



## Oregon Historic Trails Online Application

OCF staff will be available for trouble-shooting if you have questions about the process or hit a snag along the way: 503.227.6846 or [grants@oregoncf.org](mailto:grants@oregoncf.org).

MyOCF online grants portal: <https://ocf.iphiview.com/ocf/LogIn/tabid/444/Default.aspx>

The application questions are organized into eight sections which can be completed over the course of several days or weeks.

Section 1: **Organization Contact Information**

Section 2: **Organization Mission & Structure**

Section 3: **Organization Financials**

Section 4: **Project Summary**

Section 5: **Project Revenues**

Section 6: **Project Expenditures**

Section 7: **Project Narrative**

Section 8: **Documents to Upload**

## Application Questions

The following pages list our application questions. Required fields are in **bold** and directions in *italics*. The first field requests a short name (or phrase) for your project.

### **PROJECT NAME**

*Please enter the name of your project to start the application process (50 characters)*

## SECTION I: ORGANIZATION CONTACT INFORMATION

### **Organization name**

Alternate name/Acronym

### **Employer ID number (EIN)**

Fiscal Sponsor Name

Fiscal Sponsor EIN

### **Mailing address**

**City**

**County**

**State**

**Zip code**

Website

**Phone**

**Executive director or board chair’s information**

Prefix

**First Name**

**Last Name**

**Title, Email**

**SECTION 2: ORGANIZATION MISSION & STRUCTURE**

**Organization mission and primary activities** (500 characters)

**Year organization was established**

**Number of paid employees**

**Number of FTE** (full time equivalent)

**Number of volunteers**

**Number of board members**

**Number of board meetings per year**

**Number of board members who contribute to annual budget**

**Is the mission of your organization intended to benefit the general public or a specific demographic? (e.g. age range, ethnicity, etc.)** (Select one of two options)

- General population means no specific demographic group is targeted and services are open to everyone
- Specific demographic means one or more specific demographic groups are targeted for services  
*If this option is chosen, the following question appears: Please describe the population you serve. (1,000 characters)*

**How many unduplicated persons did your organization serve directly last year?**

*(This can be a rough estimate)*

**How many persons do you expect to serve this year?**

**Counties where services are provided** (You may select multiple options)

**SECTION 3: ORGANIZATION FINANCIALS**

**Financials for the last year and this year**

*(A fillable table will contain the following columns and rows, and you will enter figures as applicable)*

FINANCIALS	Current Year Budget	Current Year Actuals To-Date	Previous Year Actuals
Organization Revenues			
Organization Expenditures			
Operating Surplus/Deficit			

In connection with the above figures, please define the time period for “current year” (e.g., 07/01/2016-06/30/2017) and for previous year (e.g., 07/01/2015-06/30/2016).

**If your organization finances require additional explanation**, or if either the current year or previous year represents an operating shortfall, please explain.

### Breakdown of organization revenue for last year

(A fillable table will contain the following rows, and you will enter figures as applicable)

SOURCE	Amount
Memberships	
Individual contributions	
Earned income (ticket sales, fees for service, etc.)	
Fundraising benefits	
Corporate/business contributions	
Government support	
Endowment earnings	
Other	

If you listed a figure in “Other,” please provide a description of this revenue.

### Organization’s unrestricted cash reserves at beginning of current year.

**List five single largest contributors from last year’s revenue sources.** Contributors include individuals, agencies, businesses, foundations, or other groups.

**List grant applications to OCF,** approved or declined, during the past three years. If grants were approved, please include amounts awarded and purpose of the grants.

## SECTION 4: PROJECT SUMMARY

### Project contact person’s information

First name

Last name

Title

Phone

Email

**Project description** (One sentence, 500 characters)

**Key project components** (A brief snapshot of your project, including measurable outcomes, 1,000 characters)

**How many persons will benefit directly from the project?**

**Is the project for which you are requesting funds intended to benefit the general public or a specific demographic? (e.g. age range, ethnicity, etc.)** (Select one of two options)

1. General population: no specific demographic group is targeted and services are open to everyone.  
*If this is chosen, the follow-up is: Please tell us how you would describe the general public. (500 characters)*
2. Specific demographic: one or more specific demographic groups are targeted for services.  
*If this is chosen, the follow-up is: Please describe the population you serve. (500 characters)*

**In which counties will services be provided through this project?**

<b>Project Totals</b>	
Total project budget	
Total amount requested	

## SECTION 5: PROJECT REVENUES

**Please list all proposed sources of funding.** You may include the value of in-kind support. Please enter the secured and pending amounts. *(A fillable table will be made available, allowing you to enter specific revenue lines for your project, including the amount requested of OCF)*

*Note: For multi-year requests, please enter a single year of project revenues (the year in which the grant would be awarded) and upload a full, multi-year budget when you reach Section 8 of this application.*

If your project revenues require additional explanation, please offer it here. *(750 characters)*

## SECTION 6: PROJECT EXPENDITURES

**Please list all budgeted expenditures.** Project expenses listed here should correlate to project activities. *(A fillable table will be available, allowing you to enter specific expenditure lines for your project)*

*Note: For multi-year requests, please enter a single year of project expenses (the year in which the grant would be awarded) and upload a full, multi-year budget when you reach Section 8.*

**Describe how OCF funds would be allocated for the project.** *(750 characters)*

If your project expenses require additional explanation, please offer it here. *(750 characters)*

## SECTION 7: PROJECT NARRATIVE QUESTIONS

**Tell us about your organization.** What are your mission and track record? Highlight two or three key facts and accomplishments that best define your organization. *(1,000 characters)*

**Which historic trail(s) are connected to this project?**

**How is the project connected to the historic trail(s)?** *(1,200 characters)*

**How will you carry out your project?** What are the specific activities involved and what is your timeline? *(1,500 characters)*

**How does this project address the funding objective of the Oregon Historic Trails Fund?** *(The fund's objective is to develop interpretive, education and economic projects to preserve the cultural and natural resources of Oregon's historic trails)* *(1,500 characters)*

**How have high-quality interpretive standards been incorporated into the project?** *(1,500 characters)*

**Who is responsible for your project?** Briefly describe your project leaders and the role each will play in the project. How do these leaders reflect the community you serve? *(1,200 characters)*

**How will your expertise, partnerships or community connections help you?** If there are partners, please identify them and tell us if they have agreed to participate. *(1,200 characters)*

**If your project focuses on a population that experiences disparities** in education, health, income or other areas due to geography, ethnicity, gender, sexual orientation or other factor, please explain. Are there systemic barriers? [If this is not applicable, please offer a brief note and move to the next question]. *(1,000 characters)*

**How will you sustain the proposed activities or build on what you achieved?** Please describe your plan for securing the financial, human and in-kind resources needed to sustain or build on project achievements. *(1,500 characters)*

**What will success look like?** How will you measure or document project success or impact? Please outline your evaluation plan. *(1,500 characters)*

## **SECTION 8: DOCUMENTS TO UPLOAD BEFORE SUBMITTING YOUR APPLICATION**

**Board of directors list**, including contact information, affiliations, and the expertise each contributes

**Organization budget for current year**

Most recent audited financial statements (if available)

**501(c)(3) tax-exemption letter from the IRS**

Letter(s) of support, directly related to the project (optional)

Additional project info: graphic, schematic or timeline (optional)