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**COMMUNITY SMALL GRANTS** | **NARRATIVE APPLICATION**

***Applications must be received by 11:59 pm PT on Sunday, November 2, 2025***

**Please complete the following questions then copy and paste them into our** [**online application.**](https://seuplift.org/community-small-grants-application/)

*Need support?**Check out our Community Small Grants Handbook for complete details about this program including the project budget template and submission checklist.*

*Applications may also be emailed to* *alex@seuplift.org* *or mailed to SE Uplift Neighborhood Coalition c/o Alex Cherin, 3534 SE Main Street, Portland, OR 97214. Hard copies may be dropped off between 10am and 5pm, Tue-Thur. All applications will be evaluated without regard to submission method.*

1. **ELIGIBILITY**

**Applicant Organization’s Nonprofit Status** *(choose one)*

* We are a federally designated 501c3 nonprofit organization
	+ Your federal tax ID number:
* We are currently fiscally sponsored by SE Uplift.
* We are fiscally sponsored by a 501c3 nonprofit organization *(Note: you will be required to submit a copy of your fiscal sponsorship agreement)*
	+ Name of fiscal sponsor organization:
	+ Fiscal sponsor’s federal tax ID number:
	+ Primary contact name:
	+ Primary contact phone
	+ Primary contact email:
* None. We seek fiscal sponsorship from SE Uplift to be eligible for a grant. *(Note: If your project is selected for funding, SE Uplift will initiate this process with you.)*

(If applicable) **If this application is being submitted by a Neighborhood Association, has the Board of Directors formally voted to approve the submission of this application?**

* Yes
* No

**Where will your project take place?** (Please list a neighborhood or street address. All projects must take place in District 3.)

1. **APPLICANT INFORMATION**

**Applicant Organization/Group** *(If your org/group is fiscally sponsored, list the applicant as “[your org/group], fiscally sponsored by [name of your fiscal sponsor]*”

**Applicant Organization/Group Mailing Address** *(If you are fiscally sponsored, this should be your fiscal sponsor’s mailing address.)*

**Street or PO Box:**

**City:**

**State:**

**Zip:**

**Project Title:**

**Requested Funding Amount** *(You may request up to $3,000)*:

**Primary Project Coordinator** *(Person responsible for project / SE Uplift’s main point of contact)*

**Name:**

**Primary Project Coordinator’s Title:**

**Phone:**

**Email** *(This should be an address that is checked regularly):*

**Secondary Project Coordinator** *(Another point of contact for SE Uplift)*

 **Name:**

**Secondary Project Coordinator’s Title:**

**Phone:**

**Email** *(This should be an address that is checked regularly):*

1. **PROJECT NARRATIVE**

*Your narrative should make a clear case for how the project will achieve one or more of the following grant program goals: Increase the number and diversity of people who are engaged in improving the broader community; Strengthen the community’s capacity to create social change by building leadership, identity, skills, or relationships; Increase community impact on public decisions and community life.*

1. **Is your organization a first-time applicant?**
* Yes
* No
* Unsure
1. **Please provide a very brief overview of what your project will do, who it will involve, and what you aim to accomplish.** **If your project is awarded funding, this description will be shared publicly.**Here's a sample: Montavilla Neighborhood Association seeks to broaden and improve their communication to reach a larger, more diverse audience about the free programming they offer for people of all ages. To meet that goal, they plan to conduct a direct mail campaign to send their program to thousands of addresses in their zip code.. Please use full sentences. *(75 words or less)*
2. **Please provide a more detailed description of your project.** List your core goals. Describe the activities you will undertake to meet your goals. Tell us what you expect to accomplish by undertaking this project. *(300 words or less)*
3. **How does your project fit with the goals of the Community Small Grants Program?** 1. Increase the number and diversity of people who are engaged in the broader community; 2. Build community leadership, identity, skills, relationships, and partnerships; 3. Increase community impact on public decision-making. *(300 words or less)*
4. **What is your group’s capacity to complete the project?** Include the qualifications of those who would carry out this project, and how they reflect the community you hope to engage. *(300 words or less)*
5. **Optional: Please list any partners that would help you implement your project**. Describe their anticipated role and if they are projected or confirmed.
6. **Who will participate in your project activities?** For example: Describethe target audience(s) your project will engage. Where are they located? How they will be involved as active participants? Have they been involved in the design of your project? How many people do you expect to participate in your activities? Be specific about if or how your project will engage historically underrepresented or underserved communities such as people of color, elders, immigrants and refugees, people with disabilities, LGBTQ+ people, renters, low-income people, etc. *(300 words or less)*
7. **What is your plan to promote your project and recruit participants?** Include how you will build awareness of your project in the community and the outreach methods you will use to reach your target audience. *(300 words or less)*
8. **TIMELINE**

**Please provide a simple timeline that outlines the steps you will take to accomplish your goals and by when.** Include your expected start and completion dates, and all major project milestones.