**Dr. John Wm. and Betty Long Unruh Fund**



**Grant Application**

|  |  |
| --- | --- |
| **Date** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name** | | | | | |  | | | | | | | | | |
| Alternate name/acronym | | | | | |  | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | |
| City |  | | | | | | State | |  | | ZIP | | |  | |
| Website |  | | | | | | General Email | |  | | | | | | |
| Phone # |  | | | | | | Fax # | |  | | | | | | |
| **Executive Director or Board Chair** | | | | | | | | | | | Prefix (Mr., Ms., etc.) | | | |  |
| First Name | |  | | | | | | Last Name | | |  | | | | |
| Title | |  | | | | | | E-Mail | | |  | | | | |
| **Contact Person** *if different* | | | | | | | | | | | Prefix (Mr., Ms., etc.) | | | |  |
| Name | | |  | | | | | Title | | |  | | | | |
| Phone | | |  | | | | | E-Mail | | |  | | | | |
| **Mission** | | | |  | | | | | | | | | | | |
| Employer ID number (EIN) | | | |  | | | | | | | Year established | |  | | |
| Number of paid employees | | | |  | | | FTE |  | | | Number of volunteers | |  | | |
| Number of board members | | | | | | |  | | | | Number of board meetings per year | | | |  |
| Current annual budget | | | | | | |  | | | | | | | | |
| Please identify your five largest donors and their amounts.  (Contributors include specific individuals, agencies, businesses, foundations, or other groups.) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Project Budget** | | | | | Total project budget | |  | | | Total requested | |  | | | |
| **Project Description** (one sentence) | | | | |  | | | | | | | | | | |
| **Provide a brief description of how your organization intends to use the requested amount.** | | | | |  | | | | | | | | | | |

*I certify that the above information is correct and that I am authorized by the governing board of this organization to submit this information to OCF. Additionally, I certify that* ***(1)****this organization is in good standing under IRC 501(c)(3) and is further classified as a public charity pursuant to section 509(a)(1) or 509(a)(2) OR* ***(2)****this organization qualifies for tax exempt status as a public school or government agency.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (printed) of head of organization |  | Title |
|  |  |  |
| Signature of head of organization (director or board chair) |  | Date |

**Required Materials: If submitting hard copies, please submit them unstapled, unbound, and two-sided.**

Application Form

Project budget outlining how the grant funds will be used

Organization budget for current year (one page)

List of board of directors with affiliations and phone numbers

Organization 501(c)(3) tax determination letter

Please submit electronically or by mail to:

The Oregon Community Foundation

Donor Relations Department (Unruh Fund)

1221 SW Yamhill St. Ste. 100

Portland, OR 97205-2108

[**unruhfund@oregoncf.org**](mailto:unruhfund@oregoncf.org)