### EXPLANATION

## Performance Measurements

Each applicant must report on each of the following:

1. How much money will be leveraged from other sources (e.g. federal, state, local, and private)?
2. How many persons, households or units will be assisted at the completion of this project?
3. How many underserved or underprivileged persons will be served by this project?
4. Explain 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?

**During the application stage the City of St. Helens fully understands that the performance measures and specific indicators will be estimates. Each grant recipient must be ready to report actual accomplishments for the performance measures and specific indicators annually and at the completion of the project.**

## **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.

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**Signature**

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

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**Title**

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**Date**