



A place where families and businesses thrive.

Organization/Contact Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Agency Mission Statement:

Agency Fiscal Year End: _____ Agency Federal Tax ID (EIN)#: _____

Application Questionnaire

Project/Program Title: _____

1. Is this a new project or program or an existing one?
2. Describe your proposed project or program in detail and specifically indicate how it will address a priority area of community concern in Forest Grove.

3. How is your project or program integrating innovative, creative approaches to addressing this community concern? Does it fill a gap in current services?

4. How will the project or program include collaboration with other community partners, including relevant City departments like Police, Parks and Library? Please describe any financial partnerships in detail.

5. Describe how the organization plans to reach individuals and families the project or program intends to serve, including any diverse or special needs communities.

6. Describe how funding for the project or program will be financially sustainable. How will the program continue when the Impact Grant ends after three years?

7. List and detail the measurable outcomes and deliverables of the project or program. Additionally, how will you track and report success on a weekly, monthly and annual basis?

8. Provide a brief summary of key personnel and partners including their experience and skills, previous work in addressing related issues and their anticipated roles in this initiative (including percentage of time dedicated to the initiative).

9. Provide a basic overview of grant implementation activities tied to project/program budget.