



THE BUREAU OF
**PLANNING &
SUSTAINABILITY**

2026 Community Grants Application - Planning

SECTION 1: Application eligibility

1.1. By checking the box below, the person submitting the application, certifies that the information provided herein, to the best of their knowledge, is true, complete, and accurately describes the organization and the proposed project. * [\[Checkbox\]](#)

Required confirmation

1.2. Applicant organization name. If your organization is a registered nonprofit, enter the legal name listed on your Articles of Incorporation (the documents filed with the [IRS](#) and the [Oregon Secretary of State](#)). If your organization uses a nickname or a name that is different than the one officially registered with the IRS or the State, please list that as well. If your organization is not a registered nonprofit organization, list the name or names that the group uses. (500 characters) * [\[Short text\]](#)

1.3. Applicant organization's mailing address. * [\[Short text\]](#)

- Street address: _____
- City: _____
- State: _____
- Zip: _____

1.4. Are you submitting your application through a fiscal sponsor? * [\[Yes/No conditional\]](#)

Yes

No

[+](#) [\[If yes, applying through Fiscal Sponsor\]](#) Name of fiscal sponsor organization: [\[Short text\]](#)

[+](#) [\[If yes, applying through Fiscal Sponsor\]](#) Fiscal sponsor's organizational mailing address. * [\[Short text\]](#)

- Street address: _____
- City: _____
- State: _____
- Zip: _____

[+](#) [\[If yes, applying through Fiscal Sponsor\]](#) Contact at fiscal sponsor organization [\[Short text\]](#)

- Name: _____
- Email: _____
- Phone: _____
- If you have one, attach the contract defining the fiscal sponsor agreement (e.g., memorandum of understanding). [\[Upload link\]](#)

1.5. Does your organization have paid staff? Staff includes any part-time or full-time staff that is directly employed by the organization and receives a W-2. Staff does not include work that is completed for the organization through contracted work and typically receive a 1099. [\[Yes/No conditional\]](#)

- Yes - If yes, how many?:
- No

1.6. How many active members does your organization have on its board of directors? If you are applying through a fiscal sponsor **and** do not have a board of directors please enter 0.* [\[Numeric response\]](#)

1.7. Contact information for board chair. If you are applying through a fiscal sponsor **and** do not have a board of directors please skip this question. [\[Short text\]](#)

- Name: _____
- Email: _____
- Phone: _____

1.8. Applicant organization's Employee Identification Number (EIN). The EIN is a unique number issued by the [Internal Revenue Service \(IRS\)](#). The EIN is also known as a federal Tax Identification Number (TIN): _____* [\[Numeric response\]](#)

- If your organization does not have an EIN and is submitting with a fiscal sponsor, provide fiscal sponsor's EIN: _____[\[Numeric response\]](#)

1.9. Do all four of the following apply to applicant organization or fiscal sponsor?* [\[Yes/No toggle\]](#)

- **Organization (or fiscal sponsor) is IRS tax exempt.** An organization that is IRS tax exempt has filed its application and been officially recognized by the IRS, and has maintained its [exempt status](#) by filing the required [990 form](#) each year.
- **Organization (or fiscal sponsor) is an active registered nonprofit with the State of Oregon.** The Secretary of State registers nonprofit organizations in Oregon and maintains records of required annual financial statements. Applicants must be registered with and be in current "active" status as nonprofit organizations with the [State of](#)

[Oregon](#).

- **Organization (or fiscal sponsor) is not on the Disqualified Charities list with the Oregon Department of Justice.** The [Oregon Department of Justice Organization](#) is responsible for some of the oversight of nonprofit organizations. Applicants must not be included on the [Disqualified Charities list](#) with the Oregon Department of Justice.
- **Organization (or fiscal sponsor) does not have any tax liens.** Applicants must not have any tax liens actively pending against the organization.
 - Yes
 - No – Stop. The organization is not eligible to apply for PCEF funding.

1.10. Does your organization have, or plan to acquire, necessary and appropriate insurance for this project? If you are applying through a fiscal sponsor, please answer on behalf of the fiscal sponsor.* [\[Yes/No toggle\]](#)

- Yes
- No – Stop. The organization is not eligible to apply for PCEF funding.

SECTION 2: **APPLICANT ORGANIZATION INFORMATION**

2.1. How many years has your organization been a registered nonprofit with the State of Oregon? *

[\[Drop-down list\]](#)

- less than 1 year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- more than 5 years
- not a registered nonprofit

2.2. Name of applicant organization's executive director, CEO, or president (if not available, list board chair) * [\[Short text\]](#)

2.3. Primary contact person for this application: * [\[Short text\]](#)

- Name: _____
- Title: _____
- Email: _____
- Phone: _____

2.4. Secondary contact person for this application: * [\[Short text\]](#)

- Name: _____

- Title: _____
- Email: _____
- Phone: _____

2.5. Describe your organization's mission and purpose. [Long text, with formatting]

2.6. *PCEF priority populations: To ensure the City equitably invests in climate action, PCEF centers groups that have been historically under-resourced by sustainability, climate action, and clean energy programs. These groups include, but are not limited to, people with low incomes, people of color, and people with disabilities. These groups often have less access to the benefits of environmental investments, and at the same time, are more vulnerable to the negative impacts of climate-related events such as extreme heat, wildfire smoke, vector borne diseases, and flooding.*

What is your organization's experience prioritizing and serving PCEF priority populations? Include which population(s) you serve, how long your organization has been focused on these population(s), and the estimated percent of your organization's work that is focused on serving these populations. * [Long text, with formatting]

2.7. Describe how your organization's staff, leadership, and board reflect and share similar experiences with the population(s) your proposed project is designed to benefit. * [Long text, with formatting]

SECTION 3: **FINANCIALS**

3.1. Are you submitting your application through a fiscal sponsor? * [Yes/No conditional]

Yes No

[If no to previous question] Submit the following financial documents for your organization: *

- Current board-approved operating budget [Upload link]
- Most recent three complete years of financial statements (audited financials if available, 990s are acceptable). [Upload link]

[If yes, applying with Fiscal Sponsor] Submit the following financial documents for the fiscal sponsor organization: *

- Current board-approved operating budget [Upload link]
- Most recent three complete years of financial statements (audited financials if available, 990s are acceptable). [Upload link]

3.2. Describe how your organization will manage and account for grant funds, including a description of your financial management practices. In your response, tell us how you are going to track grant funds, how you will make sure that grant funds are spent on appropriate grant

activities, how you will document grant expenditures, etc. * [Long text, no formatting]

✚ [If yes, applying through Fiscal Sponsor] Describe the agreement in place related to budget management and financial controls between the applicant organization and the fiscal sponsor, including roles and responsibilities. * [Long text, no formatting]

✚ [If yes, applying through Fiscal Sponsor] If you already have a written agreement with your fiscal sponsor that includes this information you can attach the agreement instead of writing the narrative description. [Upload link, optional]

3.3. Describe how your board of directors provides financial oversight, including a description of board finance committee roles (if applicable) and/or role of the treasurer (if applicable). * [Long text, no formatting]

3.4. Has your organization experienced any of the issues below? If yes, provide an explanation of the situation and ways your organization is trying to remedy any issues. * [Yes/No]

- An operating deficit in last four years
- Audit finding(s) of a material weakness
- Significant surpluses or changes in budget size or any other expected significant changes in your organization's budget/financial position.

[If yes, experienced any of the issues above] provide an explanation of the situation and ways your organization is trying to remedy any issues (250 characters)

SECTION 4: **PROJECT DESCRIPTION**

4.1. What type of future project is this planning grant for? (check all that apply) *

- Energy efficiency
- Renewable energy
- Workforce training
- Contractor development
- Regenerative agriculture
- Green infrastructure
- Transportation decarbonization
- Other, Explain [Short text]

4.2. How long do you estimate the proposed project will take? The number entered here should represent the total years where you will spend PCEF grant funding with this proposal. * [Numeric response, limit of 2 years]

Project Narrative

Project Need and Description: Describe the issue or opportunity your planning project will address and how it was identified. Explain how the planning grant will help advance this work. Outline your planning process, including how it supports racial and social justice. Describe how you will engage the community that will benefit, including the level and type of involvement appropriate for this project.

Project Outcomes: Describe the expected outcomes of your planning project. What results do you anticipate, and who will be the primary groups or communities that will benefit?

4.3. To complete this section, you will upload one pdf or word document. There is no page limit or requirement. We estimate this section to be 3 to 5 pages of text but please use the space you need, so long as reviewers have the information requested the length of the application will not negatively impact the evaluation. [\[Upload link\]](#)

Optional Video Link

4.4. If you are including an optional additional video as part of your application, please include a link to the file sharing site where it can be viewed, and any passwords needed to access the video (we will not accept videos that are emailed). [\[Short text, no formatting\]](#)

SECTION 5: PROJECT MILESTONES and SCHEDULE

Describe your project milestones, activities that will support achieving these milestones, and estimated dates of completion for each milestone. The milestone schedule should break down into quarterly or biannual completion dates. [\[Multi-list table\]](#)

| Milestone | Activities to support milestone | Estimated date of completion |
|-----------|---------------------------------|------------------------------|
| | | |
| | | |

5.A: PROJECT CHALLENGES and BARRIERS

Anticipated challenges and barriers. It is not uncommon for projects to face challenges along the way. For instance, a project may experience financial setbacks (e.g., not getting an anticipated grant), permitting or site access issues, or supply challenges (e.g., items were out of stock), among other challenges.

5. A. 1. Describe any anticipated challenges or barriers to your project’s success that you are aware of. In your response, include details about how you plan to address them. [\[Long text, no formatting\]](#)

SECTION 6: EXPERIENCE AND QUALIFICATIONS - INTERNAL STAFF

Internal project team members - include your organization’s executive director and any staff from your organization that will be spending at least 25 percent of their work hours on the proposed project. * [\[Short text\]](#)

- Staff Name:
- Role on project and description of project responsibilities:
- A short bio for each team member that includes a description of the team member's professional and/or other life experience that will help make the project successful, and examples of experience with similar projects and/or transferable skills.

Section 6.A: **EXPERIENCE AND QUALIFICATIONS - EXTERNAL TEAM**

External project team members - include community members, or individuals from other partner organizations or businesses. For each team member, provide all the information listed below. [\[Short text\]](#)

- Organization/business:
- Individual name (if known):
- Role on project and description of project responsibilities:
- Brief description of the relevant expertise they will bring to the project:
- Resume or Attachment (optional) [\[Upload link\]](#)

Section 6.B: **EXPERIENCE AND QUALIFICATIONS - UNKNOWN TEAM MEMBERS**

If you don't know who all the members of your project team will be yet, describe how you will make sure that the final team includes the experience and qualifications needed to complete the project. In your response, include detailed information about how you plan to recruit those team members and the roles and responsibilities that they will hold. [\[Long text, no formatting\]](#)

SECTION 7: **WORKFORCE AND CONTRACTOR BENEFITS**

7.1. Please confirm that you have read and are prepared to meet all workforce and contractor equity requirements in Appendix A of the Applicant Handbook. [\[Checkbox\]](#)

- Workforce and Contractor Equity Confirmation

7.2. Describe your strategy to recruit diverse contractors, subcontractors, workers, and employees on this project. If you have already recruited/hired for this project, explain the recruitment approach you used.* (narrative with 2,000 character limit) [\[Long text, with formatting\]](#)

7.3. Which of the following benefits does your organization provide to its staff? (Check all that apply). * [\[Multi-select list\]](#)

- Health insurance
- Paid time off and/or sick leave (not including sick leave that is required for organizations with six or more employees)
- Retirement contribution

- Family-friendly practices
- Other (please explain): _____
- No benefits will be required.
- Not applicable - organization has no paid staff.

SECTION 8: **APPLICANT ORGANIZATION REFERENCES**

Please provide three references from organizations that can speak to your organization's capacity to complete the work you are proposing with this grant application. If available, references should include past or current funders and local partner organizations. References should be able to verify work, budget, and successful completion of projects with similar size and/or complexity. *

Reference #1

- Is this reference a funder of your organization?
 - Yes
 - No
- i. If yes:
 - Brief description of project funded:
 - Amount of award:
 - Date awarded:
- ii. If no:
 - Brief description of how this reference can speak to your organization's capacity to complete the work you are proposing:
 - Describe your organization's relationship to this reference:
 - Name: _____
 - Organization: _____
 - Email: _____
 - Phone: _____

Reference #2

- Is this reference a funder of your organization?
 - Yes
 - No
- i. If yes:
 - Brief description of project funded:
 - Amount of award:
 - Date awarded:
- ii. If no:
 - Brief description of how this reference can speak to your organization's

capacity to complete the work you are proposing:

- Describe your organization's relationship to this reference:
- Name: _____
- Organization: _____
- Email: _____
- Phone: _____

Reference #3

- Is this reference a funder of your organization?

Yes

No

i. If yes:

- Brief description of project funded:
- Amount of award:
- Date awarded:

ii. If no:

- Brief description of how this reference can speak to your organization's capacity to complete the work you are proposing:
- Describe your organization's relationship to this reference:
- Name: _____
- Organization: _____
- Email: _____
- Phone: _____

SECTION 9: Budget