



City of Astoria

Community Organization Grant Application

Fiscal Year Beginning July 1, 2024

For the Fiscal Year 2024-2025 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 2024-2025 Fiscal Year Budget is adopted by the City Council in June 2024.**

NOTE: Special Consideration may be given to purchases of permanent assets or equipment and to organizations provide addiction treatment as discussed in the Council Work Session December 19, 2023.

All completed applications will be reviewed. Special consideration may be given to purchases of permanent assets or equipment and to organizations that provide addiction treatment, as discussed in the Council Work Session on December 19, 2023. **Applications must be received by February 28, 2024 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

Years in service to the Astoria Community: _____

Geographical Area Served: _____

Mission Statement

Program or Project

Program or Project to be Funded

This is a New Program Continuing Program Program Expansion One Time Project

Please provide an estimate of number of people who will be served by the program or project. If this is a continuing program, please supply data for the prior year as well.

Local Residents: _____

Local Residents (prior): _____

Surrounding Area: _____

Surrounding Area Residents (prior): _____

Out of Area: _____

Out of Area Residents (prior): _____

How will your program or project serve the residents of Astoria?

What is the target age groups of your 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?

What criteria do you use to determine success? Describe what you will accomplish with use of these funds.

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 project? Y N

List how funds will be used:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

What other sources of funding have you applied for or secured for this event, activity, or project?

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

If this is an ongoing or reoccurring event or activity, do you intend to become self funded? Y N

Have you received city funds in the past? Y N

If you have previously received funds from the city did you submit your final grant report? Y N

If you are requesting more funds than you have in the past, what is the reason for the increase?

Have you ever had to return a grant or not receive the full grant amount due to lack of performance? Y N

CERTIFICATION & ATTACHMENTS

I hereby state on behalf of _____ (Organization) that:

This is an application for funding from the City of Astoria. If funding is awarded, my organization intends to sign a Grant Agreement with the City of Astoria.

I am authorized to apply for these funds on behalf of the organization.

Funds must be used as described in this application and the Grant Agreement. Any unused funds must be returned to the City prior to June 31, 2025.

If funding is requested for an event or activity, the organization has, or will obtain general liability insurance in an amount commensurate with the exposure of the event.

Signature

Date

APPLICATION DEADLINE: FEBRUARY 28, 2024 AT 5:00 PM

REQUIRED DOCUMENTS:

1. 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
97103

QUESTIONS:

Ryan Quigley
503-298-2401
rquigley@astoria.or.us

As a pdf attachment to:

rquigley@astoria.or.us

Or by the "SUBMIT"
button below

All applications must be submitted by February 28, 2024 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.