

**Grant Application Form**

**The Whipple Foundation Fund**

**The Whipple Foundation Fund** was established in 2003 by Mildred Whipple to improve, facilitate and enhance lifelong learning for the citizens of Douglas County. For an electronic version of this form and details about the grant program, please visit the OCF website at [www.oregoncf.org](http://www.oregoncf.org).

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| **Organization Name** |  |
| Alternate name/acronym |  |
| 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 served |  |
| 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** |  |
| Organization revenue total for **last** **year** |  |
| Revenue breakdown for last year | Memberships & individual contributions |  |
| Ticket sales, fees for service, other income |  |
| Fundraising benefits |  |
| Corporate/business contributions |  |
| Government support |  |
| Foundation support |  |
| Endowment earnings |  |
| Other (identify sources): |  |

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| Below 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**(one sentence) |  |
| **Key Project Components** (a snapshot of your project, including population to be served and measurable outcomes)  |  |
| **Project Budget**  | Total project budget |  | Total requested |  |
| Other proposed sources of funding and amounts for each (please note if funding secured with “Yes” or “No”) |
|  | Secured?  |  |  |  | Secured? |  |
|  | Secured? |  |  |  | Secured? |  |
|  | Secured? |  |  |  | Secured? |  |
|  | Secured? |  |  |  | Secured? |  |

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| Project Detail (cells will enlarge as you type; please delete extra lines when you finish a section) |
| 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.  |  |
| What need does your project address? What critical community problem needs to be addressed or what organizational capacity are you hoping to build?  |  |
| What do you propose to do about this need? What is your plan for addressing this need? What is your goal? Please be concrete. |  |
| How will you do it? When and with whom? What are the specific activities to be supported? How long with they take? If your project involves partnerships with other organizations, have the proposed partners agreed to participate?  |  |
| Who is responsible for your project? Briefly describe your project leaders and the role that each will play in the project. How do these leaders reflect the population or community that you serve?  |  |
| How will you measure results? What will success look like? How will you measure or document project success or impact? Please outline your evaluation plan.  |  |
| What is your plan for securing the balance of the project budget? What is your fundraising timeline? If OCF or other potential resources cannot provide all of the support requested, what will you do?  |  |
| 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.  |  |

I certify that the above information is correct and that I am authorized by the governing board of this organization to submit this grant application.

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|  |  |  |
| Name (printed) of head of organization |  | Title |
|  |  |  |
| Signature of head of organization |  | Date |

**Please keep this form to a maximum of eight pages.**

**You may delete the information below from your completed application form.**

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| **Please submit one copy of each item listed below:**(all documents printed two-sided, if possible) | **Submit application to:** |
| Application form  | **Oregon Community Foundation****The Whipple Foundation Fund****440 East Broadway, Suite 160****Eugene, OR 97401****advisedfunds@oregoncf.org**[**www.oregoncf.org**](http://www.oregoncf.org) |
| Detailed project budget showing **both** projected revenues and expenditures and how our funds would be allocated |
| List of current board members, including their affiliations & contact information |
| Organization budget for current year |
| Concise resumes or bios of key staff persons |
| Most recent audited financial statement, if available, or end-of-year financial statements for last year |
| Documentation of IRS tax-exempt status |