

CITY OF WILSONVILLE – 2009/10 COMMUNITY SERVICES OPPORTUNITY GRANT  
PROGRAM  
**APPLICATION COVER SHEET**

*Each category of this application must be completed for this application to be accepted for review.*

APPLICANT NAME \_\_\_\_\_

Tax-exempt? Y / N If yes, registered tax exempt number: \_\_\_\_\_

If no, please provide a short description of the non-profit status of your organization and recipients

Taxpayer Identification Number \_\_\_\_\_ - \_\_\_\_\_;

\_\_\_\_\_  
\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

BRIEF PROJECT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT DURATION: Start Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

GRANT AMOUNT REQUESTED            \$ \_\_\_\_\_

CERTIFICATION: I hereby certify that all the facts, figures, and representations made in this application, including all attachments, are true and correct. I agree to carry out this project or service as outlined within this application. Further, I understand that failure to do so will invalidate this agreement and necessitate the immediate return of all Community Service Opportunity Grant money to the City of Wilsonville.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Official

CITY OF WILSONVILLE – 2009/10 COMMUNITY SERVICES OPPORTUNITY GRANT  
PROGRAM  
**PROJECT NARRATIVE**

In this narrative, please address how your project fulfills the Evaluation Criteria on page 2 of this packet. Please identify your organization's goals for this project.

CITY OF WILSONVILLE – 2009/10 COMMUNITY SERVICES OPPORTUNITY GRANT  
PROGRAM  
**BUDGET SUMMARY**

**Organization Budget:** This budget shows how this project fits into your whole organization. The project should be shown as a line in this budget.

Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

| Income Sources         | Amount | Expenses | Amount |
|------------------------|--------|----------|--------|
|                        |        |          |        |
|                        |        |          |        |
|                        |        |          |        |
|                        |        |          |        |
|                        |        |          |        |
|                        |        |          |        |
|                        |        |          |        |
|                        |        |          |        |
| Total Operating Income |        |          |        |

**Project Budget:** This budget provides the detail of the project that the grant funds will be applied to. This should include how the funds from this grant will be spent.

Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

| Income Sources       | Amount | Expenses              | Amount |
|----------------------|--------|-----------------------|--------|
|                      |        |                       |        |
|                      |        |                       |        |
|                      |        |                       |        |
|                      |        |                       |        |
|                      |        |                       |        |
|                      |        |                       |        |
|                      |        |                       |        |
| Total Project Income |        | Total Project Expense |        |

CITY OF WILSONVILLE – 2009/10 COMMUNITY SERVICES OPPORTUNITY GRANT  
PROGRAM

**PROJECT EVALUATION  
GRANT FUNDING FOLLOW-UP**

*This form and your final financial statement must be returned to Community Services within 30 days of your project completion. If an extension of funding is required, a request must be received in writing on or before the last Friday in June, 2010.*

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses. If you would like a budget summary form from the City, please contact Community Services.

2. Approximately how many people benefitted from your project? How many of those people were Wilsonville residents? What were some of the individual benefits?

3. Evaluate your achievement of the measurable goals listed in your application.

4. What specific community benefit did your project provide the City of Wilsonville?

4. Will this event or project be reoccurring? How do you anticipate funding the project in the future?