

# Lincoln County Emergency Preparedness Matching Grant Program – Application Questions. ***Apply Online Only.***

Provided on behalf of the Board of Commissioners

**FY 24/25**

## Purpose of Grant

To provide matching funds up to \$2,500 to qualifying local entities to purchase emergency supplies or equipment (e.g., disaster food items, water purification equipment, bedding, cots, sanitation, first-aid supplies, warning radios or other devices, and similar supplies or equipment) intended for disaster response or recovery efforts.

## Grant Terms

If awarded, your agency must complete the following actions to be eligible for future grant cycles.

- Complete the Advance Request form if you require funding before completion of the full project by May 15, 2025.
- Complete the Project Conclusion Form once your project is complete.
- Complete the Final Financial Report and submit documentation of all costs of the project by December 32, 2025. Send report to [lcemergencymanagement@co.lincoln.or.us](mailto:lcemergencymanagement@co.lincoln.or.us) or by mail to Lincoln County Emergency Management at 225 W Olive St, Ste 103, Newport, OR 97365

If the project is less than originally expected and is under \$5,000, the agency must return any extra matching funds already received.

If appropriate for the project, post a "Funded by Lincoln County" metal plaque at the project site. Secure sites do not require this posting.

Failure to adhere to these requirements will result in ineligibility for future grants until the conditions are met.

## Grant Timeline

This timeline may change depending on the number of applications received. Applications are evaluated in the order of receipt.

- **January 15, 2025** - Grant application window opens
- **February 5, 2025** - First opportunity for approval by the BOC.
- **March 14, 2025** - Grant application window closes at 5pm.
- **May 2025** - Awards distributed
- **December 31, 2025** - Final Reports are due.

Emergency management will process new applications weekly and submit to Board of Commissioners (BOC) office for consideration until the grant closes. The BOC meets every other Wednesday.

**1. Applicant (Entity)\***

**2. Project Title\***

**3. Project Point of Contact (POC)\***

**4. POC Phone Number\***

**5. POC Email Address\***

**6. Authorizing Agent Name/ Title\***

**7. Total Project Cost\***

(The total cost of the entire project.)

**8. Total Requested Match Funds\***

(Cannot exceed \$2,500.)

**9. Will the entity need match in advance?\***

**10. Project Narrative\***

What is the purpose of the project; include a list of what will be purchased.

**11. What emergency management phase will the purchased items be used in?\***

Check all that apply.

Preparedness

Response

Recovery

**12. Who will the project benefit?\***

Select all that apply.

Public

Applicant Entity

Other - define below

Other benefits, if any

**13. Where will the item(s) be stored & maintained?\***

**14. Project Timeline\***

Describe length of time to complete the project (example May - September 2025)

**15. Upload a PDF of your agency Emergency Operations Plan (EOP).**

Drag and drop files here or browse files

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