

# Reimagine Oregon Economic Opportunity Investment Fund

## Spring 2025 Grant Program Application

### For-Profit Application

#### APPLICATION DIRECTIONS:

This year, the Reimagine Oregon Economic Opportunity Investment Fund Grant Program will have one cycle for Spring 2025, beginning on February 20, 2025. For full information and details on the grant program, please visit the website at <https://prosperportland.us/reimagine>.

**This application is for for-profit businesses.** If your organization is a non-profit or organization with a 501(c)3 sponsor, please fill out the appropriate application here: <https://form.jotform.com/243166171178155>

**All applications must be submitted by Friday, April 4 at 5 pm PST.** Incomplete applications may not be considered. Award recipients will be notified in June or July 2025.

**Virtual Open Office Hours are also available every other Friday at 2 PM** until the application closes (March 7, March 21, April 4). There will also be an information session on Friday, February 21 at 1 PM. To attend the information session or office hours, please visit <https://prosperportland.us/reimagine>.

Email [ReimagineOregon@prosperportland.us](mailto:ReimagineOregon@prosperportland.us) with any questions. Good luck!

#### 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.
- You can save your application and finish later using the "Save" button at the bottom of the application.

Reimagine Oregon



## Part 1: Logistics

### Eligibility Questions

Is your organization operating in the city of Portland? \*

- Yes  
 No

Is your organization primarily serving the Portland community? \*

- Yes  
 No

Has your organization received a Reimagine Oregon Economic Opportunity Investment Fund grant before?

- Yes  
 No

Is your proposal directly related to political advocacy? \*

- 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

## 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
- They/Them
- Other pronouns (list here)
- He/Him
- I prefer not to disclose

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? \*

- |                                   |                                                |
|-----------------------------------|------------------------------------------------|
| <input type="radio"/> 5-17 years  | <input type="radio"/> 18-24 years              |
| <input type="radio"/> 25-34 years | <input type="radio"/> 35-44 years              |
| <input type="radio"/> 45-64 years | <input type="radio"/> 65-84 years              |
| <input type="radio"/> 85+ years   | <input type="radio"/> I prefer not to disclose |

## Organizational Contact

---

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 \***

Must be within Portland

**Zip Code \***

**(Optional) Organization Website**



The point of contact will be who we contact with questions about your application and who we will be in contact with if you are awarded a grant. We recommend adding a secondary point of contact in case we cannot reach your point of contact.

Point of Contact Name \*

Point of Contact Email \*

example@example.com

Point of Contact Phone \*

(Optional) Secondary Point of Contact Name

(Optional) Secondary Point of Contact Email

example@example.com

(Optional) Secondary 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, the Primary Point of Contact is the Grantee
- Yes, the Secondary Point of Contact is the Grantee
- No

## Organizational Insurance and Documents

---

**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).

How many employees does your organization have? (Not including the owner) \*

e.g., 23



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 provide Workers' Compensation Insurance in compliance with ORS 656.017? \*

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.

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



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. You will also be required to submit proof of expenditure or receipts as you spend your grant award, if accepted.

Required Documents - By clicking "Yes" below, you acknowledge that these are requirements. \*

- Yes
- No

## Organizational Details and Mission

---

Business type \*

- Retail
- Professional Services (accounting firm, law office, etc.)
- Health Care and Social Assistance
- Entertainment Venues
- Other
- Personal Services (salons, barber shops, massage, wellness, etc.)
- Child Care
- Restaurant, Bar, Brewery

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

- North
- Northwest
- Southeast
- Northeast
- South
- Southwest

What was the Annual Gross Revenue in 2024 for your business? \*

e.g., \$15,000

Please list your organization's purpose, goals, and community collaborations. \*

0/100

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

Potential factors to consider are: the demographics of clients served or staff; how the organization recruits, retains, and promotes staff with regards to DEI; if your organization trains staff and board members in DEI; and if DEI affects service delivery.

0/100

## Part 2: Proposal Mission

Your proposal should fall under one of these two priorities:

### **Standard Grants:**

\$5,000 - \$300,000

Standard grants will support for-profit businesses in strengthening and growing existing work and the scaling of new businesses. Strong proposals will promote entrepreneurship, job creation, and economic growth in Portland.

### **Anchor Projects:**

\$50,000 - \$700,000

Anchor project grants will support local large-scale innovative initiatives designed to serve as a catalyst for economic growth and community development in Portland. These projects typically involve significant investment and collaboration among various stakeholders, including government agencies, private businesses, non-profits, and community organizations. Their primary goals are to stimulate job creation, enhance infrastructure, attract new businesses, and revitalize neighborhoods.

What is your proposal title? \*

Select the funding priority your proposal will address:

- Standard Grants
- Anchor Projects

How does your proposal align with the chosen funding priority? \*

0/100



You are not guaranteed to get your full funding request amount if you are accepted for a grant.

Funding Amount Requested \*

e.g., \$5000



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.

Have you applied to or received Prosper Portland funding previously?

Yes

No

## Proposal Narrative

---

Proposal Leadership Team \*

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

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?

Proposal Summary \*

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

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>

Who will your proposal serve? \*

Explain how your proposal's work serves and supports those most impacted by the Cannabis Prohibition.

0/250

What's the story of your business? What makes it unique? \*

0/250

How will your proposal advance the economic goals and well-being of your community? How will it create a more thriving and vibrant community? \*

0/250

## Economic and Social Disadvantage

---



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 business led by Economically Disadvantaged Individual(s)? \*

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.

Is your business led by Socially Disadvantaged Individual(s)? \*

Yes

No

## Part 3: Implementation

### Metrics

**Please set goals for the select metrics from the list below.** Aim to set ambitious but achievable goals. You may list additional metrics for your proposal in the following question.

Please select metrics from the list below as applicable:

Number of Employees Hired or Retained

Dollars of Increased Revenue

Number of New Customers/People Served

Summarize proposal success metrics with goals \*

You may also detail other metrics not listed above, such as number of new partnerships, number of people engaged at events, etc.

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

Evaluating Impact - How does the organization evaluate its impact?

How has the organization used its evaluations to learn and improve?

## Project Feasibility

---

### Financial Plan \*

Describe the financial feasibility for your proposed budget and timeline. Furthermore, describe the financial need for your proposal.

0/200

### Timeline \*

Clearly outline the timeframe for your proposal and how you will allocate the grant funding to achieve desired outcomes.

0/200

**For your budget below, consider detailing:**



- The total cost of the proposed program, with all sources of funding.
- What percentage of the total cost are you requesting from Reimagine Oregon?
- What other funding sources will contribute towards the total cost of the program? What do those funds help support in the program?

Note that matching funds are not required, but we want to understand the relationship between your funding request and the total costs for the proposed program.

**Budget \***

A large, empty rectangular text input field with a thin border and a small cursor icon in the bottom right corner. A large, diagonal watermark reading "SAMPLE" is overlaid across the entire page.

Break down by category and be specific if possible. 0/200

**(Optional) Budget Upload**



**Browse Files**

Drag and drop files here

If you would like to upload a proposal budget, please submit here.

## Community Support

---

## (Optional) Community Support



### Browse Files

Drag and drop files here

Include any letters or testimonials from community members endorsing your project. Letters of support are highly encouraged.

## (Optional) Partners

A large, empty rectangular text box with a thin grey border. A large, light grey watermark reading "SAMPLE" is oriented diagonally across the center of the box. A small cursor icon is visible in the bottom right corner of the box.

Please list any additional partners that you have approached for collaboration, and if you have approached them for funding.

## Additional Comments and Submission

---

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

SAMPLE