

OREGON-ISRAEL FUND GRANT APPLICATION

Agency Information

1. Name of Organization: _____ Founding Date: _____
2. Business Address: _____

3. Mailing Address: _____
(If different) _____
4. Contact Person: _____ Telephone Number: _____
5. Chief Executive Officer: _____ Telephone Number: _____
6. Number of paid, full-time staff: _____ Number of paid, part-time staff: _____

Program Information

7. Program Name: _____
8. Total Project/Program Cost: \$ _____ Amount requested from fund: \$ _____
9. Percentage of total cost OJCF is asked to support: _____

Proposal

10. Please describe the proposed program that would promote better relations between Oregon and Israel

Please submit the following as separate attachments:

- A detailed budget for this program showing total costs and revenues
- A copy of your 501 (c)(3) tax-exempt letter issued by the Internal Revenue

I certify that the above information is correct and that the governing board of this organization has approved submitting this grant application of OJCF.

Signature of Chief Executive Officer:

Name _____ Title _____ Date _____

Send application and materials to:

Oregon-Israel Fund Committee
Oregon Jewish Community Foundation
610 SW Broadway, Suite 407
Portland, OR 97205