 2017 Grant Report

Dr. John Wm. and Betty Long Unruh Fund

|  |  |
| --- | --- |
| Organization Name |  |
| Contact Person / Title |  |
| Address |  |
| Phone / E-mail Address |  |
| Grant Amount | $ | Date Received |  | Grant ID# |   |
| Grant Purpose |  |
| **In 300 words or less, please share how your organization used these grant dollars. The information you provide will be reviewed by Foundation staff and may be shared with fund advisors.**  |
|  |
| Signature / Title  |  |
| Date |  |
| **Please attach a copy of the original project budget with actual revenue and expenditures to date.** **Please e-mail this completed form and budget attachment to** **advisedfunds@oregoncf.org****.** |