Community Fund Application 2020/2021

Applications due February 7, 2020

Instructions

1. Answer each question as requested below. If you need more room, attach additional sheets.
2. Attach all required documents
3. Sign and date application
4. Send or deliver completed application to:
   Julie Rawls, Community Relations Manager
   Port of Vancouver USA
   3103 NW Lower River Rd.
   Vancouver, WA 98660
   Or scan and email to: jrawls@portvanusa.com

Organization

Name ________________________________________________________________

Address __________________________________________________________

City ________________ County __________ State ________ Zip/postal code ______

Website __________________________________________________________

Is organization a: _____non-profit (501c3) group _____community group

Does the applicant group serve/reside within the port district? (Funds must be used within the port district.)

____yes  ____no

Short description of organization’s purpose/focus: ______________________________

______________________________________________________________________________

______________________________________________________________________________
Organization Representative/Contact:

Name ________________________________________________________________

Address __________________________________________________________________________

City __________________County _____________State _________Zip/postal code _________

Phone: ____________________________ Email: __________________

What is your role in the organization? _____________________________________________

Name of project: _________________________________________________________________

Date of project/event/program if applicable: _________________________________________

Total project cost: ________________________________________________________________

Total funds requested through the Community Fund: _________________________________

Project match if applicable (see “additional points” in Program Overview document.)

Total amount/value ______________________________________________________________

Source(s) of match:

_____ funds are secured _____ funds are applied for

Organization contributing match: __________________________ $ ___________________

_____ funds are secured _____ funds are applied for

Organization contributing match: __________________________ $ ___________________

_____ funds are secured _____ funds are applied for

Organization contributing match: __________________________ $ ___________________

_____ funds are secured _____ funds are applied for

Organization contributing match: __________________________ $ ___________________

If match is in-kind, please provide description:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Identify which required goal(s) are met by your project. Check all that apply:

[ ] Economic development

[ ] Tourism

How will the Community Fund help further your project?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Why is this project important to our community?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How does your project support the port’s mission and goals outlined in the Port of Vancouver Strategic Plan?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Will the Community Fund help fill a funding gap in your project/event/program? If so, please explain:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How will the Community Fund help meet your organization’s goals and objectives?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Does your organization have a board of directors or oversight committee? If so, please attach the names and affiliations of all members on a separate sheet of paper.

_____ yes      _____ no

Is your organization on social media? If so, list platforms  

_____ yes  _____ no

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please provide information, including dates, on successful projects that your organization has managed or been a partner in. Please keep examples within the last three years.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If your request is for an event, where will the event be held/located and on what date or time of year?

______________________________________________________________________________
______________________________________________________________________________

How will you promote your event?

______________________________________________________________________________
______________________________________________________________________________

What opportunities are available to promote the port’s involvement? (Website/social media, logo on flyers, newsletter mention, port speaker at event, etc.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Your organization may be asked to speak before the Port of Vancouver Board of Commissioners. Who would speak on behalf of your organization?

Name ________________________________________________________________

Affiliation ____________________________________________________________

Phone____________________________ email: ______________________________

By signing this application, the applicant fully understands the requirements and conditions of the Port of Vancouver USA’s Community Fund program. In addition, if approved, you will agree to meet all the terms and conditions of the Community Fund to be eligible for reimbursement. No funds will be provided to your organization prior to completion of required documentation submitted to, reviewed and approved by the Port of Vancouver USA.

_____________________________________________ ______________________

Authorized Signer’s Name and Title Date

Documents to Attach:

• Completed W-9 form (required of all applicants)
• Proof of non-profit status (if applicable)
• Board configuration (if applicable)

Questions? Please contact Julie Rawls, Community Relations Manager at 360-823-5297 or jrawls@portvanusa.com.