

■ English (US) ▼

Reimagine Oregon Economic Opportunity Investment Fund

Grant Program Application

APPLICATION DIRECTIONS:

This year, the Reimagine Oregon Economic Opportunity Investment Fund Grant Program will have one cycle, beginning on March 15. All applications must be submitted by Friday, April 12 at 5 pm PST. Incomplete applications may not be considered. Award recipients will be notified in May or June 2024.

There will be information sessions on:

Fri, March 15, 2024 from 12-1 pm Wed, March 20, 2024 from 5-6 pm

Virtual Open Office Hours are also available every Friday at 2 PM (including March 15) until the application closes. To attend the information sessions or office hours, please visit https://prosperportland.us/reimagine. Email

ReimagineOregon@prosperportland.us with any questions for the application.

Reminders for a strong application:

 As much as possible, include specific details and data about the potential impact and reach of your proposal.

- Highlight the unique aspects of your proposal that create economic opportunity.
- Applications will *not* be evaluated on a first-come, first-serve basis. We encourage you to thoughtfully consider the impact these funds could have on your business or the community, and share that passion with us.

Organizational Information

Eligibility Questions

Is your org	anization operating in the city of Portland? *
O Yes	
○ No	
Is your org	anization primarily serving the Portland community? *
O Yes	
○ No	
501(c)3 sp	anization a for-profit business, non-profit, or organization with a onsor? * fit business
Non-pr	
	ration with a 501(c)3 sponsor
	f the above
Is your pro	posal directly related to political advocacy? *
○ Vaa	
Yes	

Demographic Information

Demographic information will not affect the eligibility or evaluation of your application. "You" refers to the Grantee. The Grantee is the person in charge of the organization, such as the business owner or Executive Director.

What are your pronouns? Select all that apply. *			
She/Her	He/Him		
They/Them	I prefer not to disclose		
Other pronouns (list here)			
Which of the following describes your raapply. *	acial or ethnic identity? Select all that		
American Indian or Alaska Native	Asian or Asian American		
Black or African American	Latine/a/o/x		
Middle Eastern/North African	Native Hawaiian or Other Pacific Islander		
White	I prefer not to disclose		
I prefer to self-describe			
How do you identify your gender? Selec	t all that apply: *		
Woman	Man		
Non-binary	Indigenous Two-Spirit		
Transgender	Gender non-conforming, gender queer or genderfluid		
Questioning	No gender or Agender		
I prefer not to disclose			
I will describe my gender			

5-17 years	18-24 years
25-34 years	35-44 years
45-64 years	65-84 years
85+ years	I prefer not to disclose
Contact Information	
Point of Contact Name *	Point of Contact Email *
	example@example.com
D: 1 (O 1 1 D)	
Point of Contact Phone	
(000) 000-0000	
(000) 000-0000 Is the Point of Contact also the	e Grantee? The Grantee is the person in charge of business owner or Executive Director. *
Is the Point of Contact also the the organization, such as the least of Yes	e Grantee? The Grantee is the person in charge of business owner or Executive Director. * Grantee Email *
Is the Point of Contact also the the organization, such as the line of No	business owner or Executive Director. *

• (000)	000-0000		
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Organizational Information

Organization Name *	
(Optional) Organization D.B.A. Name	
"Doing Business As" - if your organization is known as any name other than legal name.	
Organization EIN (Employer Identificat	ion Number) *
If you do not have an EIN number yet, ple	ase write "NA."
Organization Address Line 1 *	Address Line 2
City *	State *
Zip Code *	

(Optional) Organization Website	
What geographical section of Portla	nd is your organization located in? *
North	Northeast
Northwest	South
Southeast	Southwest
How many employees does your org	anization have? *
e.g., 23	
(5	
(For-Profits) What is the Annual Gros	ss Revenue in 2023 for your business? *
0.0 \$15,000	
e.g., \$15,000	
e.g., \$15,000 Proposal Leadership Team *	

				//
0/100				
How does yo	our organization pron	note diversity, equ	ity, and inclusion?) *
				//

Proposal Information

Your proposal should generally meet one of three priorities:

A. Accelerate Business Growth & Entrepreneurship

- Proposals that strengthen and grow existing businesses and promote the scaling of new businesses.
- Awards will generally range from \$5,000 to \$300,000.
- Examples of projects include but are not limited to: providing strategic investment capital, supporting business infrastructure and systems development, connecting businesses to new markets through partnership and networking, supporting community-owned businesses (e.g., cooperatives and other models of community ownership), job creation and training programs, etc.

B. Build Community Wealth & Economic Empowerment

- Proposals that promote skills and build assets that ensure strong intergenerational wealth.
- Awards will generally range from \$5,000 to \$300,000; can be awarded as a multiyear grants for non profits, disbursed over a period of up to three years.
- Examples of projects include but are not limited to: financial inclusion and literacy programs, community-owned businesses (e.g., cooperatives and other models of community ownership), etc.

C. Create Anchor Projects that Enhance Community Engagement & Collaboration

- Proposals that create anchor places for community members to increase economic opportunity and development for the larger community.
- Awards will generally range from \$50,000 to \$700,000.
- Examples of projects include but are not limited to: increased employment opportunities, housing development projects, property acquisition, business hubs, community centers, etc.

What is your proposal title? *	
Proposal Summary *	
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What will your proposal do? Explain the impact a grant could have on your business

Examples to consider for your proposal summary:

or the community.

0/250

Will funds help you acquire a piece of equipment that will increase business opportunity?
Will funds help you invest in your business to grow its capacity?
How could funds be leveraged to build wealth and economic empowerment?
Select the funding priority (or priorities) your proposal will address: *
Accelerate Business Growth & Entrepreneurship
Build Community Wealth & Economic Empowerment
Create Anchor Projects That Enhance Community Engagement & Collaboration
How does your proposal align with the chosen funding priority? *
0/100
Funding Amount Requested *
e.g., \$5000
Catgories A/B: \$5,000-\$300,000; Category C: \$50,000-\$700,000
Have you applied to Prosper Portland for funding previously? If so, which funds
have you applied for at Prosper Portland?

If an applicant has previously received Prosper Portland funds for the same project, their proposal to the Reimagine Oregon Economic Opportunity Investment Fund Grant Program must demonstrate how funds will grow, scale, or expand the project beyond any previous funding received. 0/100
Who will your proposal serve? *
Explain how your proposal's work serves and supports those most impacted by the Cannabis Prohibition. 0/250
The effects of Cannabis Prohibition involved communities that faced disproportionately higher levels of criminalization related to cannabis, resulting in multi-generational economic and social impacts. Cannabis was legalized in Oregon on July 1, 2015 under Measure 91. For information about how cannabis tax funds may be used, please refer to Portland City Code 6.07.145: https://www.portland.gov/code/6/07/145

For-Profit Businesses Questions

Is your business led by Economically Dis	advantaged Individual(s)? *	
Yes		
○ No		
Economically disadvantaged individuals are	those whose ability to compete in the free	
enterprise system (i.e., the economy) has been impaired due to diminished capital and		
credit opportunities.		
La completação de la dileida Carallelle Disardona		
Is your business led by Socially Disadva	ntaged individual(s)? *	
Yes		
○ No		
or cultural prejudice or bias within American	e who have been subjected to racial, ethnic,	
identities as members of groups and withou		
Business type *		
Retail	Personal Services (salons, barber	
	shops, massage, wellness, etc.)	
Professional Services (accounting firm, law office, etc.)	Child Care	
Health Care and Social Assistance	Restaurant, Bar, Brewery	
Entertainment Venues		
Other		
What's the story of your business? What	t makes it unique? *	

0/250	//
How will your proposal advance the ecommunity? How will it create a more	
	4
0/250	
metrics that best fit your proposal. Ar "Increasing Signature Program's Impac	s from the list below and/or create custom in example of a custom metric would be ct" by a goal of "34%." Aim to set ambitious in the following
Please select metrics from the list below	ow as applicable:
Number of Employees Hired or Retained	Dollars of Increased Revenue
Number of New Customers/People Served	Number of People Attending Special Programming
Number of New Partnerships	Custom Metric 1
Custom Metric 2	Custom Metric 3

Reporting, Documents, and Additional Comments

Summarize proposal success metrics with goals *
0/100
What would success look like to you? *
At the end of this year, what would you want to achieve with this investment? How would you like this to impact your organization or community? Where do you see your organization in the future? 0/250
In what ways would you prefer to share the impact or efficacy of your proposal?

Annual Survey
Video Response
Site Visit
PowerPoint
Emailed Questions
Impact Report
Other
Timeline and Project Feasibility *
Clearly outline the timeframe for your proposal and how you will allocate the grant funding to achieve desired outcomes.
0/200
Budget *
What is the total amount of money you have secured for your proposal? Break down by category and be specific if possible.
0/200
For guidance, you may find an optional budget template on the grant website:
https://prosperportland.us/reimagine

You may also upload a budget in the Additional Documents section in a later part of the application.
Financial Need *
Describe the financial need for your proposal. Refer to your budget as appropriate. 0/200
(Optional) Community Support
Browse Files Drag and drop files here
Include any letters or testimonials from community members endorsing your project.
(Optional) Partners
Please list any additional partners that you have approached for collaboration, and if you have approached them for funding.

You are not required to provide these documents at this time, but they may be required at the time of grant acceptance. These include:

- Worker's Compensation Insurance in compliance with ORS 656.017 - Commercial General Liability Insurance or equivalent with a combined single limit of not less than \$1,000,000 on an occurrence basis, for bodily injury and property damage, with an aggregate limit of not less than \$2,000,000? - Additional required documents as necessary (which may include a W-9, ACH form, State of Oregon and City of Portland registration, and other forms as required by Prosper Portland). Does your organization provide Workers' Compensation Insurance in compliance with ORS 656.017? * Yes No Grantees must carry Workers' Compensation Insurance. Proof of Workers Compensation Insurance is not required to apply for a grant, but by selecting "no", you are acknowledging that this will be required for acceptance of a grant agreement. ORS 656.017 requires subject employers to provide workers' compensation coverage for their subject workers. This coverage is required of grantees with one or more employees, unless exempt under ORS 656.027. Does your organization carry Commercial General Liability Insurance or equivalent with a combined single limit for bodily injury and property damage of not less than \$1,000,000 on a per occurrence basis, and with an aggregate limit of not less than \$2,000,000? * Yes No

Grantees must carry Commercial General Liability Insurance or equivalent coverage. Proof of Commercial General Liability Insurance is not required to apply for a grant, but by selecting "no", you are acknowledging that this will be required for acceptance of a grant agreement. This type of insurance will provide contractual liability coverage for

the indemnification required under this agreement. Additionally, "Prosper Portland, the
City of Portland and each of their respective officers, agents and employees" must be
named as Additional Insured with respect to Grantee's activities under this agreement.

Required Documents - It is not required at the time of application, but you may be required to provide a completed W-9 form, an ACH form, State of Oregon and City of Portland registration, proof of insurance documentation, or any other forms required by Prosper Portland as part of acceptance of a grant award. By clicking "Yes" below, you acknowledge that these are requirements. *
Yes
○ No
If you have any additional documents relevant to your application, you may attach them here.
Browse Files
Drag and drop files here
These could be budgets, annual reports, or anything else that would support your application.
If you have any other additional notes or comments, list them here.

By clicking submit below, you attest that the information listed on this application is true and complete to the best of your knowledge, and that you may be contacted by Prosper Portland staff to provide additional information or documentation to complete the application and/or establish eligibility.

