



Clackamas County Special Projects Application Form 2011-2012 (Please use this format)

For Office Use Only
Amount Requested: _____
Contract Amount: _____

Grant Amount Requested: \$	Date Application Submitted:
Project Title:	
Has project received County Funds previously? (Y/N) If yes, please specify date, amount and funding agency (Department):	
Will your agency be seeking future funding from the County?	
This funding will support: <input type="checkbox"/> Direct services only <input type="checkbox"/> Capital needs (specify) <input type="checkbox"/> Administrative costs <input type="checkbox"/> Other (specify)	
Implementing Organization:	Applicant's Federal Identification #:
Applicant's Project Administrator: Name: Title: Address:	Telephone: Fax: E-mail:
Applicant's Fiscal Officer: Name: Title: Address:	Telephone; Fax: E-mail:
Key Project Components (a snapshot of your project, including population to be served and measurable outcomes):	

Please provide Organization's annual operating budget (include sources & uses):

Please describe Organization's financial stability (please attach Year-End Statement of Financial Position):

What need does this project address (provide data to demonstrate need)?

Please describe the project elements:

Please describe your organization's qualifications to implement this project:

Expected Outcomes of Project: How many Clackamas County residents are served by this project? What are the measurable outcomes of this project?

Quality of planning/preparation: (how does it align with or promote County goals, master plan for the sector, buy-in from all relevant parties, multi-disciplinary, etc.).

What measures or evaluations will be made to determine how well the proposed project meets the stated outcomes?

Project Duration: _____ Start Date _____ End Date _____

How will you sustain the project at the end of this grant?

PROJECT BUDGET			
BUDGET CATEGORY <i>Round all numbers to nearest whole dollar.</i>	COUNTY FUNDS	MATCHING FUNDS	TOTAL AMOUNT
Personnel Attach detail listing each position by title, percentage of time (i.e. FTE) devoted to the project, and annual salary / hourly rate.			
Fringe Benefits			
Travel Identify purpose of the travel, attach additional information if necessary.			
Equipment Equipment is tangible personal property costing over \$5,000 and having a useful life of more than one year. Attach detailed information for any equipment to be purchased.			
Supplies			
Training Itemize anticipated training needs.			
Consultants/Contracts Provide a brief description of the services to be provided, the hourly/daily rate, estimated time on the project and method of procurement. Consultant fees cannot exceed \$450 per 8-hour day.			
Other Costs Provide detail for costs that do not fit in the above categories.			
Subtotal: Direct Costs			
Grant Administration Provide detail for expenses associated with the applicant's administration of the grant funds.			
TOTAL PROJECT			
<i>Please attach Year End Statement of Financial Position</i>			

Project submitted by	
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Signatures	

Additional Information

The Board of County Commissioners has approved a total of \$200,000 for special projects in the 2011 – 2012 fiscal year. We expect to distribute these funds as single-year operating or project support to agencies that meet the basic needs of our county’s most vulnerable residents. The Board may desire to contact applicants for additional information and/or to schedule an interview with applicants prior to funding authorization.

Timeline

September 15, 2011 – Applications due to BCC Office

We expect to make final funding decisions by the end of the 4th quarter, 2011.

Return completed application to:

Office of the Clackamas County Board of Commissioners
Public Services Building, 4th floor
2051 Kaen Road
Oregon City, OR 97045

Phone: (503) 655-8581
Fax: (503) 742-5919

Applications may also be emailed to carolinehill@co.clackamas.or.us