

**Associated General Contractors Oregon-Columbia Chapter
2025 Workforce Development Grant Application Instructions and Cover Sheet**

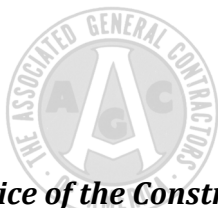
Submit all grant applications to Colden Garro, coldeng@agc-oregon.org. Use 2025 AGC Workforce Grant Application as the subject line. Please include the attached cover sheet with your grant application. Applications submitted without the cover sheet will be considered incomplete and will not be reviewed. Grant applications may be submitted in either Word or PDF format. Please do not link to an online file sharing platform such as Google docs.

1. Provide a description of your organization.
2. Provide a statement of need (500 words or less).
3. Describe your project (1000 words or less).
4. List goals of the project and the metrics that will be used to evaluate goal attainment. Strong proposals will have performance measures that demonstrate quality, quantity, and impact. Quantity metrics answer the question of how many/ how much. Quality metrics answer the question of how well the project was implemented. Impact metrics tell what difference was made and/or who is better off because of the project. Please submit goals and metrics using the table format shown here:


| Objective/Goal | Measure | Type of Metric: Quantity, Quality or Impact |
|----------------|---------|---|
| | | |
| | | |

5. What is the proposed timeline for project implementation?
6. How will your organization ensure the sustainability of the proposed project beyond AGC funding?
7. A complete budget listing all expenses associated with the project is requested. Please itemize the expenditures and include match funding sources. Please note if the match funding is in-kind or cash.

After reviewing the initial grant proposal, additional information may be requested by the AGC Oregon-Columbia Chapter Workforce and Professional Development Committee.



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| | |
|--|--|
| Organization Name | |
| Mailing Address | |
| City, State, Zip Code | |
| Phone Number | |
| Website | |
| Contact Person Name | |
| Title | |
| Direct Phone Number | |
| Email Address | |
| Alternate Contact (if applicable) | |

Current Tax-Exempt Status of Organization:

☐ **501(c)(3) and 509 (a)**

☐ **Public School** School Name _____

☐ **Other (explain and include documentation)**

Project Name: _____

Funds Requested from AGC: _____

Total Project Budget: _____