

**THE SUPPORTING FOUNDATION OF
THE OREGON JEWISH COMMUNITY FOUNDATION
GRANT APPLICATION**

Agency Information

1. Name of Organization: _____ Founding Date: _____
2. Mailing Address: _____
3. 501(c)(3) Number
(Tax ID Number) _____
4. Contact Person: _____ Telephone Number: _____
5. Executive Director: _____ Telephone Number: _____
6. Number of paid, full-time staff: _____ 7. Number of paid, part-time staff: _____

Project Information

8. Project Name: _____
9. Total Project Cost: \$ _____ 10. Amount requested from fund: \$ _____
11. Percentage of total cost the Supporting Foundation is asked to support: _____

Proposal

12. List no more than three major goals and objectives of the project (Limit your answer to 700 characters): *(cell below will expand as you type)*:
13. What are the specific activities utilized to achieve each goal or objective? (Limit your answer to 700 characters) *(cell below will expand as you type)*:
14. What is the timeframe in which each activity is expected to be completed? (Limit your answer to 400 characters) *(cell below will expand as you type)*:
15. Specify the localities/regions in which the project will operate. (Limit your answer to 400 characters) *(cell below will expand as you type)*:
16. What is the target Population? (i.e., homeless) _____
17. How large is the target population? _____

- 18. Describe the present need for the project. What services or programs already exist in the community which address this need? (Limit your answer to 500 characters)

- 19. Describe the experience your agency has in conducting similar programs in the past. Limit your answer to 500 characters)

- 20. Does this project differ from what has been done before? If yes, explain. (Limit your answer to 400 characters)

- 21. Summarize the expected outcomes/benefits of the project based on the need for it. How will progress be measured? (Limit your answer to 650 characters)

- 22. What is your plan for future funding and continuation this project? (Limit your answer to 550 characters)

- 23. Amount and sources of contributions/pledges for project to date (Limit your answer to 300 characters) (*cell below will expand as you type*):

- 24. Other funding sources from which support is requested (Limit your answer to 300 characters)

Please submit the following supplemental items (applications missing this information will not be considered):

- 1. A detailed program budget
- 2. Your organization’s mission statement
- 3. The most recent two years of financial statements
- 4. A copy of the IRS letter that proves your organization’s tax-exempt status as a 501 (c)(3) entity
- 5. A current list of officers and board members

I certify that the above information is correct and that the governing board of this organization has approved submitting this grant application to the Supporting Foundation of the Oregon Jewish Community Foundation.

Name_____

Title_____

Date_____

Applications must be postmarked by August 31 to receive consideration (If August 31 falls on a weekend, applications are due the Monday immediately following). Incomplete applications or applications that do not include supplemental items will not be considered.

Please mail application and supplemental items to:

**OJCF Supporting Foundation
c/o Janet Storm
Oregon Jewish Community Foundation
610 SW Broadway, Suite 407
Portland, OR 97205**