



Community Grant Application

RULES AND ELIGIBILITY

On a yearly basis, by City Council action, \$5,000 is made available for area programs through a grant application process.

The City will begin accepting Community Grant applications on July 1st, and the application process will close on or before July 31st each fiscal year. For 2017, the deadline to apply for a grant is Monday, July 31, 2017.

Grant funds are provided by the City of Stayton taxpayers, so all grants must be an organization working within city limits, or their event must provide a clear, primary direct benefit to residents of Stayton.

Grant requests are limited to a maximum request of \$1,000.

Grant applications will be presented to the City Council at their second meeting in September, applicants are welcome to attend. The Council will have final say on the eligibility of each application.

APPLICATION INSTRUCTIONS

1. You can obtain a Community Grant Application from City Hall or on our website at www.staytonoregon.gov.
2. Applicants need to complete the application form and provide a summary, no longer than one page, of the purpose of their grant application and a copy of their program or agency budget.
3. Application materials must be submitted to City Hall, 362 N. Third Avenue or via email to cityofstayton@ci.stayton.or.us on or before the application deadline.
4. The City Administrator and Finance Director will review the applications. Applications viewed favorable, will be forwarded to the City Council for consideration at their second meeting in September.
5. If the application is approved by the City Council, the applicants will be notified and the funds will be dispersed.
6. If the application is denied, written notification will be forwarded to the applicant with the reason for denial.

**** ATTACHED TO INSTRUCTION SHEET IS AN APPLICATION.**



Community Grant Application

ORGANIZATION INFORMATION

Organization Name: _____

Legal Name (if different): _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person Regarding this Application: _____

Title: _____ Phone: _____ Email: _____

Is your organization an IRS 501(c)(3) non-profit? YES _____ NO _____

PROPOSAL INFORMATION

Please type a one page summary of your request and attach it to this application along with the program or agency annual budget.

Population served: _____

If your agency has previously received grant funds from the City of Stayton, please list the year and amount received:

Funds are being requested for (check one):

General Operating Support _____	Project / Program Support _____
Start-Up Costs _____	Technical Assistance _____
Capital _____	Other (please specify) _____

Project dates (if applicable): _____

Fiscal year end: _____

BUDGET

Dollar amount requested: \$ _____

Total annual organization budget: \$ _____

Total project budget: \$ _____

AUTHORIZATION

Name and title of top paid staff or board chair:

Name: _____ Position: _____

Signature: _____ Date: _____