

Community Engagement Grant Application  
2019-2020 Grant Cycle  
OHSU University Center for Excellence in Developmental Disabilities (UCEDD)  
Community Partners Council (CPC)

Thank you for your interest in applying for a Community Engagement Grant!

PDF for preparation only. Please complete the web application: <https://www.surveymonkey.com/r/CEGapp2019>

**You will be able to return to this application form multiple times.** However, we recommend that you complete the application in one sitting. We suggest completing this printable sample application before beginning this Survey Monkey form. You can access a sample version of this application on the [Community Engagement Grant website](#).

1. Organization name:

2. Primary contact person name:

3. Secondary contact name:

4. Mailing address

Street:

City:

State:

Zip:

5. Tax ID number (for 501c3 verification)

6. Phone number

7. Email address

8. Web address

9. Amount Requested (not to exceed \$1,000.00):

10. Number of people served by requested funds (estimation is acceptable)

General public/community members

Policy makers

Youth with disabilities or special health needs

Adults with disabilities

Family members/caregivers

Professionals/paraprofessionals

Other classroom students

11. What is your organization's mission?

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**Project description**

12. Project title:

13. Can you guarantee that if awarded, all funding will be spent by the end of the current fiscal year (June 30, 2020)

14. How does your proposed project help to fulfill your organization's mission? (100 words)

15. Write a detailed description of the project. Describe the purpose of the project or program. Explain why you think it is needed, what you will do, and your approximate timeline. (250 words)

16. Describe how people with disabilities were involved in developing this project and/or preparing this proposal. For examples of how to achieve this, please see the Grant Requirements document on the Community Engagement Grants webpage. (50 words)

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**Project area of emphasis**

17. Check the **primary** area of emphasis of your project and describe how your project supports the selected emphasis (sibling support, spiritual support, health promotion):

18. Explain how your project addresses the above area of emphasis. (100 words maximum)

19. Explain who is the primary audience of this project or who this project is intended to serve. (50 words maximum)

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**Promotion and partnerships**

20. Describe your plan for promoting the project within the community to advertise the project, gain support within the community, or to solicit additional funding. (75 words)

21. If applicable, describe how you will recruit participants for the project. If not applicable, write N/A. (75 words)

22. What organizational partners will you collaborate with to ensure your project's success? Please describe their project role or contribution. At least one partner is required.

**Organization name**

Project role or contribution

**Organization name**

Project role or contribution

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**Project goals and objectives**

23. What is your project's long-term goal? (75 words)

24. List your project's short-term objectives, the steps you will take to achieve the objectives, and the projected completion date for meeting the objectives. Objectives should reflect your plan for reaching your project's long term goal. We don't require that your project has five objectives, just as many as makes sense for your project.

**Objective 1**

Steps to achieve Objective 1

Completion date

**Objective 2**

Steps to achieve Objective 2

Completion date

**Objective 3**

Steps to achieve Objective 3

Completion date

**Objective 4**

Steps to achieve Objective 4

Completion date

**Objective 5**

Steps to achieve Objective 5

Completion date

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**Budget sheet**

**Please use this form to tell us about how you will spend your grant dollars. Please tell us the amount you intend to spend under each category and a brief description of what it will be used for. If a category doesn't apply to your project, type N/A.**

**Please note: The grant money may not be used to purchase equipment, or services for an individual, or to purchase alcohol. Food purchase is only allowable for program participants if the project takes place over a meal time and/or is necessary for the comfort of participants (for example, a conference or event takes place over the lunch hour).**

**If you have more than one funding source, only list items for which you will be spending this grant money, not for your entire project. If you have additional questions about allowable expenses please reference the grant guidelines and requirements document on the grant webpage or email [cpcminigrant@ohsu.edu](mailto:cpcminigrant@ohsu.edu).**

25. Staffing

Amount

Budget description

26. Supplies and/or materials

Amount:

Budget description

27. Curriculum

Amount:

Budget description:

28. Printing and/or advertising

Amount:

Budget description:

29. Travel and lodging

Amount:

Budget description:

**30. Speaker stipends**

Amount:

Budget description:

**31. Scholarships**

Amount:

Budget description:

**32. Project evaluation**

Amount:

Budget description:

**33. Other project costs**

Amount:

Budget description:

**34. Other project costs**

Amount:

Budget description:

**35. Other project costs**

Amount:

Budget description:

**36. Please upload your completed w-9 Form is available on the grant webpage**

No file chosen



