



# City of Astoria

## Community Organization Grant Application

Fiscal Year Beginning July 1, 2026

For the Fiscal Year 2026-2027 budget, the City will make available an amount not to exceed \$100,000 for funding of well established, not for profit social service organizations. The intent of available funding is to provide a grant opportunity to organizations within the City of Astoria community who provide essential services to residents of Astoria. **The actual amount of funding will depend on resources available, and will be finalized during the annual budget process. Awards will not be final until the 2026-2027 Fiscal Year Budget is adopted by the City Council in June 2026.** All completed applications will be reviewed.

**Priority will be given to applications for:**

- Mental health services programs
- Drug use/addiction treatment related services programs
- Funding for Purchases of Permanent Assets.
- Applications that leverage this funding as matching dollars to secure additional resources for services, programs, or necessary capital investments. This approach would amplify the impact of the funds and multiply the effectiveness of each award.

**Applications must be received by February 27, 2026 at 5:00 pm.**

*Organization Name*

*Contact Person and Title*

*Mailing Address*

*Contact Phone Number*

*Contact Email Address*

**List of Board Members**


**Brief Background History of Organization (max of 200 words):**

*Years in service to the Astoria Community:* \_\_\_\_\_

Geographical Area Served:\_\_\_\_\_

Mission Statement (max of 100 words):

Program or Project

Program or Project to be Funded (max of 200 words)

This is a      New Program                      Continuing Program                      Program Expansion                      One Time Project

Please provide an estimate of number of people who will be served by the program or project. If this is a continuing program, please supply data for the prior year as well.

Local Residents:\_\_\_\_\_

Surrounding Area:\_\_\_\_\_

Out of Area:\_\_\_\_\_

Local Residents (prior):\_\_\_\_\_

Surrounding Area Residents (prior):\_\_\_\_\_

Out of Area Residents (prior): \_\_\_\_\_

How will your program or project serve the residents of Astoria? (max of 200 words)

What is the target age groups of your program or project? \_\_\_\_\_

How are you addressing equity in access to your services? What methods are you using to ensure those most in need of help are able to access your programs or services? (max of 200 words)

What criteria do you use to determine success? Describe what you will accomplish with use of these funds. (max of 200 words)

Amount Requested: \$ \_\_\_\_\_

What is the total budget for your program or project? \$ \_\_\_\_\_

What percentage of your budget originates from City of Astoria funding? % \_\_\_\_\_

Will you receive City of Astoria funds through another channel for this program or project?      Yes      No

List how funds will be used:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

*What other sources of funding have you applied for or secured for this event, activity, or project?*

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

*Will you be using these funds as a matching grant for additional funding from another organization?*      Yes      No

*If yes explain how. Include what organization you plan to use these matching funds for, when the decision date for those funds would be.*

*If this is an ongoing or reoccurring event or activity, do you intent to become self funded?*      Yes      No

*Have you ever had to return a grant or not receive the full grant amount due to lack of performance?*      Yes      No

*Have you received city funds in the past?*      Yes      No

*If you have previously received funds from the city did you submit all required reporting?*      Yes      No

*If you are requesting more funds than you have in the past, what is the reason for the increase? (max 150 words)*

## CERTIFICATION & ATTACHMENTS

I hereby state on behalf of \_\_\_\_\_ (Organization) that:

*This is an application for funding from the City of Astoria. If funding is awarded, my organization intends to sign a Grant Agreement with the City of Astoria.*

*I am authorized to apply for these funds on behalf of the organization.*

*Funds must be used as described in this application and the Grant Agreement. Any unused funds must be returned to the City prior to June 30, 2027.*

*If funding is requested for an event or activity, the organization has, or will obtain general liability insurance in an amount commensurate with the exposure of the event.*

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Signature

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Date

**APPLICATION DEADLINE:     FEBRUARY 27, 2026 AT 5:00 PM**

**REQUIRED DOCUMENTS:**

1. Signed Application
2. Proof of 501-c3 status
3. Prior Year Financial Statement
4. Projected Annual Budget
5. Profit & Loss Statement
6. Brochure or Letter of Support (Optional)

**SUBMIT TO:**

City of Astoria  
Attn: Ryan Quigley 1095  
Duane Street Astoria, OR  
97103

**QUESTIONS:**

Ryan Quigley  
503-298-2401  
rquigley@astoria.gov

As a pdf attachment to:

[rquigley@astoria.gov](mailto:rquigley@astoria.gov)

All applications must be submitted by February 27, 2026 for consideration. Organizations making applications are not required to be present for budget committee review. Notification of award will be made upon budget adoption by the City Council in late June.