



TO: Non-Profit Social Service Agencies
SUBJ: City of Newport Non-Profit Grant Program
DATE: October 25, 2023

The City of Newport is pleased to announce a competitive grant program to help fund non-profit social service agencies for their work within the city during the 2023/2024 Fiscal Year (July 1, 2023 - June 30, 2024). The Newport City Council allocated \$20,000 for grants to Newport's non-profit social service agencies, with a grant cap of \$2,500 to any agency.

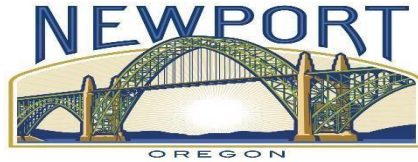
An organization qualifies to apply for these funds if it is a 501(c)(3) private, non-profit agency that provides social services to either the general population of the City of Newport, or targeted segments of that population. Allocations can be made for ongoing operational costs, equipment purchases, capital improvements and associated expenses, service improvements or expansions, or any combination. The application period runs from October 25, 2023 until 3:00 P.M., on November 25, 2023, as verified by email time stamp. No applications will be accepted after 3:00 P.M. on November 25, 2023.

The criteria that will be used in the award process include:

1. Record of service in the City of Newport.
2. Historical local support of agency's operations and activities.
3. Demonstrated sound financial and administrative capabilities.
4. Unavailability of services through other sources.
5. Accessibility of programs and facilities in accordance with the Americans with Disabilities Act.

The application can be found on the home page of the city website at www.newportoregon.gov. Applications should be submitted electronically, with the words "Non-Profit Grant Application" in the subject line of the e-mail, to Erik Glover, Assistant City Manager/City Recorder at e.glover@newportoregon.gov.

Questions should also be sent to e.glover@newportoregon.gov



NON-PROFIT SOCIAL SERVICE AGENCY GRANT APPLICATION

Agency Name: _____

Mailing Address: _____

Contact Person and Title: _____

Phone Number: _____

E-Mail Address: _____

Federal Employer ID No. _____

Amount Requested \$ _____

1. Describe briefly the services provided by your agency to the citizens of Newport. (Use additional pages if necessary.)

2. Describe your organization's target client population (cultural diversity, age, income, sex, special needs, family structure, qualifications, etc.). (Use additional pages if necessary.)

3. How long has your organization been in existence?

4. What is your organization's goal or purpose in providing services? (Use additional pages if necessary.)

5. What is your organization's procedure for making client referrals for additional services and services you are unable to provide? (Use additional pages if necessary).

6. Describe any specific challenges, limitations, or restrictions that your organization faces in serving its clients. (Use additional pages if necessary.)

7. How has your current organizational budget changed from last year's budget (i.e., new programs started, significant changes in expenditures or funding sources, agency restructuring, etc.) (Use additional pages if necessary.)

8. How will your organization use the requested funds if your grant is approved? (Use additional pages if necessary.)

9. What sources of financial support, in excess of \$2,500, did your organization obtain within the past 12 months? (Use additional pages if necessary.)

Source	Amount Obtained
--------	-----------------

10. Describe, on separate pages, how your programs and facilities are accessible under the Americans with Disability Act requirements. If not accessible, provide a plan for making programs and facilities accessible.