

**OJCF COMMUNITY ENDOWMENT 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: \_\_\_\_\_ 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 OJCF 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? \_\_\_\_\_



**Send application and supporting materials to:**

OJCF Community Endowment Fund Committee  
Oregon Jewish Community Foundation  
610 SW Broadway, Suite 407  
Portland, OR 97205