



COMMUNITY ENHANCEMENT PROGRAM GRANT Mandatory Pre-Application Procedures.

Applicant Organization:		
Project/Program:		
for verify whether city permits are requ changes or improvements to a propert	ancement grant, applicants are responsible uired for a project. If the project results in any by or building, contact the City Planning office nit is required. Applications requiring a perminity roposed budget detail.	
Before applying for a Community Enhancement Grant, applicants wishing to improve or utilize city run or city owned facilities must verify eligibility with the City Manager's office at 503-625-5524. Applications involving city run or city owned facilities, not receiving prior written approval from the City Manager will be considered incomplete.		
By submitting the following City of Sherwood application, the undersigned certifies that the have met the above requirements or the application.	ne project and the sponsoring organization	
Signature of Party Authorized to Represent the Organization	Printed name	
Date		



Date



Sherwood Community Enhancement Project Application

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Before completing this form, please read the Community Enhancement Program Instructions for complete submittal instructions to ensure that your proposal meets the requirements for funding. Applications received after the deadline will not be accepted. Liability insurance coverage may be required.			
Title of Project/Program:			
Applicant/Project Sponsor:			
	Federal Tax ID Number:		
	Daytime Phone:		
Email:			
Address:			
 The grant applicant acknowledges and agrees to the following: The City may award full, partial or no funding. The amount received may be as much as the amount request in this grant application, but no more. All funds received must be utilized solely for the program or project as described in this application. Applicants organizations or individuals who have partnered with an organization may be liable for misuse of funds. 			
The undersigned certifies that the following information in the application is true and complete and has been provided for the purpose of obtaining financial assistance from the City of Sherwood through the Metro Community Enhancement Program for the proposal described.			
Signature of Party Authorized to Represent the Organization	Printed name		





Project Budget Summary

Grant Funds Requested	
+ Matching Funds (Cash)	
+ In-Kind Matching Funds:	
= Total Cost of Project:	

Proposed start date: Proposed end date:

PROJECT DETAIL

1. Project Description-Describe the proposed program or project including the intended use of the CEP funds, project goals and overall objective and location of the project.

- 2. Identify by letter and describe how this project meets one or more of the goals for funding:
 - a) Improves the appearance or environmental quality of the City
 - b) Increases recycling opportunities or reduces solid waste production
 - Rehabilitates or upgrade the attractiveness or market value of public areas
 - d) Results in the preservation or enhancement of wildlife, riparian zones, wetlands, forestlands or marine areas, and/or improve the public awareness about them.
- e) Results in improvement to, or an increase in recreational areas and programs in the City
- f) Results in increases in safety within the city
- g) Provides skills training, work or education opportunities for youth, seniors, low income or underserved populations persons
- h) Enhances art and culture
- i) Improves the employment or economic opportunities residents

3.	List anticipated project milestones and dates.
4.	Will this grant request be used for one phase of a multiphase project, with possible grant requests for future phases? Yes No
	If yes, please explain the plans, the expected funding sources and the estimated project cost by funding source.
5.	If this project will require continued funding beyond the grant period, explain what measures have been taken to ensure the funding will be available.
6.	Who will benefit if this project is funded? How will they benefit?

7.	Describe prior experience managing similar projects, including prior Community Enhancement Projects.
8.	What community resources will be used as support for this project? (e.g. community or city-owned property, city departments, transportation services or other civic groups)?
9.	Does this project require coordination with other public or private organizations' Yes No
	If yes, please describe what type of coordination is needed and whether the coordination has been completed.
10	If the project is located on private land, discuss the public benefit of the project. (Attach landowner permission for the project with this application).

PRIOR APPLICANTS

- 11. Is this your organization's first grant application for a Community Enhancement Program? If no, please answer item 12 If yes, please proceed to item 16

 Yes

 No
- 12. Has your organization received a Community Enhancement grant in the last 3 years? (Include other municipality Community Enhancement grants) If yes, please answer items 13 and 16. If no, please proceed to item 14.

Yes No

13. Please describe the project/programs for which your organization received funding-What was the project intended to do? Was it successful? What was the overall community impact of the project? Were all required steps, including submission of budgetary and exit report information completed?

14. Was a Community Enhancement grant received last year?

Yes No

If yes, what is the status of the project? Have there been any unexpected issues or costs? Does the project remain on schedule? Have required reports been submitted?

15. If this application is to support an ongoing or previous project, please provide details regarding the continued need. Has there been unexpected delays or costs associated with the project? If for routine support, have other options been investigated? What is the potential impact if funding cannot be achieved through this grant?

PROPOSED BUDGET DETAIL

16. E	Budget Narrative: How will grant funding be used? Why is grant funding critical	to
t	he success of the project? How will additional community resources or	
ŗ	partnerships be used to support this project?	

17. List all grants applied for in support of this project and commitments confirmed to date.

18. Match funds and Project Budget: List all sources to be used for match funds (e.g. volunteer hours, cash, and in-kind donations). For the 2024-2025 grant cycle, please use \$31.80/hour to calculate the value of volunteer labor.

Project budget: List all project expenses and demonstrate which expenses will be covered with matching funds, and which expenses will require grant funds.

Expense	Grant Funds Requested	Matching Funds (Cash)	In-Kind Matching Support	Total
Example: 50 hours of labor at \$31.80/hr setup & tear down	\$0	\$0	\$1,590	\$1,590
Example: Supplies (paint, glue & brushes)	\$200	\$0	\$0	\$200
Total				

20. What percentage of Community Enhancement funds w services or administrative costs?	rill be used for personnel
21. If only partial funding is available, could your project be	roduced in size or done

21. If only partial funding is available, could your project be reduced in size or done in phases?

Yes No

If yes, what is the minimum grant amount that would allow the project to be performed: \$

Describe how that would change the scope of work.

19. Percent of Total Budget provided by applicant: