



Central Oregon Regional Action Initiative Application Form

Extended Day Program Funding Opportunity

ORGANIZATIONAL INFORMATION

Date:

School District or Organization Name:

Name/title of Organization's Director:

Address:

Phone and fax numbers:

Email:

Website:

Mission statement:

Year organization founded:

If applicant is a school district, number of students in the district:

of board members:

of volunteers:

of paid employees:

PROJECT INFORMATION

Total amount requested: \$

Total project budget: \$

Project duration:

If request is for more than one year, state how much are you requesting from OCF:

Name / Title of Project Coordinator:

Phone number and email address of Project Coordinator:

Please provide a one-sentence description of your proposal:

Briefly describe the project components, including an estimate of how many people will directly benefit from the proposal.

What other funding sources and amounts do you propose for this project? Please note which sources are secured.

SCHOOL DISTRICT FINANCIAL INFORMATION (if applicable)

Total school district expenditures last school year:

Total school district expenditures for the current school year:

Total square miles within school district boundary:

I certify that the above information is correct and that I am authorized by the governing board of this organization to submit this grant application to The Oregon Community Foundation.

Signature of ___ Superintendent ___ Board Chair ___ other (please describe: _____)

Date:

Required Materials:

___ Application summary form (this form, one sheet, single sided)

___ Detailed project narrative (no more than 3 pages, 1.5" spacing, 12 point font, 1 inch margins)

___ Detailed project budget (one page, 12 point font)

___ List of board of directors with affiliations and phone numbers

___ Organization budget for current year (one page)

___ Organization 501(c)(3) determination letter

Return to:

The Oregon Community Foundation

Central Oregon Regional Action Initiative

Attn: Jessica Currier, Central Oregon RAI Coordinator

15 SW Colorado Ave., Suite 250

Bend, OR 97702-1110



Central Oregon Regional Action Initiative Challenge Fund of The Oregon Community Foundation

Matching Grant Application Form

The Central Oregon RAI Challenge Fund is designed to promote sustainability among organizations funded through the Extended Day Grant Program. The fund is a leveraging tool for organizations to attract new cash donations and foster long-term financial support. Organizations that demonstrate they meet the 2:1 challenge requirement of secured new cash donations received in 2011 are eligible to apply.

Central Oregon RAI Challenge Fund applications will be reviewed on a first-come, first-serve basis as determined by the date the application is received and verified by OCF. Applications will be accepted with the Extended Day Grant Application, or anytime between February 14th and December 31, 2011.

ORGANIZATIONAL INFORMATION

Date:

School District or Organization Name:

Name/title of Organization's Director:

Address:

Phone & fax numbers:

Email:

Website:

SECURED CASH DONATIONS

Donor name/business:

Address:

Name/title of head of organization (if applicable):

Phone number:

Email:

Amount donated:

Date donation committed and/or received:

Donor name/business:
Address:
Name/title of head of organization (if applicable):
Phone number:
Email:
Amount donated:
Date donation committed and/or received:

Donor name/business:
Address:
Name/title of head of organization (if applicable):
Phone number:
Email:
Amount donated:
Date donation committed and/or received:

Donor name/business:
Address:
Name/title of head of organization (if applicable):
Phone number:
Email:
Amount donated:
Date donation committed and/or received:

Donor name/business:
Address:
Name/title of head of organization (if applicable):
Phone number:
Email:
Amount donated:
Date donation committed and/or received:

I certify that the above information is correct and that I am authorized by the governing board of this organization to submit this grant application to The Oregon Community Foundation.

Signature of ___ Superintendent ___ Board Chair ___ other (please describe: _____)
Date:

Required Materials:

___ Photocopy of donation check (without the account number) or photocopy of commitment letter from donor/business.

Return to:

The Oregon Community Foundation
Central Oregon Regional Action Initiative
Attn: Jessica Currier, Central Oregon RAI Coordinator
15 SW Colorado Ave., Suite 250
Bend, OR 97702-1110

Please send by email as well to Jessica Currier: jessicacurrier26@gmail.com