Thank you for your interest in becoming a sponsored project with Northeast Oregon Network (NEON)! Please fully fill out this application and submit it to Stephanie VanLeuven, Umbrella Program Manager, svanleuven@neonoregon.org. We are currently accepting applications from Union, Baker and Wallow Counties. If you have any questions, need technology or language assistance in completing this application, please don’t hesitate to reach out by email or phone 541-910-3360. Our goal is your project’s success!

**Background**

NEON's mission is to create a healthier Eastern Oregon. We do this by reducing barriers for both residents and the regional systems that support their health. Our vision is that all people in rural communities are healthy, happy, and thriving.

The NEON Community Umbrella Program supports community projects with fiscal sponsorship. A fiscal sponsor is a nonprofit “umbrella” organization whose 501(c)(3) status allows small community-based projects to operate as nonprofits with assistance from the sponsor without doing all of the paperwork required to be recognized as an independent nonprofit. A fiscal sponsor handles administrative and fiscal tasks, so community volunteers don’t have to. It also allows them to seek tax-deductible donations and grants. This allows project volunteers to focus on doing project work rather than administrative work. Projects in this program may be small volunteer-led projects, projects needing sponsorship while they gain independent nonprofit status, and organizations that are already incorporated as nonprofits but do not yet have 501(c)(3) tax-exempt status.

**Roles and Responsibilities**

The goal of the Umbrella Program is to help community projects reach their goals and positively impact their community by removing administrative barriers and facilitating fundraising. Aside from assuring that projects are working within nonprofit guidelines and moving towards the goals set in their grants, NEON will not provide day to day staffing or make decisions for projects. Our goal is to allow you to make your project what you want it to be!

**In most situations, fiscal sponsor (NEON) will\*:**

* Assist in budget creation, project planning, and grant writing.
* Hold, manage, and disburse funding from grants and donations.
* Provide monthly project balance reports.
* Assist with funding source identification and networking.
* Provide access to liability insurance under NEON’s umbrella policy at project’s expense.
* Assist with grant report editing and communication with grantors as needed.
* Provide tools, resources, data collection strategies, and networking opportunities.
* Provide mentorship and guidance to help you reach project goals!

**\*NOTE** that each project is different and what NEON will provide depends on the contract it enters into with each individual project. The terms of the contract a project enters into will always govern over anything contained in this Application.

**Sponsored organization/project will:**

* Implement and operate the project within the requirements imposed by funding organizations.
* Meet with NEON monthly to discuss project progress and upcoming deadlines.
* Collect any data and metrics required by funders and to measure the project impact.
* Complete grant writing and fundraising activities, with support from NEON, including budget and narrative review with NEON staff. Where required by funders, NEON will submit applications under NEON’s name, with funds dedicated to the sponsored project.
* Copy NEON staff in any communications with funder.
* Provide all information and prepare all reports, including interim and final reports required by the funding organization.

**NEON will not:**

* Determine your project goals or operating plans.
* Make day to day project decisions or communicate directly with project partners.
* Operate projects or provide primary or backup project staffing.
* Employ or supervise employees except by special arrangement (contact program staff for more information on NEON’s current capacity to hire project staff).
* Independently complete grant writing or project reporting.
* Directly pass funding to any individuals or entities, outside of documented invoicing processes. Projects must benefit the community rather than just one individual of business.
* Fund projects that are not in line with NEON's mission, values, and funder requirements.
* Fund projects that promote hate or discriminate against any individuals or groups based on race, ethnicity, ability status, gender, gender identity, sexual orientation, language, physical or behavioral health status/conditions, geography, religious beliefs, housing status, or age. Projects are allowable that seek to promote specific groups experiencing disparities.

**Fiscal Sponsorship Fees**

NEON requires a 10% fiscal sponsorship fee of every sponsored project to cover accounting and administration costs. This will be deducted from grant balances when funds are received and should be written into grant budgets. This fee is comparable to overhead percentages typically granted as part of state and federal grant agreements. This fee also covers a portion of staff time for project support and mentorship activities. NEON also raises additional funding to support Umbrella Program operations and keep fiscal sponsorship fees low. NEON may have additional consulting services available at an additional cost pending staff availability and capacity limitations.

**Prepare For Your Application**

The below sections are meant to inform you of our review process and be a helpful tool to assist you in being prepared as much as possible prior to filling out and submitting your application. Our goal is to help guide you through the application and what’s needed in order to showcase your project. Please keep in mind that a perfect score is not required for acceptance – we value a well-rounded applicant who demonstrates potential and passion for the work!

**Eligibility Criteria** (All items listed below must be met for acceptance to the Umbrella Program)

[ ]  Meet a demonstrated need and serve diverse communities including underserved populations of those experiencing health disparities. (ie. Rural, houseless, Latinx, differently abled, etc.)

[ ]  Must align with NEON mission and vision: NEON's mission is to create a healthier Eastern Oregon. We do this by reducing barriers for both residents and the regional systems that support their health. Our vision is that all people in rural communities are healthy, happy, and thriving.

[ ]  Project team must have a willingness to implement and operate the project within the requirements imposed by funding organizations as interpreted by NEON.

[ ]  If accepted, the project must have a representative sign a fiscal sponsorship contract with NEON and serve as primary point of contact.

If the above criteria are not met, office hours are available to discuss further preparation with Stephanie VanLeuven, Umbrella Program Manager, svanleuven@neonoregon.org 541-910-3360.

**Application Process**

1. Review the application and be prepared to start brainstorming a project.
2. Complete the application for fiscal sponsorship. Reach out to Stephanie for preparation support!
3. Submit the completed application to be reviewed by NEON committee.
4. Review notice of acceptance or denial with provided feedback and reasoning based on eligibility criteria above and scoring rubric upon request.
5. If accepted, NEON staff will reach out to schedule a meeting within 2 weeks to create an agreement and scope of work to be signed by authorized project team members.
6. Start implementation and/or fundraising to support your project!

**Timeline and Review Process**

Once your application has been reviewed, we may request a meeting to clarify any questions we may have. Applications are reviewed monthly with an internal subcommittee on an ongoing basis. There is no submission deadline, and you will receive notification of the status of your application within one month. If you’re in a special situation with grant funding pending, please contact Stephanie VanLeuven, Umbrella Program Manager, svanleuven@neonoregon.org. Limitations on size and request of project needs and NEON capacity will be considered.

Once the review process moves forward, the NEON board of directors will have final approval of project acceptance. If you are not accepted, you will receive the scoring rubric and written feedback. You may request a meeting to discuss the results with the Umbrella Program Manager. A denial can be final, based on program capacity that may increase later, or a project may be sent back for improvements to reapply and be reconsidered. Please find the scoring rubric at the end of this application.

**Pre-Application Check List**

[ ]  Work with your team to select a project representative and/or leadership team.

[ ]  Project overview, purpose, and goal statement is defined.

[ ]  Annual budget has been planned.

[ ]  Project has a demonstrated need.

[ ]  Complete a thorough review of application document, eligibility criteria, and scoring rubric.

[ ]  It’s encouraged to meet with the Community Umbrella Program manager before applying for technical assistance and support in your application.

**Project Information**

**Projects can be submitted in another language, typed, handwritten, emailed, or offered as an in-person interview while responses are recorded. For accessibility purposes, other options for submission can be made as needed. Contact Stephanie VanLeuven,** **svanleuven@neonoregon.org** **or 541-910-3360 for additional requests.**

**Name of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Representative Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Point person who will be responsible for the project and primary contact)*

**Project Representative Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Address or location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate/Additional Project Contact Information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did anyone refer you to the NEON Umbrella Program? If so, who?**

**Summary** (please complete this last)

**Briefly Describe Your Project in 3 to 8 sentences including elements of population served, project purpose, goals, and intended outcomes:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***To be filled out by NEON Staff Only***

*Application Received Date: Date of Decision:*

*Approved? Yes No May Approve Pending Further Information/Activity*

*Approval/Denial/Pending Reason:*

*Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Project Planning Questions**

**1. Please describe the goals of your project and what you plan to do.**

**2. What are the specific needs in the community you’re trying to address?**

**3. How does your project align with NEON’s mission and vision? NEON's mission is to create a healthier Eastern Oregon. We do this by reducing barriers for both residents and the regional systems that support their health. Our vision is that all people in rural communities are healthy, happy, and thriving.**

**Project Team and Current Activities**

**4. Who is included in your project team? Please describe in 3 to 5 sentences your team’s experience or knowledge that will help you make this project a success.**

**5. If your project is already operating, please describe your current activities:**

**6. Do you currently have a formal organizational legal entity such as non-profit, LLC, corporation, sole proprietor. If yes, what type?**

**7. Are you planning to apply for 501(c)3 tax-exempt status in the future? If so, when?**

**8. What kind of help do you think you will need from NEON to help make your project a success? Please describe in 2 to 5 sentences.**

**9. What are some anticipated challenges and barriers you think you might face as you start this project? Please describe in 3 to 8 sentences.**

**Project Funding Questions**

**10. What will your approximate annual budget be for this project?**

**11. How do you anticipate project funding will be obtained for the next 12-24 months (such as individual donors, sponsorships, or grant funding?)**

**12. Have you raised any funds or applied for any grants already? If so, please explain.**

**13. Do you have any community partners who are currently supporting your project? Are there any you hope to work with in the future?**

**Project Impact Questions**

**14. How will your project benefit your community? Please describe in 3 to 8 sentences.**

**15. What will be the impact on the community if your project is not implemented? Please describe in 2 to 5 sentences.**

**16. Who will your project serve? What populations will you work with? Please be specific (ie. Rural, houseless, Latinx, differently abled, etc.) How many people will benefit?**

**17. If your project focus is on promoting the wellness of a specific group, how will you address requests for populations outside of your targeted group?**

**18. What county will your project serve?**

**19. Why is now a good time to start or grow this project? Please describe in 2 to 5 sentences.**

**20. What are meaningful ways to measure the success of your project? Please describe in 2 to 5 sentences.**

**21. Is anyone else doing a similar project? If so, how is your project different? If someone is operating a similar project in your area, have you connected with them?**

**12 Month Anticipated Activities Worksheet**

|  |  |  |
| --- | --- | --- |
| Month of Project Operation | Key Activities – what will you need to do? | Individuals or Partners Responsible |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |

**Additional Information**

**Please provide any other comments or information you would like to share. If you would like to provide any supporting materials, please include them in the application (i.e. flyer, grant award notice, summary of project).**

**Application Scoring Rubric**

|  |
| --- |
| **Criteria #1 Are the Project Team and Roles Clearly Defined?** |
| **Points** | **Scoring Descriptions** | **Score:** |
| 1 | Project team and roles are not defined or are unclear.  |
| 2 | Project team and roles are somewhat defined, but there is some confusion about who is responsible for specific tasks or areas of the project. |
| 3 | Project team members are identified but duties aren’t defined. There is room for improvement. |
| 4 | Project team and roles meet expectations and are defined.  |
| 5 | Project team is named, and roles are exceptionally well defined, clear, and outlined in the application. |
| **Criteria #2 Project Goals are Clearly Defined** |
| **Points** | **Scoring Descriptions** | **Score:** |
| 1 | The goals are unclear. There is no clear definition of what the project aims to achieve. |
| 2 | The project's goals are not well defined, making it challenging to measure the project's success or track progress towards achieving the intended outcomes. |
| 3 | The project's goals are adequately defined with clear objectives and targets indicating the actions needed to achieve the desired outcomes.  |
| 4 | The project's goals are clearly defined and specific, outlining the intended outcomes and how the project aims to achieve them. |
| 5 | The project's goals are excellently defined and achievable. The goals are aligned with the community's needs and show the project's ability to accomplish successful outcomes.  |
| **Criteria #3 Project Meets a Pressing Community Need** |
| **Points** | **Scoring Descriptions** | **Score:** |
| 1 | The project does not address any pressing community need and/or project does not meet the needs of the target community. |
| 2 | The project has some relevance to the needs of the community, but its focus is not primarily on addressing the most pressing needs of the target population.  |
| 3 | The project has a moderate impact on the pressing community's needs and challenges.  |
| 4 | The project has a significant impact on a pressing community need and shows a sustainable and measurable plan towards addressing the issues faced by the target population. |
| 5 | The project has an exemplary impact and plan focusing on a pressing need of the community to address critical issues. |
| **Criteria #4** **Project Aligns with NEON’s Mission and Vision** |
| **Points** | **Scoring Descriptions** | **Score:** |
| 1 | Project does not align with NEON’s mission and vision. |
| 2 | Project has potential to align with NEON mission and vision with future development. |
| 3 | Project generally aligns with NEON’s mission and vision but there may be some minor differences.  |
| 4 | Project is well aligned with NEON’s mission and vision and consistent with the organization’s overall direction. |
| 5 | Project is exceptionally aligned with NEON’s mission and vision and will make a meaningful contribution to the community.  |
| **Criteria #5** **Project Serves Diverse Communities Include Underserved Populations or Those Experiencing Health Disparities** |
| **Points** | **Scoring Descriptions** | **Score:** |
| 1 | The project does not serve diverse communities or underserved populations. The project has a narrow focus and does not consider the needs of diverse communities or populations experiencing health disparities |
| 2 | The project has some consideration for diverse communities or underserved populations, but there are gaps in coverage.  |
| 3 | The project has a focus on serving diverse communities or underserved communities, but there is room for improvement.  |
| 4 | The project is designed with a strong focus on serving diverse communities or underserved populations and has an understanding of need |
| 5 | The project is exceptionally designed to serve diverse communities or underserved populations to meet a unique need of the community.  |
| **Criteria #6** **Project is Ready for Implementation or To Begin Fundraising Within 3-6 Months of Acceptance** |
| **Points** | **Scoring Descriptions** | **Score:** |
| 1 | The project is not ready to begin implementation or fundraising within 3-6 months of acceptance. Staffing, resources, partnerships, or planning, etc. are missing |
| 2 | The project is not fully prepared for implementation or fundraising but has made progress towards improving their readiness.  |
| 3 | The project is moderately prepared for implementation or fundraising, but some portions of the project require more planning.  |
| 4 | The project is mostly ready for implementation or fundraising, having an established project with minor outstanding tasks.  |
| 5 | The project is fully prepared for implementation or fundraising and prepared for a successful launch within the 3-6 months’ timeline. |

**Application Strengths:**

**Reviewer Concerns:**