

PROSPER
PORTLAND
Building an Equitable Economy

 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 organization operating in the city of Portland? *

- Yes
- No

Is your organization primarily serving the Portland community? *

- Yes
- No

Is your organization a for-profit business, non-profit, or organization with a 501(c)3 sponsor? *

- For-profit business
- Non-profit
- Organization with a 501(c)3 sponsor
- None of the above

Is your proposal directly related to political advocacy? *

- Yes
- No

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. *

- | | |
|---|---|
| <input type="checkbox"/> She/Her | <input type="checkbox"/> He/Him |
| <input type="checkbox"/> They/Them | <input type="checkbox"/> I prefer not to disclose |
| <input type="checkbox"/> Other pronouns (list here) | |

Which of the following describes your racial or ethnic identity? Select all that apply. *

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Latine/a/o/x |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> I prefer not to disclose |
| <input type="checkbox"/> I prefer to self-describe | |

How do you identify your gender? Select all that apply: *

- | | |
|--|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Man |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Indigenous Two-Spirit |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Gender non-conforming, gender queer or genderfluid |
| <input type="checkbox"/> Questioning | <input type="checkbox"/> No gender or Agender |
| <input type="checkbox"/> I prefer not to disclose | |
| <input type="checkbox"/> I will describe my gender | |

What is your age? *

5-17 years

25-34 years

45-64 years

85+ years

18-24 years

35-44 years

65-84 years

I prefer not to disclose

Contact Information

Point of Contact Name *

Point of Contact Email *

example@example.com

Point of Contact Phone

Is the Point of Contact also the Grantee? The Grantee is the person in charge of the organization, such as the business owner or Executive Director. *

Yes

No

Grantee Name *

Grantee Email *

example@example.com

Grantee Phone

 (000) 000-0000

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 Identification Number) *

If you do not have an EIN number yet, please write "NA."

Organization Address Line 1 *

Address Line 2

City *

State *

Zip Code *

(Optional) Organization Website

What geographical section of Portland is your organization located in? *

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> North | <input type="radio"/> Northeast |
| <input type="radio"/> Northwest | <input type="radio"/> South |
| <input type="radio"/> Southeast | <input type="radio"/> Southwest |

How many employees does your organization have? *

(Non-Profits/Organizations with a Fiscal Sponsor) What is the annual operating budget of your organization? *

(Non-Profits/Organizations with a Fiscal Sponsor) Please list the names of your board members here. *

Proposal Leadership Team *

Who are the key people involved in this proposal? List names. 0/100

What is the mission of your business or organization? *

0/100

How does your organization promote diversity, equity, and inclusion? *

0/100

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 multi-year 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 *

What will your proposal do? Explain the impact a grant could have on your business or the community.

0/250

Examples to consider for your proposal summary:

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

Categories A/B: \$5,000-\$300,000; Category C:
\$50,000-\$700,000

(Non-Profits) You may propose funding through up to three years. Please explain how this multi-year request will expand economic opportunity for communities disproportionately impacted by the Cannabis Prohibition.

0/100

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>

Nonprofits / Organizations with a Fiscal Sponsor Questions

Is your organization serving individuals who are economically disadvantaged? *

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.

Is your organization serving Socially Disadvantaged Individuals? *

Yes

No

Socially disadvantaged individuals are those who have been subjected to racial, ethnic, or cultural prejudice or bias within American society or systems because of their identities as members of groups and without regard to their individual qualities.

How will your project help restore the community? How will it help create a thriving and vibrant community? *

0/250

How does your proposal cooperatively support businesses and economic institutions? How does it help solve community problems collectively? *

0/250

Please set goals for the select metrics from the list below and/or create custom metrics that best fit your proposal. An example of a custom metric would be "Increasing Signature Program's Impact" by a goal of "34%." Aim to set ambitious

but achievable goals. You will be asked to summarize your goals in the following question.

Please select metrics from the list below as applicable:

- | | |
|---|---|
| <input type="checkbox"/> Number of People Impacted | <input type="checkbox"/> Number of Jobs Created or Retained |
| <input type="checkbox"/> Number of Businesses Supported | <input type="checkbox"/> Number of People Attending Programming |
| <input type="checkbox"/> Number of New Partnerships | <input type="checkbox"/> Custom Metric 1 |
| <input type="checkbox"/> Custom Metric 2 | <input type="checkbox"/> 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 *

0/200

What is the total amount of money you have secured for your proposal? Break down by category and be specific if possible.

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.

Save

Submit