Fiscal Year Beginning July 1, 2025

For the Fiscal Year 2025-2026 budget, the City will make available an amount not to exceed \$100,000 for funding of well established, not for profit social service organizations. The intent of available funding is to provide a grant opportunity to organizations within the City of Astoria community who provide essential services to residents of Astoria. The actual amount of funding will depend on resources available, and will be finalized during the annual budget process. Awards will not be final until the 2025-2026 Fiscal Year Budget is adopted by the City Council in June 2025.

All completed applications will be reviewed. Applications must be received by February 28, 2025 at 5:00 pm.

Organization Name	Contact Person and Title				
Mailing Address					
Contact Phone Number	Contact Email Address				
List of Board Members					
Brief Description of Organization (Max 150 word	' ds)				
Years in service to the Astoria Community:					
Geographical Area Served:					
Mission Statement (max of 100 words)					

## Program or Project

Program or Pi	Project to be Funded (m	ax of 200 words)			
This is a	New Program	Continuing Program	Program Expansion	One Time Project	
-		mber of people who will b data for the prior year as w	be served by the program or provell.	oject. If this is a	
Local Res	esidents:		Local Residents (prior):		
Surround	ding Area:		Surrounding Area Residents (pric	or):	
Out of A	rea:		Out of Area Residents (prior):		
How will your	r program or project se	erve the residents of Astoria	a? (Max of 200 words)		
	, .		, (		
What is the to	arget age groups of yo	our program or project?			
	How are you addressing equity in access to your services? What methods are you using to ensure those most in need of help are able to access your programs or services? (Max of 200 words)				
	,	<u> </u>			
<u>I</u>					
What criteria of 200 words	-	ine success? Describe wha	it you will accomplish with use of	these funds. (Max	
				- <u>-</u> -	

## **BUDGET**

Amount Requested:	\$		
What is the total budget for your program or project?			
What percentage of your budget originates from City of Astoria funding?	%		
Will you receive City of Astoria funds through another channel for this program or pro	ject?	Υ	N
List how funds will be used:			
	_ \$		
	_ \$		
	<u> </u>		
	_ \$		
	_ \$		
What other sources of funding have you applied for or secured for this event, o	activity, or pro	oject?	
	_ \$		
	_ \$		
If this is an ongoing or reoccurring event or activity, do you intend to become self fun	ded?	Υ	N
Have you received city funds in the past?		Υ	N
If you have previously received funds from the city did you submit your final grant rep	oort?	Υ	N
If you are requesting more funds than you have in the past, what is the reason for the	e increase? (N	1ax of 150 w	ords)

## CERTIFICATION & ATTACHMENTS

i nereby state on benaif of	(Organization) that:
	om the City of Astoria. If funding is awarded, my Agreement with the City of Astoria.
I am authorized to apply for these fu	unds on behalf of the organization.
Funds must be used as described in unused funds must be returned to the	this application and the Grant Agreement. Any ne City prior to June 30, 2026.
	or activity, the organization has, or will obtain general nmensurate with the exposure of the event.
Signature	 Date

APPLICATION DEADLINE: FEBRUARY 28, 2025 AT 5:00 PM

## **REQUIRED DOCUMENTS:**

- Signed Application
- 2. Proof of 501-c3 status
- 3. Prior Year Financial Statement
- 4. Projected Annual Budget
- 5. Profit & Loss Statement
- 6. Brochure or Letter of Support (Optional)

SUBMIT TO:
City of Astoria
Attn: Ryan Quigley 1095
Duane Street Astoria, OR

QUESTIONS:
Ryan Quigley
503-298-2401
rquigley@astoria.gov

97103

As a pdf attachment to: rquigley@astoria.gov

All applications must be submitted by February 28, 2025 for consideration. Organizations making applications are not required to be present for budget committee review. Notification of award will be made upon budget adoption by the City Council in late June.