**Grant Application Form  
Health Systems Access to Care Fund**



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| **Date:** |

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| **Organization Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Alternate name/acronym | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Fiscal sponsor if applicable | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | State | |  | | | | | | | Zipcode | | |  | | | | |
| County |  | | | | | | | | | Website | |  | | | | | | | | | | | | | | |
| Phone # |  | | | | | | | | | Fax # | |  | | | | | | | | | | | | | | |
| **Executive Director or Board Chair** | | | | | | | | | | | | | | | | | Prefix (Mr., Ms., etc.) | | | | | | |  | | |
| First Name | |  | | | | | | | Last Name | | | |  | | | | | | | | | | | | | |
| Title | |  | | | | | | | | | | | E-Mail | | | | |  | | | | | | | | |
| **Mission & Primary Activities** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Counties where services are provided | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Employer ID number (EIN) | | | | |  | | | | | | | | | | | Year org. established | | | | | | | | |  | |
| Number of paid employees | | | | |  | | | | | FTE |  | | | | | Number of volunteers | | | | | | | | |  | |
| Number of board members | | | |  | | Number of board members who contribute to annual budget | | | | | | | |  | | | | | | | Number of board meetings per year | | | | |  |
| **Organization Financial Information** | | | Organization budget for **current** **year** | | | | | | | | | | | |  | | | | | | | |  | | | |
| Organization expenditure total for **last** **year** | | | | | | | | | | | |  | | | | | | | | Which calendar or fiscal year do these (last year) figures represent? | | | |
| Organization revenue total for **last** **year** | | | | | | | | | | | |  | | | | | | | |
| Revenue breakdown  for last  year | | | Memberships | | | | | | | | | | | |  | | | | | | | |
| Individual contributions | | | | | | | | | | | |  | | | | | | | |
| Earned income (ticket sales, fees for service, etc.) | | | | | | | | | | | |  | | | | | | | |
| Fundraising benefits | | | | | | | | | | | |  | | | | | | | |
| Corporate/business contributions | | | | | | | | | | | |  | | | | | | | |
| Government support | | | | | | | | | | | |  | | | | | | | |
| Foundation support | | | | | | | | | | | |  | | | | | | | |
| Endowment earnings | | | | | | | | | | | |  | | | | | | | |
| Other (identify sources): | | | | | | | | | | | |  | | | | | | | |
| Organization’s unrestricted cash reserves at beginning of **current year** | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| From last year’s revenue sources, please list the five single largest contributors and amounts provided.  (Contributors include specific individuals, agencies, businesses, foundations, or other groups. Individuals may be listed as Anonymous #1, #2, etc., if necessary.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list grant applications to OCF and amounts awarded during the past three years. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Project Contact Person** | | | | | | | | | | | | | Prefix (Mr., Ms., etc.) | | | | |  | | | |
| Name |  | | | | | | | | Title | | | |  | | | | | | | | |
| Phone |  | | | | | | | | E-mail | | | |  | | | | | | | | |
| **Project Description** (1-2 sentences) | | |  | | | | | | | | | | | | | | | | | | |
| How many persons will benefit directly from the project? | | | | | | | | | | |  | | | | | | | | | | |
| In what counties will services be provided through this project? | | | | | | | | | | |  | | | | | | | | | | |
| **Project Budget** | | Total project budget | | | |  | | | | | | | | Total requested | | |  | | | | |
| Is this request for | | | | | | | | 1 Year? | | | |  | | | 2 Years? |  | | |  | |  | |
| Formulti-year projects, please note budget figures for each year | | | | | | | | | | | | | | | | | | | | | |
| Project budget year 1 | |  | | | | | | Request of OCF for year 1 | | | | | | | |  | | | | | |
| Project budget year 2 | |  | | | | | | Request of OCF for year 2 | | | | | | | |  | | | | | |
| Please list other funding sources for this project (and amounts for each) and indicate if the funding has been secured with “Yes” or “No”). You may include the value of in-kind support. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Secured? |  | |  | | |  | | | | | | | Secured? | | |  | |
|  | | | | Secured? |  | |  | | |  | | | | | | | Secured? | | |  | |
|  | | | | Secured? |  | |  | | |  | | | | | | | Secured? | | |  | |
|  | | | | Secured? |  | |  | | |  | | | | | | | Secured? | | |  | |

With my signature I certify the following: (1) The above information is correct; (2) A quorum of the Board of Directors of my organization has reviewed and approved this proposal (3) I am authorized by the governing board of this organization to submit this grant application to The Oregon Community Foundation; (4) this organization is in good standing with the IRS, retains its 501(c)(3) tax‑exempt status, and is further classified as a public charity and *not* a private foundation; (5) this organization does not discriminate on the basis of race, ethnicity, color, religion, gender, gender identity or expression, sexual orientation, disability, age, status as a veteran, national origin or any other protected class, in the provision of services.

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| Name (printed) of head of organization |  | Title |
|  |  |  |
| Signature of head of organization (director or board chair) |  | Date |
| Attestation of Board Approval |  | Date |

***Note: The information below is for your information. You may delete it from your completed grant application form.***

**Required:**

Application form and additional narrative questions

Project budget, including revenues and expenditures (one page)

Organization 501(c)(3) determination letter from the IRS

List of board of directors with affiliations & phone numbers, plus the skills and experience each contributes

Organization budget for current year, including revenues and expenditures to date (one page)

Organization budget for past year, including revenues and expenditures (one page)

Audited financial statements if available

Project graphic, schematic or timeline (optional)