

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: |  |  |  |  |  |  |
| Telephone number: |  | Fax number: |  |  |  |  |
| Website: |  | E-mail: |  |  |  |  |
| Federal tax identification number: |  |  |  |  |  |  |

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:

**R E Q U E S T FOR F U NDS**

Project description:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amount requested: $ | Date funds needed: | Total project cost: |  | |
| Timeframe in which funds will be used: | From: | To: |  |  |
| **O R G A NIZ ATI O NAL I NFO**  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