# 2026 Project Nomination Form– Community Enhancement Program

This form is for any applicant to nominate a project for the Wilsonville-Metro Community Enhancement Program (CEP). Please complete the form to the best of your ability. If you have any questions about the program or project nomination contact Zoe Mombert, Assistant to the City Manager, 503-570-1503; **CEP@wilsonvilleoregon.gov** by January 9, 2026.

**Applicant Information**
Sponsor: *
Tax ID#
N/A for City Board of Commission
Contact Person: *
Daytime Phone: *
Email Address: *
Address: *
City: *
State: *
Zip code: *
Type of Organization: *
A non-profit organization, a neighborhood association or charitable organization with IRS 501 (c)(3) tax-exempt status
A school or institution of higher learning
A local government, local-government advisory committee, department or special district provided that the agency includes documented support from the local-government executive officer.

**Project Information**
Project Title:
Amount Requested: *$

Mark all of the goals below which your project meets and explain how in the boxes below: *

- Improve the appearance or environmental quality of the community
- Reduce the amount or toxicity of waste
- Increase reuse and recycling opportunities

- Result in rehabilitation or upgrade of real or personal property owned or operated by a nonprofit organization having 501(c)(3) status under the Internal Revenue Service code
- Result in the preservation or enhancement of wildlife, riparian zones, wetlands, forest lands and marine areas, and/or improve the public awareness and the opportunities to enjoy them
- Result in improvement to, or an increase in, recreational areas and programs
- Result in improvement in safety and community emergency preparedness
- Benefit youth, seniors, low income persons and/or underserved populations
- Foster and enhance community enrichment through educational programming, arts and cultural projects.

Brief Project Description and Explanation of how the CEP funds will be used, include project start and end dates: *

Where would the project be located and who owns the property if applicable? *

For a project located on private or other public land (property not owned by the City of Wilsonville), written documentation from the landowner that gives the project sponsor and City permission for the project to occur on the land is required. Indicate here if the project is located on private or other public land (property not owned by the City of Wilsonville) and indicate if written permission from the landowner is to be submitted. *

What impact might the project have on nearby homes and businesses? *

What kind of on-going maintenance needs and costs might be required by the project? *

Who will benefit if this project is funded? Estimate how many Wilsonville residents will benefit if this project is funded. *

How does the project serve diverse or traditionally underserved populations? *
Does this project serve a specific cultural or ethnic group in Wilsonville? If so, please specify. *

Upload Optional Supplemental Materials:
Files must be less than **128 MB**.
Allowed file types: **gif jpg jpeg png pdf doc docx ppt pptx xls xlsx**.

**Project Budget**
Upload project budget sheet available at **www.ci.wilsonville.or.us/cep**

Upload Budget: *
Files must be less than **2 MB**.
Allowed file types: **gif jpg jpeg png pdf doc docx xls xlsx**.
How were these costs estimated (quotes, catalog, previous projects, etc.)? *

Is there secure funding for Sponsor's share of the total costs including funding from other public or private agencies and what are the sources of funding? *

Will the project be completed with the proposed funding or will future funding be necessary? *

Funds are available for projects after July 1, 2026. Is this project compatible with that timing? How and when might this project be implemented? *

Identify if the project is included in an adopted Master Plan or Strategic Plan. (City of Wilsonville, school district, non-profit, etc.) *

**Project Management**
Provide a brief narrative outlining the major tasks and projected time schedule for completing of each task: *

Describe prior experience managing similar projects. Include prior Community Enhancement Projects: *

Does this project require coordination with other public and private organizations? Has the necessary coordination been completed? If yes, please describe. *

If the project is located on private land, discuss the public benefit of the project and provide landowner permission for the project with this application: *

Do you have currently have an active CEP grant? *
Yes
No

If yes, will you be seeking and exception? *
Yes, an exception is requested since we have an active grant and the project will not be complete by May 18, 2026.
No, an exception is not needed or requested.

Project Certifications: *

This project will not promote of inhibit religion in any way.

This project will not discriminate based on race, ethnicity, age, gender or sexual orientation in any way.

Signature: *

Date Signed:

**Electronic signature agreement.** By selecting the "I Accept" button, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature. You also represent that you are authorized to enter into this Agreement for all persons who own or are authorized to access any of your accounts and that such persons will be bound by the terms of this Agreement.

I accept: *

Yes