Astoria Partnership Program Application

Section1: ORGANIZATION

Organization Name	Contact Person and Title
Mailing Address	
Contact Phone Number	Contact Email Address
Federal Tax ID/EIN:	
Type of Organization [] Housing Developer	
[] For-Profit	
[] 501(c)(3) Nonprofit	
[] City of Astoria	
[] Other (please specify):	
Section 2: Project Overview Urban Renewal District that project [] Astor East [] Astor	is in: or West
Project Title:	
Address of Project Site	

Indicate what priority this project would align with:
[] Housing: Expands or improves housing options in Astoria
[] Infrastructure Improvements: Improves utilities, streets, or site conditions
[] Direct Economic Development: Creates jobs, enhances commercial activity, promote economic vitality.
[] Increases Property Tax Value: Enhances aesthetics, removes blight, building rehabilitation, building improvement, enhance the streetscape.
[] Other.
Project Proposal (2-3 sentences)
Is the project ready for permit submission or construction within 3 months?
[] Yes [] No
Anticipated Start Date: Anticipated Completion Date:
If 'No,' explain current status:

Project Backg		•	
How does the Renewal Areas	s? (4-5 sentences)		

Cotogorios		Amount
Categories:		Amount:
Joo thio proporty	or project received funding from	, the Astoria Davelenmen
	or project received funding fron ne City of Astoria in the past? If \	•
		res piease explain.
[] Yes	[] No	
Section 3: Reque	sted Funding	
	sted Funding ding type you are requesting:	
dentify what fund		
[] Gap-Financing I	ding type you are requesting:	
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Describe how the awarded funds would be used in this Project?			
Section 5: Supporting Documents (Required Attachments) [] Project Budget (including itemized costs and match breakdown)			
[] Site Plan / Drawings / Renderings (if applicable)			
[] Proof of Nonprofit Status (if a nonprofit organization)			
[] Proof of matching funds (if applicable)			
[] Bank letter of denial or participation (for loans, if applicable)			
[] Project Timeline			
[] Description of Community Benefit			
[] Organization Finances (last two years)			
[] Letters of Support (optional but encouraged)			
SECTION 6: Applicant Certification Certification Statement: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I understand that if awarded, the project must comply with ORS 457 and any additional terms of agreement set by the City of Astoria.			
Signature:			
Printed Name:			
Date:			