



GRANT APPLICATION

Thank you for submitting this application. Please complete and sign this application and submit two copies to the

Community 101 class at _____ School at the address listed on the cover letter, along with the following:

- Copy of your IRS 501(c)(3) determination letter
- Organization budget for current year, including revenues and expenditures to date (one page)
- Organization/program mission statement
- One-page description of the program for which you are funds and what need this program addresses
- Program budget for which you are requesting funds

APPLICANT ORGANIZATION

Name of organization: _____

Mission statement: _____

Project contact name & title: _____ Year Founded: _____

Address: _____

City, State & Zip code: _____

Executive Director: _____

Federal Tax Identification Number: _____ Website: _____

Telephone number: _____ E-mail: _____

Is the name of the organization as stated the same as it appears on the IRS letter of determination?

Yes: _____ No: _____ If not, please explain: _____

REQUEST FOR FUNDS

Project description: _____

Amount requested: \$ _____ Date funds needed: _____ Total project cost: _____

Timeframe in which funds will be used: From: _____ To: _____

ORGANIZATIONAL INFO

Number of full-time staff: _____ Number of part-time staff: _____ Number of volunteers: _____

Geographic area served: _____ Total operating budget for fiscal year: _____

SOURCES OF INCOME:

Fees/earned income: _____ Individual contributions: _____ Special Events: _____

Memberships: _____ Grants: _____

Certification: I hereby certify that the information included in this application is true and correct, to the best of my knowledge. I further certify that this organization does not discriminate on the basis of race, religion, creed, national origin, marital status, age, disability, gender, sexual orientation or color. I understand that if my organization receives a grant, a representative from my organization must attend the awards ceremony to receive the grant, otherwise the grant will be forfeited.

Signature of authorized agency officer: _____

Title: _____ Date: _____

Questions? Contact Kim Whitney, The Oregon Community Foundation, 503-227-6846, kwhitney@oregoncf.org